

DRAFT Joint Health and Wellbeing Strategy Outcomes Framework

(inclusive of outcome identified in Smoking & Tobacco
Control and Eating & Moving for Good Health)

Nottingham City: Overview of Smoking & Tobacco Control Strategy Outcome Measures

Smoking & Tobacco Control Strategy - Outcome Measures

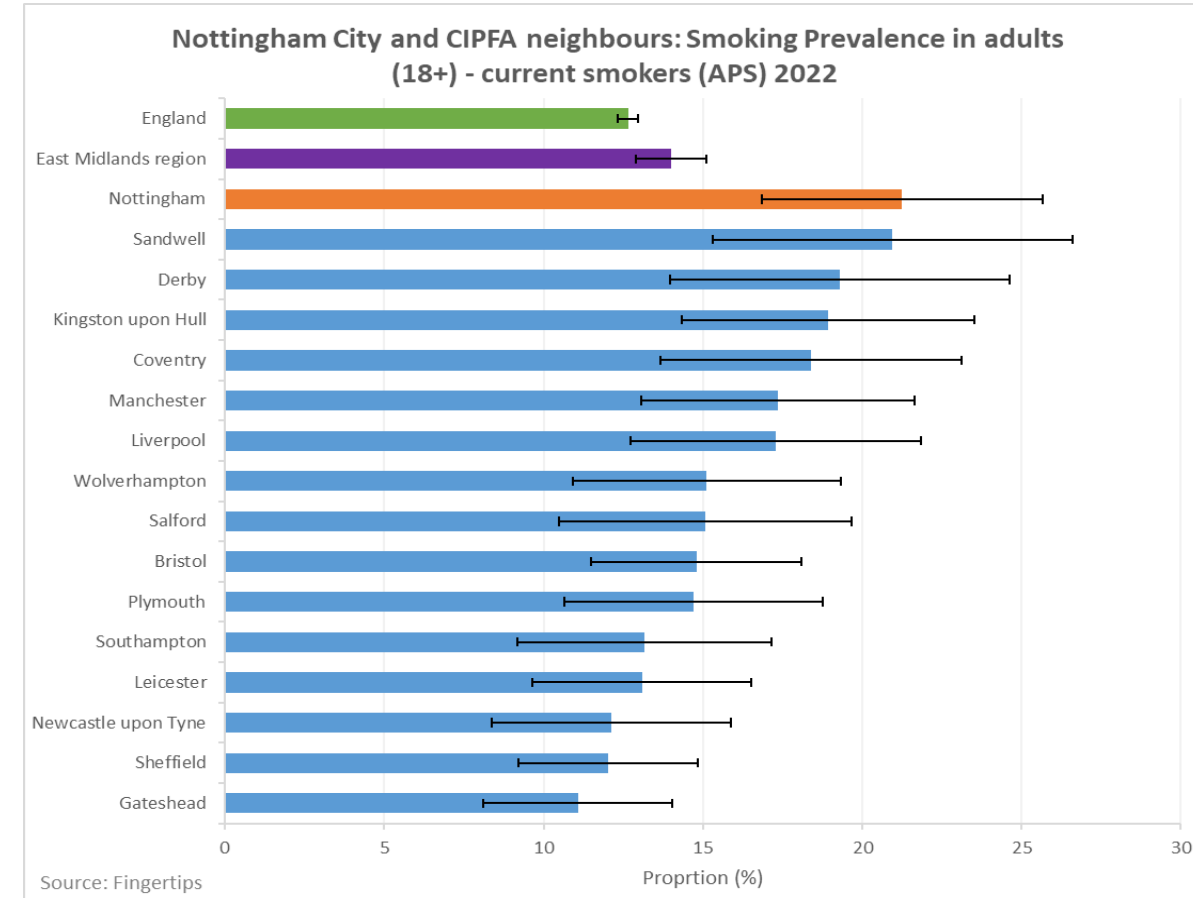
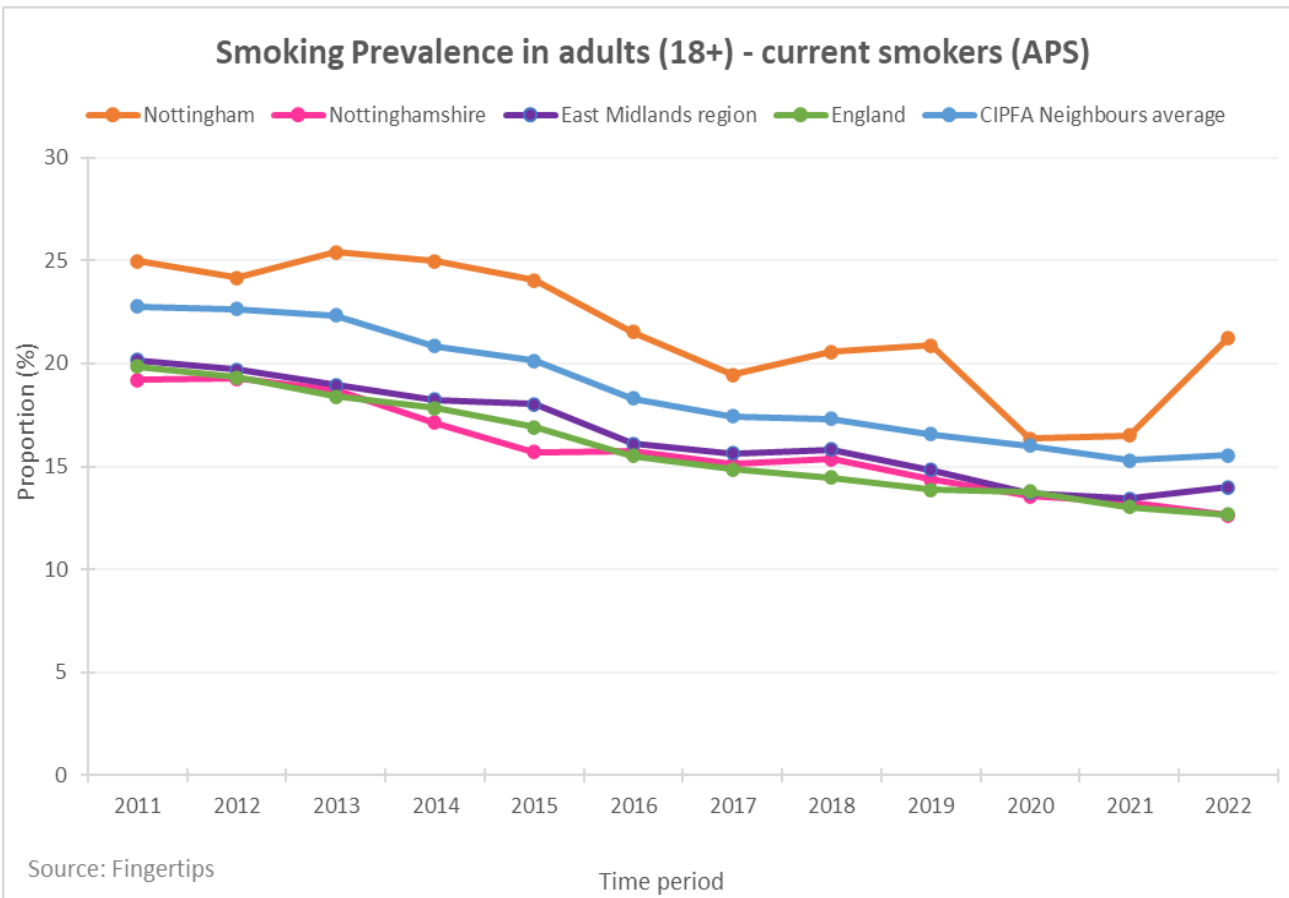
Source of indicators: Fingertips

