Department of Health

Air pollution and the public health outcomes framework

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New public health system

Proposals for a radical new approach to public health were set out in the White Paper, “Healthy Lives, Healthy People”

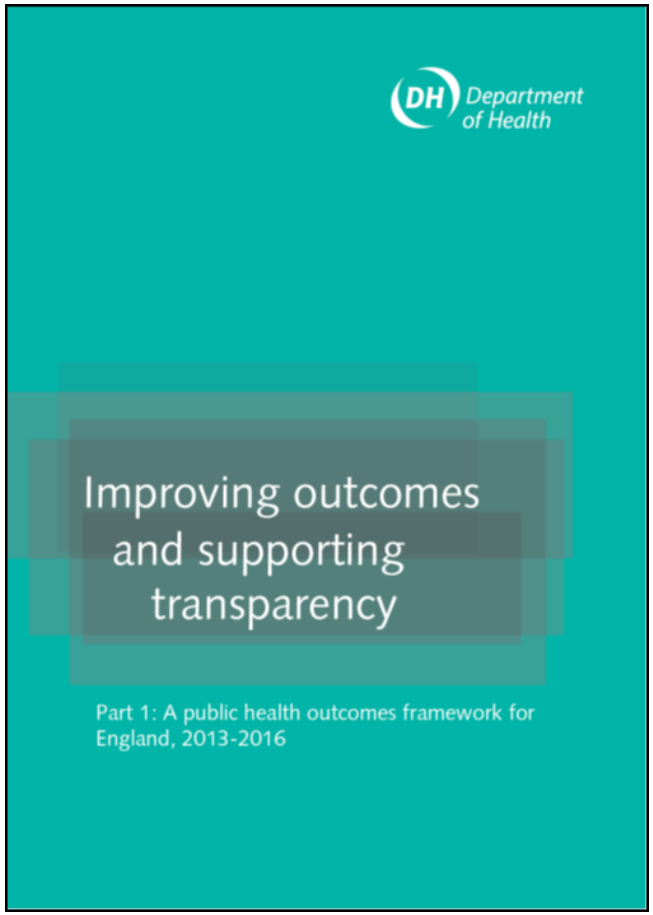
- A new executive agency, Public Health England has been set up
- LA’s will take the lead for improving public health

New public health system

- Directors of Public Health are responsible for exercising the LA's new public health functions and lead on driving health improvement locally
- Health and Wellbeing Boards have been established to increase the influence of local people
- A Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of public health through to those that are aimed at reducing premature mortality

Public health outcomes framework

- Framework sets out the desired outcomes for public health and how these will be measured
- Focuses on two high level outcomes
  - Increased healthy life expectancy
  - Reduced differences in life expectancy and healthy life expectancy between communities



Outcome indicators

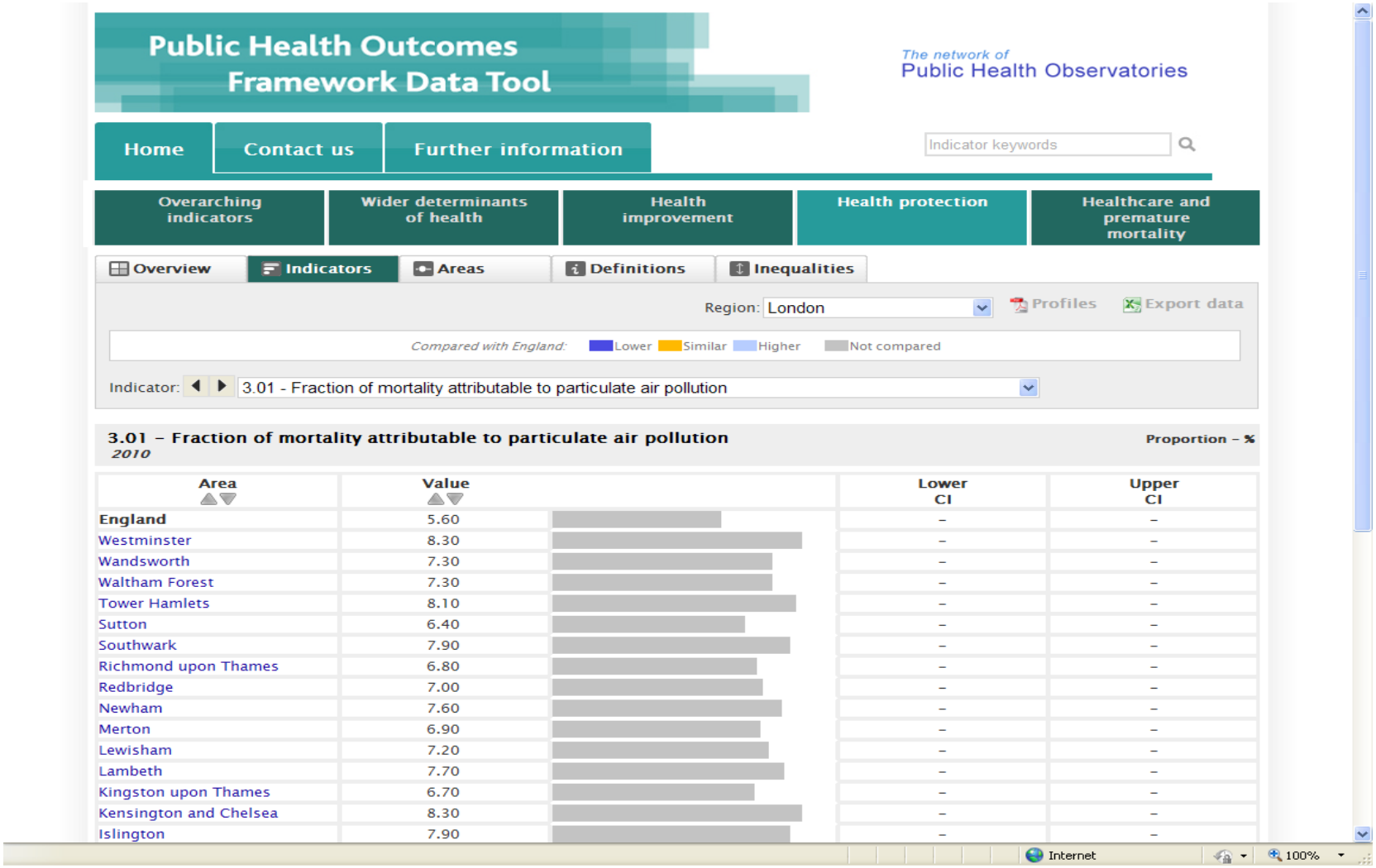
- Public health will be measured against a framework which sets out 66 health measures covering the full spectrum of public health
- Focuses on outcomes not targets
- Designed to address the causes of the causes of ill health
- Councils and Government will be able to see improvements being made and take any action needed
- Indicators will help focus understanding of progress year by year nationally and locally on what matters for public health

Air pollution outcome indicator

- COMEAP's 2010 report on the effects on mortality of long-term exposure to air pollution in the UK, sets out that the impact of fine particulate (PM2.5) equated to an effect equivalent to 29,000 deaths in 2008, at typical ages
- Based on the significant public health impact from particulate air pollution the framework includes an air pollution indicator
- The indicator relates to the mortality effect of man made particulate air pollution expressed as the percentage mortality fraction attributable to particulate matter (PM2.5) for an upper tier local authority.
- Estimates of the indicator for upper tier LA's have now been published and there is a tool available on line:

  http://www.phoutcomes.info/

PHOF tool


Public Health Outcomes Framework Data Tool
The network of Public Health Observatories
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Indicator: 3.01 - Fraction of mortality attributable to particulate air pollution
3.01 – Fraction of mortality attributable to particulate air pollution
2010
Proportion – %
Area
Value
Lower CI
Upper CI
England 5.60 – –
Westminster 8.30 – –
Wandsworth 7.30 – –
Waltham Forest 7.30 – –
Tower Hamlets 8.10 – –
Sutton 6.40 – –
Southwark 7.90 – –
Richmond upon Thames 6.80 – –
Redbridge 7.00 – –
Newham 7.60 – –
Merton 6.90 – –
Lewisham 7.20 – –
Lambeth 7.70 – –
Kingston upon Thames 6.70 – –
Kensington and Chelsea 8.30 – –
Islington 7.90 – –
Internet
100%

CMO annual report

Urban outdoor pollution

Urban outdoor pollution has a substantial impact on health. Although air pollution has decreased significantly since the 1970s as a result of technological advances and legislation, it remains a problem and can have an adverse impact on health, particularly among older people and those with existing conditions.

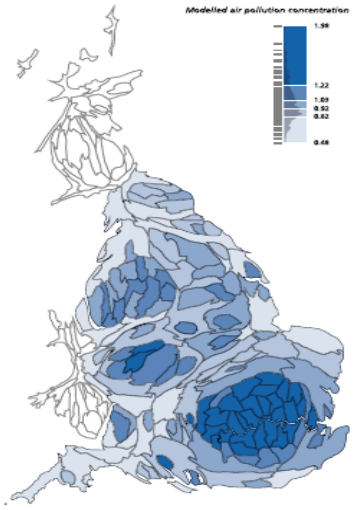
The majority of urban outdoor pollution is a consequence of our reliance on fossil fuels for transport and for generating heat and electricity. Particulate air pollution is composed of different chemicals, including toxic metals and organic compounds. Particulates are of particular concern as there is evidence that small particles are carried deep into the lungs where they cause inflammation and cause or exacerbate heart and lung disease.

Road transport is responsible for up to 70% of air pollutants in urban areas. Detailed local estimates are available[1], but average figures at local authority level suggest that the poorest air quality and highest particulate concentrations in England are found in and around London and Birmingham.

An estimated 29,000 deaths a year are attributable to air pollution, and the predicted health gain if all man made particles were removed from the air is an increase in life expectancy from birth of six months.