- ▶ No significant change
- ▼ Decreasing & getting better
- ▲ Increasing & getting worse

Indicator name	Unit	Baseline year	Baseline value	Current year	Current value	Last updated	Percent change from baseline year	Recent trend from baseline year	Available data period	Trend
Smoking Prevalence in adults (18+) - current smokers (APS)	Proportion - %	2021	16.5	2022	21.2	Sep-23	0.3%	▲	2011 - 2022	
Smoking status at time of delivery	Proportion - %	2021/22	13.0	No data available	No data available	Oct-23	No data available	No data available	2010/11 - 2021/22	
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	Proportion - %	2020	22.5	2022	27.8	Sep-23	0.2%	▲	2011 - 2022	
Smoking prevalence in adults (18+) with serious mental illness (SMI)	Proportion - %	2014/15	46.0	No data available	No data available	Nov-16	No data available	No data available	No data available	One data point
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	Proportion - %	2020/21	29.9	2021/22	32.8	Apr-23	0.1%	▲	2013/14 - 2021/22	
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	Proportion - %	2016/17	32.8	No data available	No data available	Dec-18	No data available	No data available	2013/14 - 2016/17	
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - all opiates	Proportion - %	2019/20	64.2	No data available	No data available	Mar-21	No data available	No data available	2016/17 - 2019/20	
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates	Proportion - %	2019/20	59.4	No data available	No data available	Mar-21	No data available	No data available	2016/17 - 2019/20	
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - non-opiates	Proportion - %	2019/20	56.9	No data available	No data available	Mar-21	No data available	No data available	2016/17 - 2019/20	
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol	Proportion - %	2019/20	46.4	No data available	No data available	Mar-21	No data available	No data available	2016/17 - 2019/20	
Smoking attributable mortality (new method)	DSR - Per 100,000 population	2017 - 19	315.3	No data available	No data available	Jul-21	No data available	No data available	2013-15 - 2017-19	
Smoking attributable hospital admissions (new method)	DSR - Per 100,000 population	2019/20	2370.0	No data available	No data available	Jul-21	No data available	No data available	2015/16 - 2019/20	

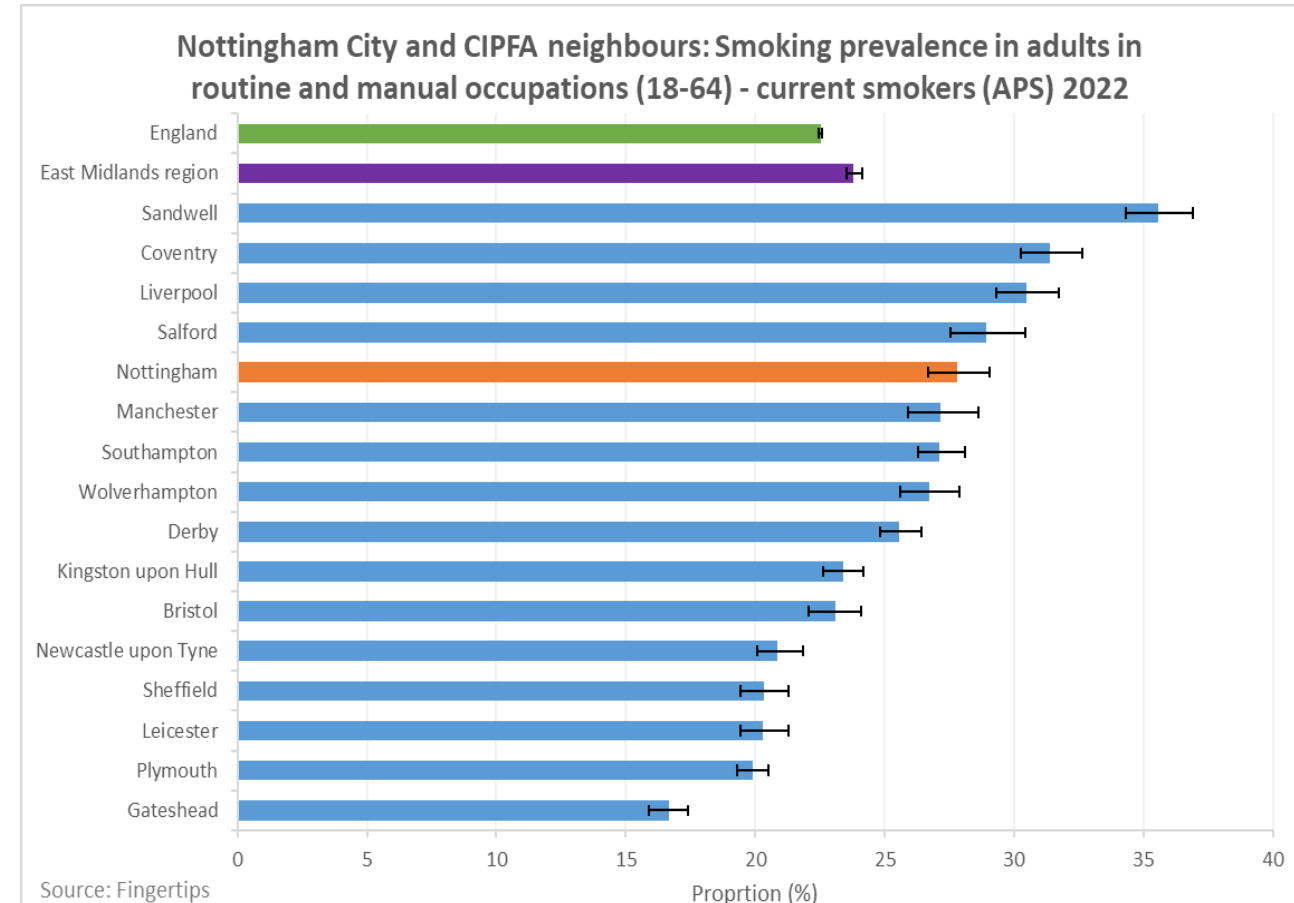
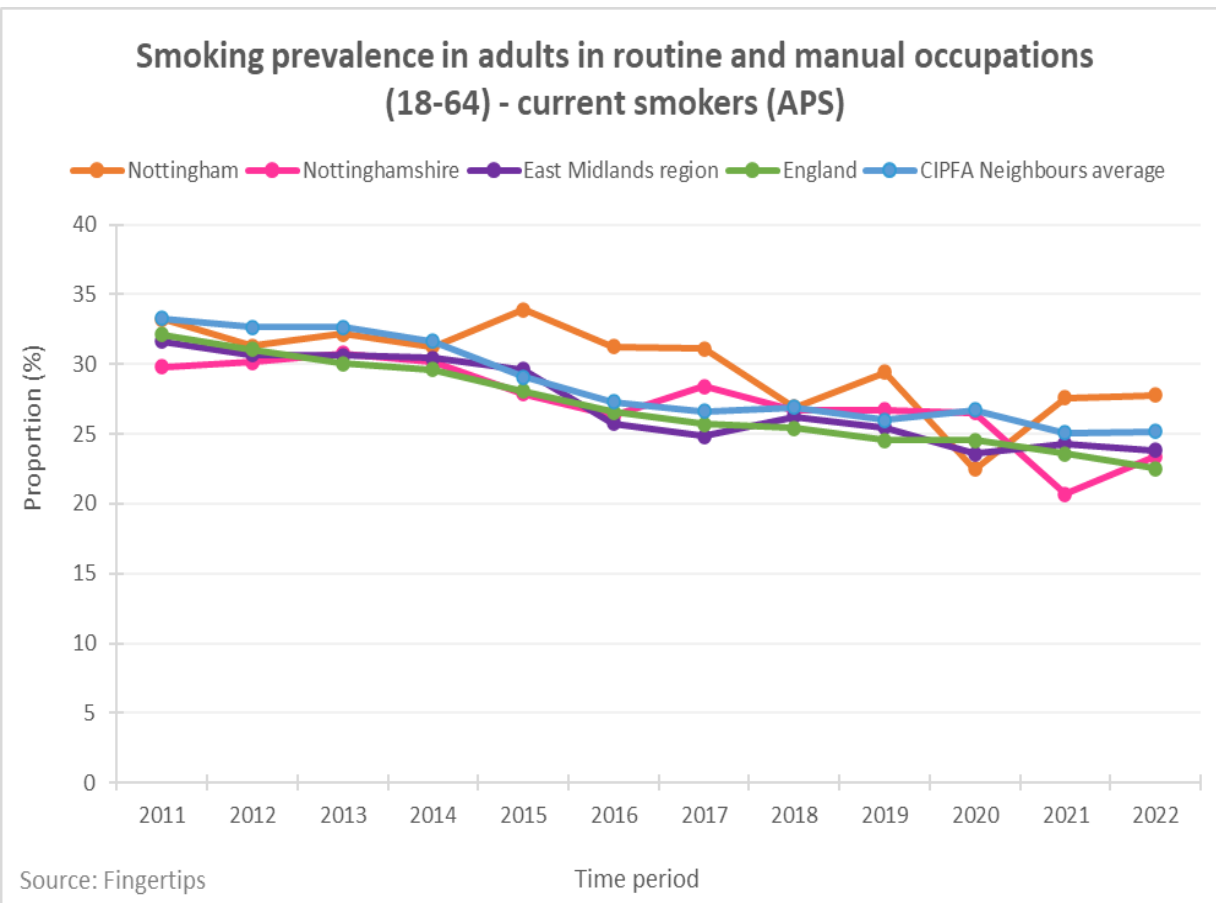
Smoking prevalence in adults (18+)