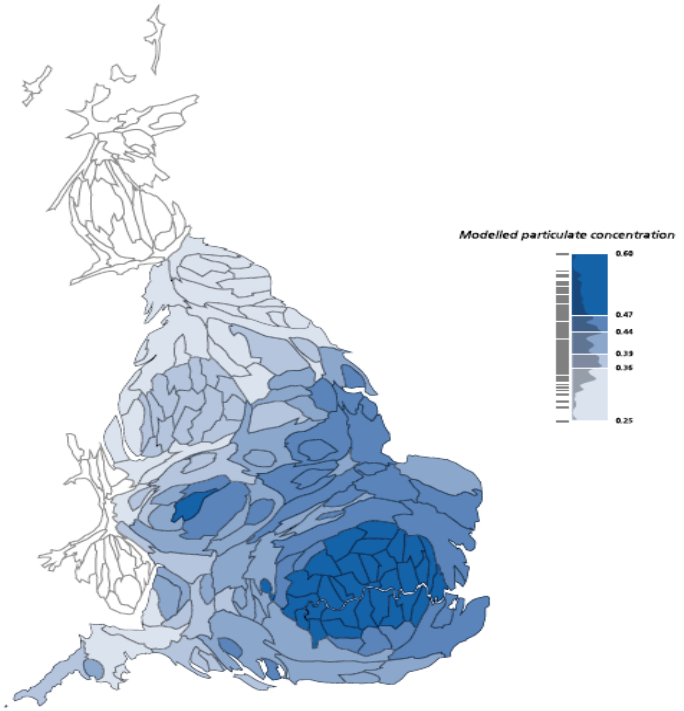
1 http://www.defra.gov.uk/statistics/environment/air-quality

Air quality by upper tier local authority, England, 2010



Source: English Indices of Deprivation 2010, DCLG. (Estimates produced by Staffordshire University; Analysis by DH)

Particulate concentration by upper tier local authority, England, 2010

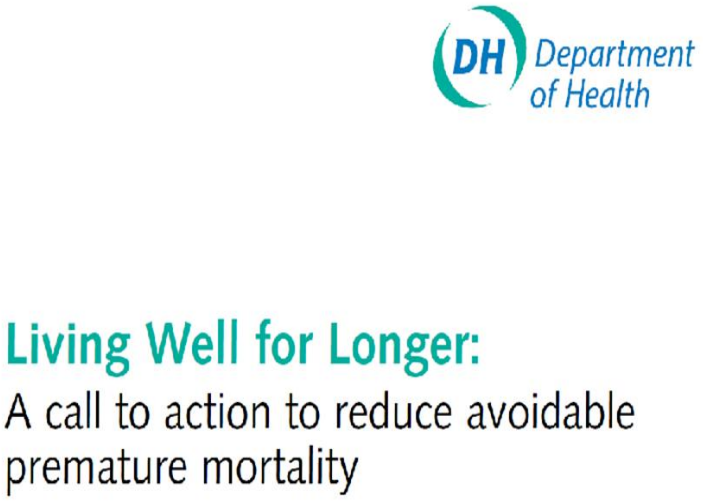


Source: English Indices of Deprivation 2010, DCLG. (Estimates produced by Staffordshire University; Analysis by DH)

Done Unknown Zone

SoS Health call to action

- Recognises that tackling the wider determinate of ill health will make a significant difference to premature mortality
- This requires action right across government on issues including local environmental quality, including air quality



Impact at the local level of the PHOF

- The air pollution indicator is likely to be of real value in promoting air quality at local level and to supporting local authority action to improve air quality and public health
- Directors of Public Health will be able to prioritise action on air quality in their local area to help reduce the health burden from air pollution
- They will be members of Health and Wellbeing Boards.
- But need to bear in mind that they will also be looking at the other outcome indicators, including life style choices that impact on health- so important to offer solutions to them when promoting air pollution

Health and Wellbeing Boards

- Established in every upper-tier local authority from April 2013, as a committee of the local authority
- Core membership, with equal leadership:
  - At least one elected member
  - Representative from each CCG
  - Representative from local Healthwatch
  - Directors of public health, adult social services, and children's services
- Can work with others locally, however that makes sense to them

Health and Wellbeing Boards

- Core function to undertake Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs)
- Assessment of current and future health and social care needs for the area, going wider if they wish
- Jointly agreed local priorities – a strategy to meet those needs to inform local commissioning
- Indicators from all the outcome frameworks may be used to inform JSNAs and JHWSs – but it will be for them to decide

Health and Wellbeing Boards

- Statutory guidance on JSNAs and JHWSs has been published
- JSNA's must assess current and future health and social care needs within the health and wellbeing area
- This includes health protection, and upstream prevention of ill health
- They need to consider environmental factors that impact on health and wellbeing – such as air quality

Health and Wellbeing Boards

- Health and Wellbeing Boards are in place and are developing Health and Wellbeing Strategies
- Development of the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are a continuous processes- with Health and Wellbeing Boards deciding when they need to update
- The air pollution PHOF indicator for upper tier LAs should help to influence priority setting
- DsPH will be looking for solutions and a joined up approach eg threading air pollution benefits into active travel
- As well as the DPH there will also be a local representative
- They may be informed by the PHOF and other frameworks, but what they take into account is determined by them, dependent on local needs