- Compared to England, Nottingham has shown higher prevalence of smoking in adults (18+) since 2011.
- Among CIPFA neighbours, Nottingham is ranked highest with Gateshead being the lowest.
- Although smoking prevalence in Nottingham has increased since 2021, the change is not statistically significantly different.



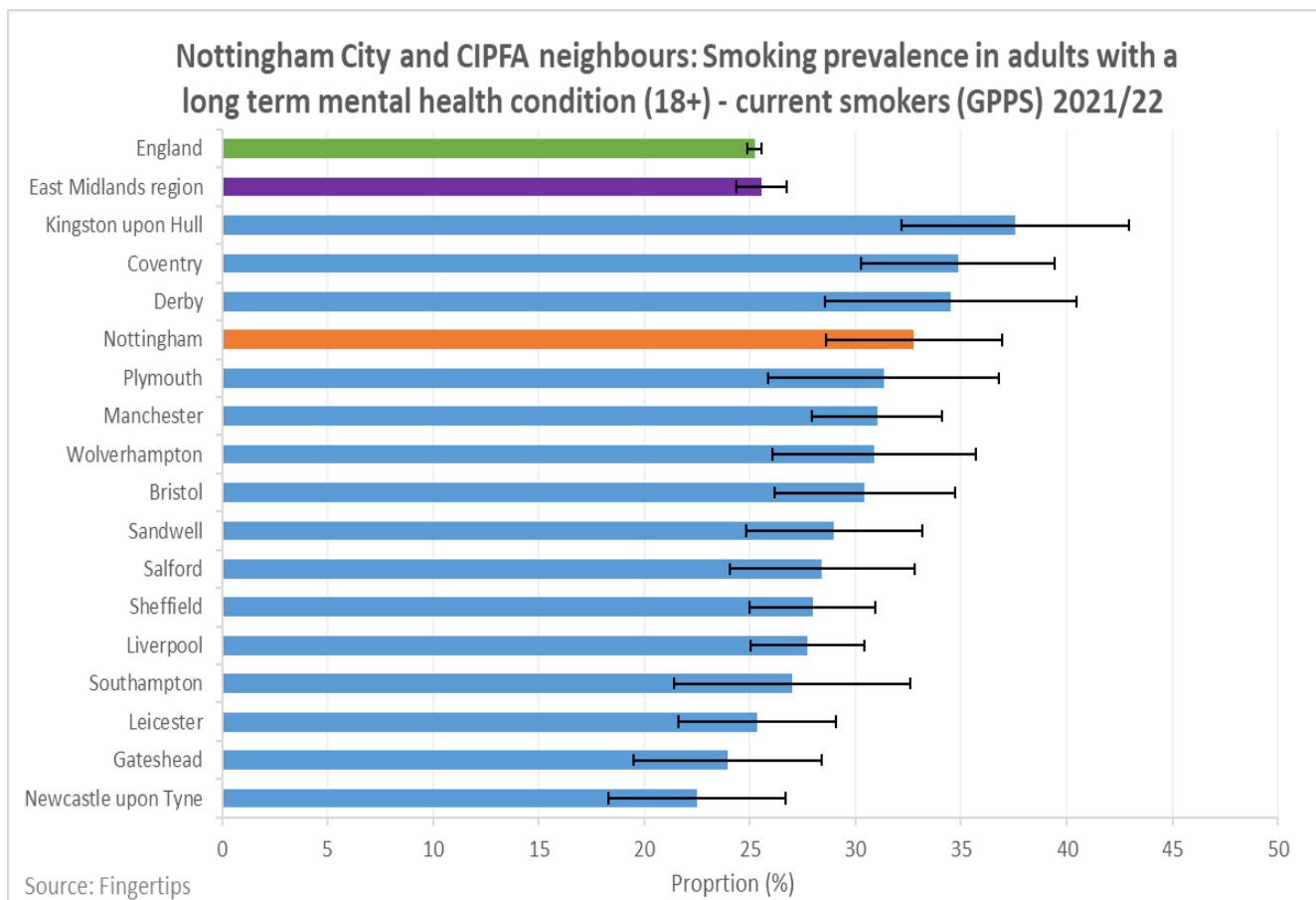
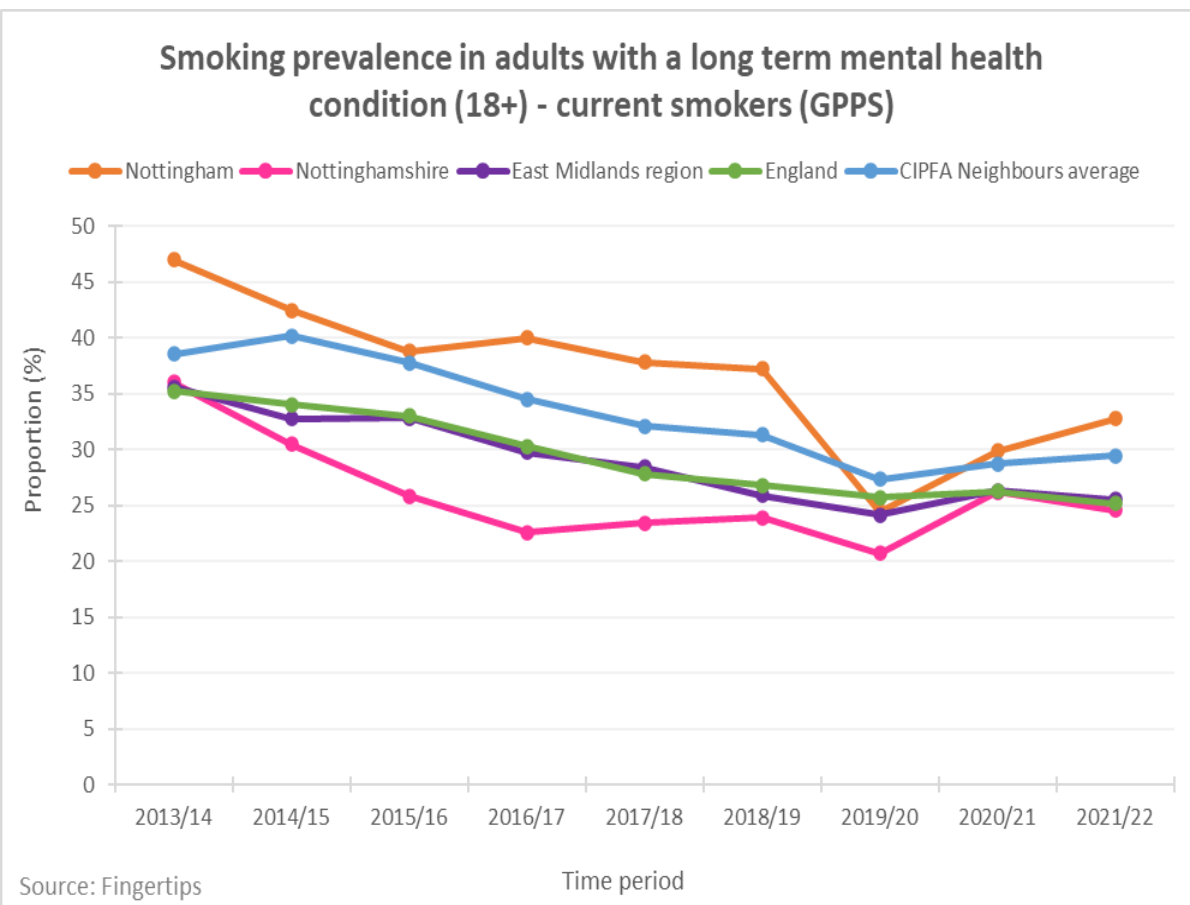
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)

- Since the data is available (2011), Nottingham has higher prevalence of smoking in routine and manual occupation compared to National average except in 2020 where the prevalence in Nottingham has dropped below the National and regional averages.
- Nottingham is ranked 5th highest among CIPFA neighbours with Sandwell being the highest and Gateshead the lowest.



Smoking prevalence in adults with a long-term mental health condition (18+) - current smokers (GPPS)

- Compared to England, Nottingham has shown consistently higher prevalence of smoking in adults with mental health conditions except in 2019/20 where Nottingham's prevalence dropped below the National average.
- Among CIPFA neighbours, Nottingham is the 4th highest with Kingston upon Hull being the worst and Newcastle upon Tyne the best.


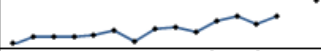

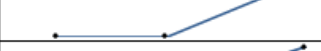
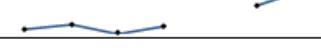


Nottingham City: Overview of Eating & Moving for Good Health Delivery Plan Outcome Measures

Eating & Moving for Good Health Delivery Plan - Outcome Measures

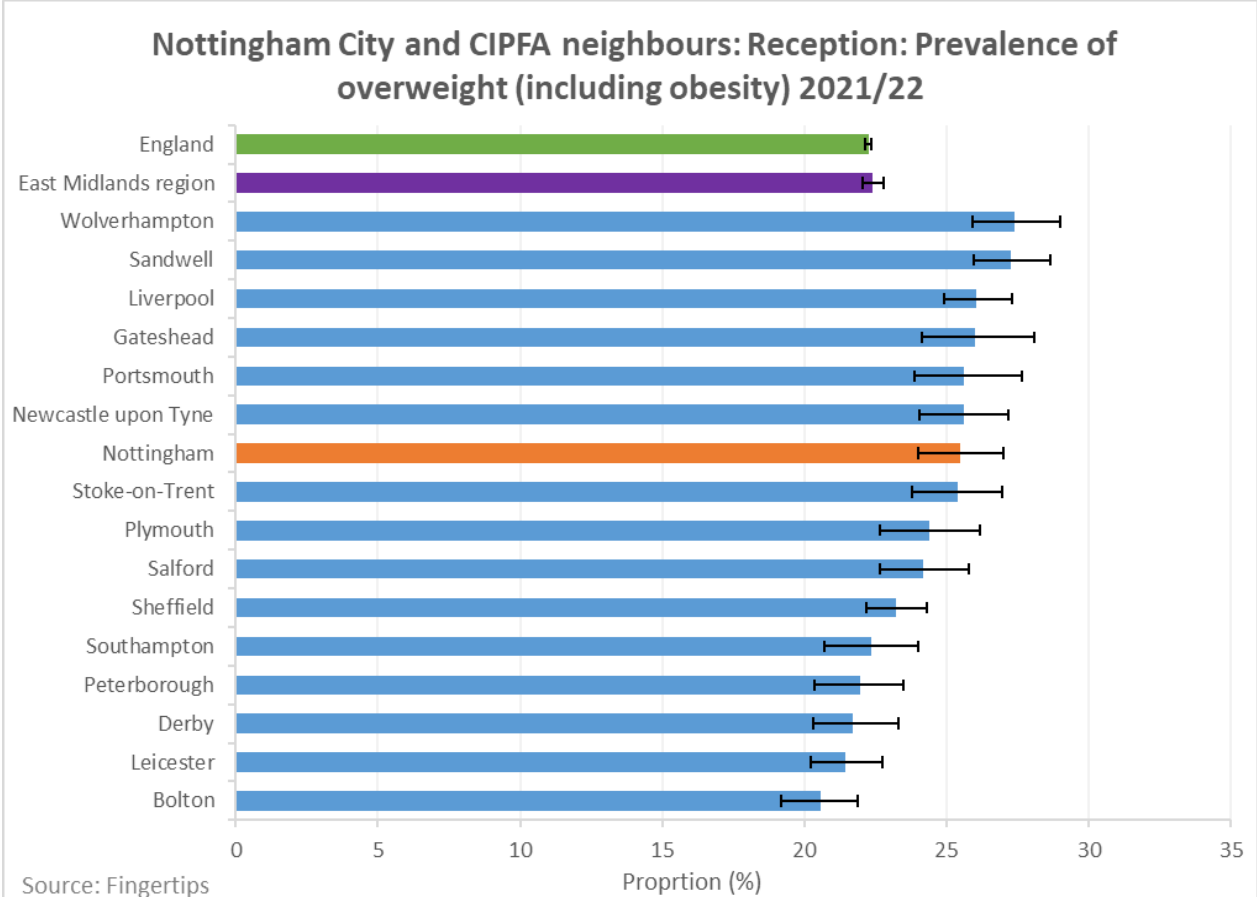
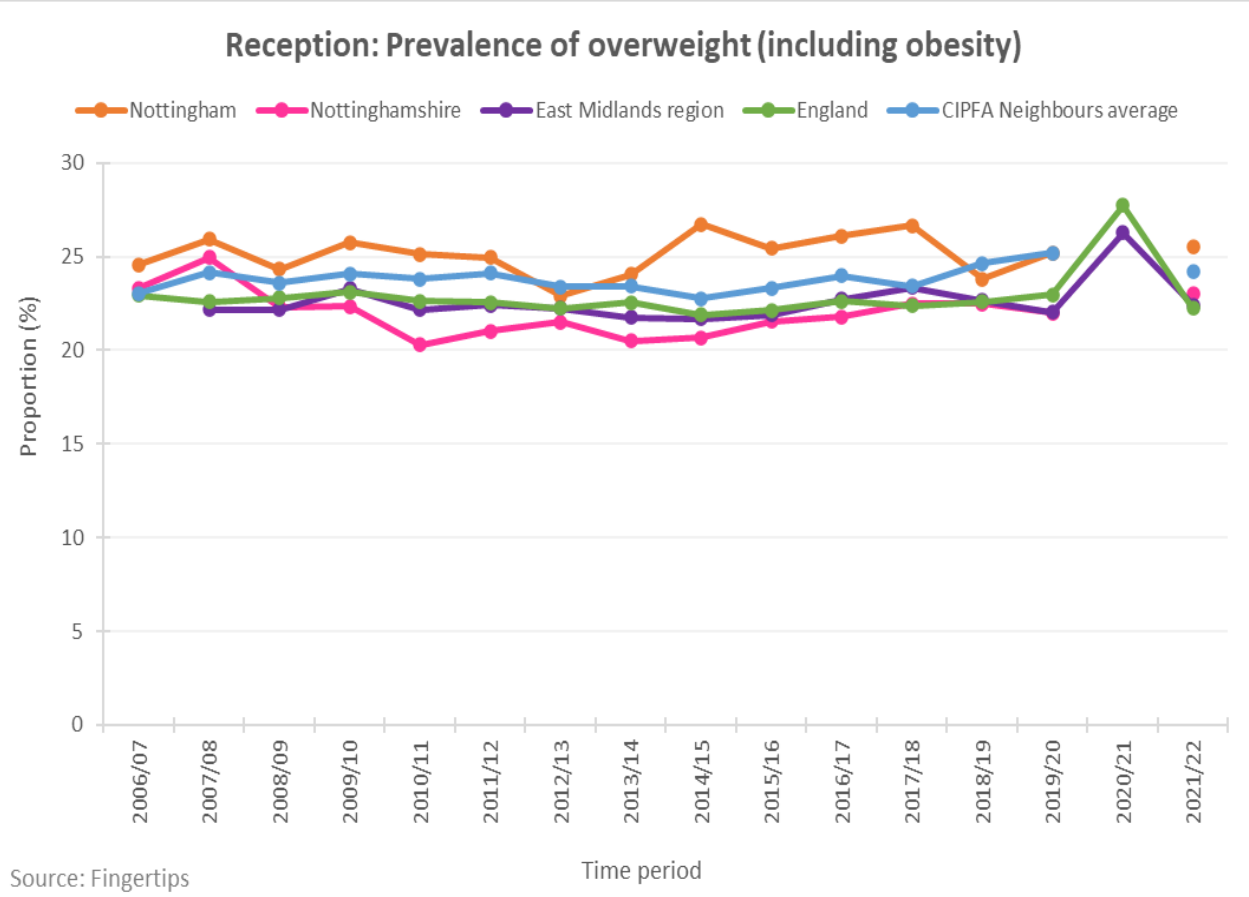
Source of indicators: Fingertips

- ✦ No significant change
- ✚ Decreasing & getting better
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- ✚ Increasing & getting worse

Indicator name	Unit	Baseline year	Baseline value	Current year	Current value	Last updated	Percent change from baseline year	Recent trend from baseline year	Available data period	Trend	Comment
Reception: Prevalence of overweight (including obesity)	Proportion - %	2019/20	25.2	2021/22	25.2	Dec-22	0.0%	✦	2006/7 - 2021/22		No data available for 2020/21
Year 6: Prevalence of overweight (including obesity)	Proportion - %	2019/20	40.8	2021/22	44.8	Dec-22	0.1%	✚	2006/7 - 2021/22		No data available for 2020/22
Percentage of adults (aged 18 plus) classified as overweight or obese	Proportion - %	2019/20	66.8	2021/22	65.8	May-23	-0.01%	✚	2015/16 - 2021/22		
Baby's first feed breastmilk	Proportion - %	2018/19	58.7	2020/21	63.3	Mar-23	0.1%	✦	2017/18 - 2020/21		
Breastfeeding prevalence at 6-8 weeks after birth - current method	Proportion - %	2021/22	52.9	No data available	No data available	Nov-22	No data available	No data available	2015/16 - 2020/21		No data available for 2019/20

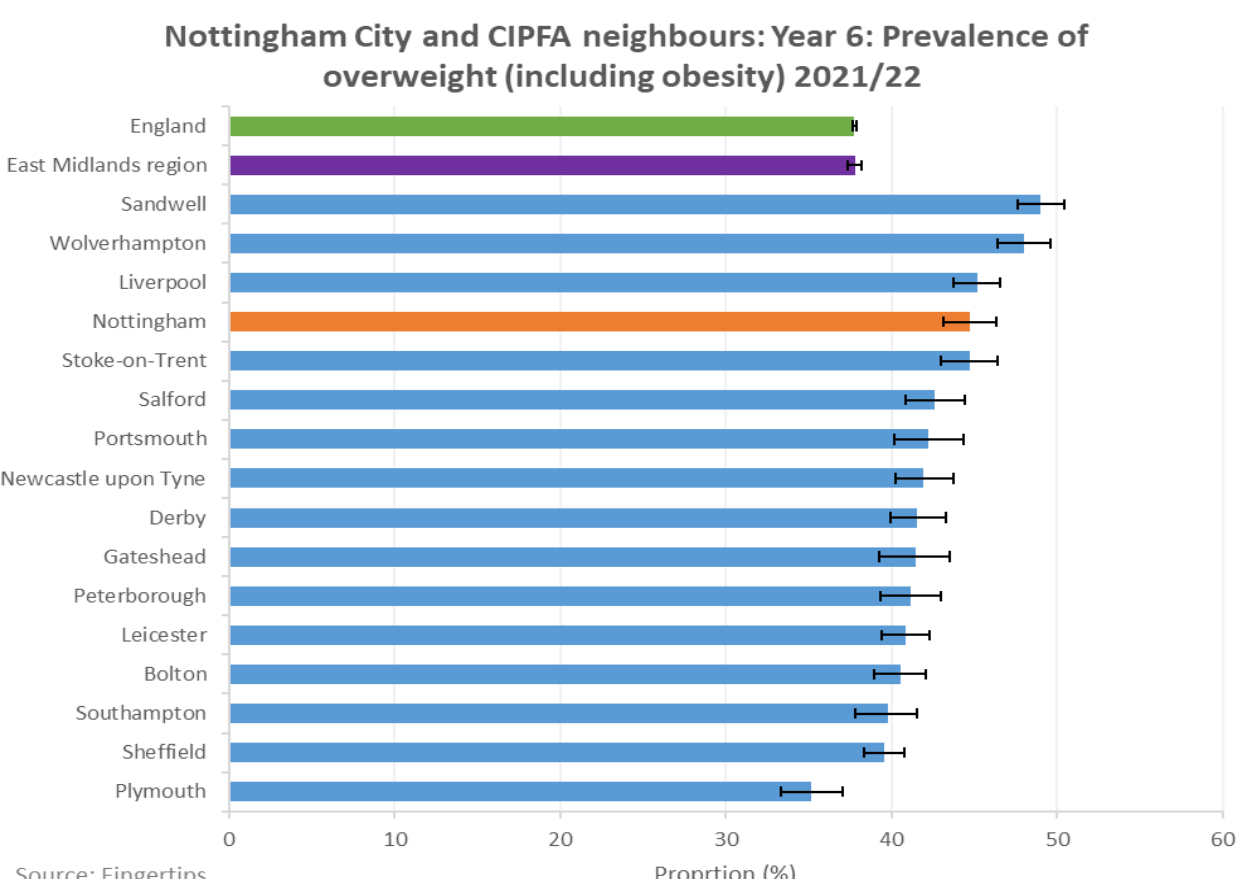
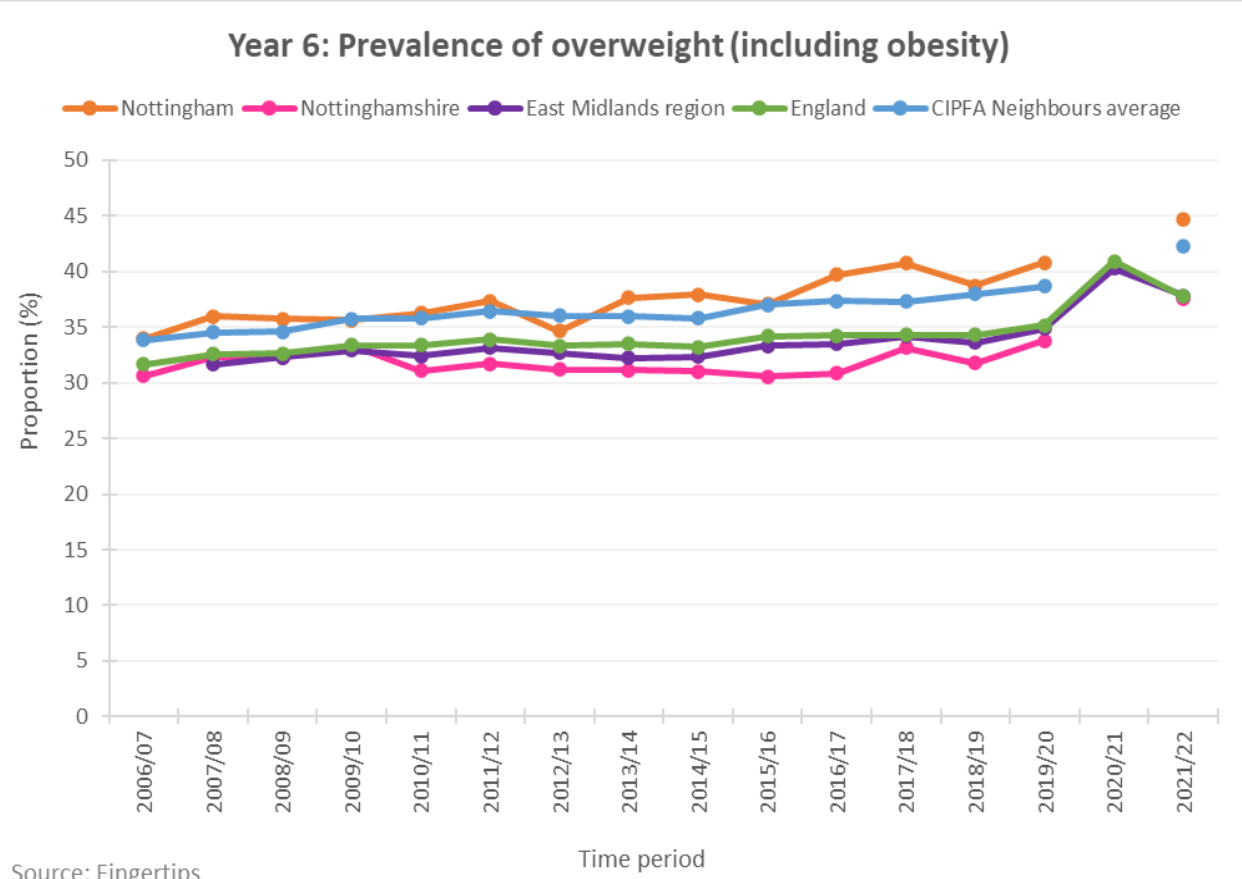
Reception: Prevalence of overweight (including obesity)

- Prevalence of overweight (including obesity) in reception children in Nottingham has been consistently higher than the England average from 2006/07 – 2021/22. (Note: For Nottingham and CIPFA neighbours there is no data available in 2020/21).
- Nottingham is ranked 7th highest among CIPFA neighbours with Bolton being best and Wolverhampton worst.



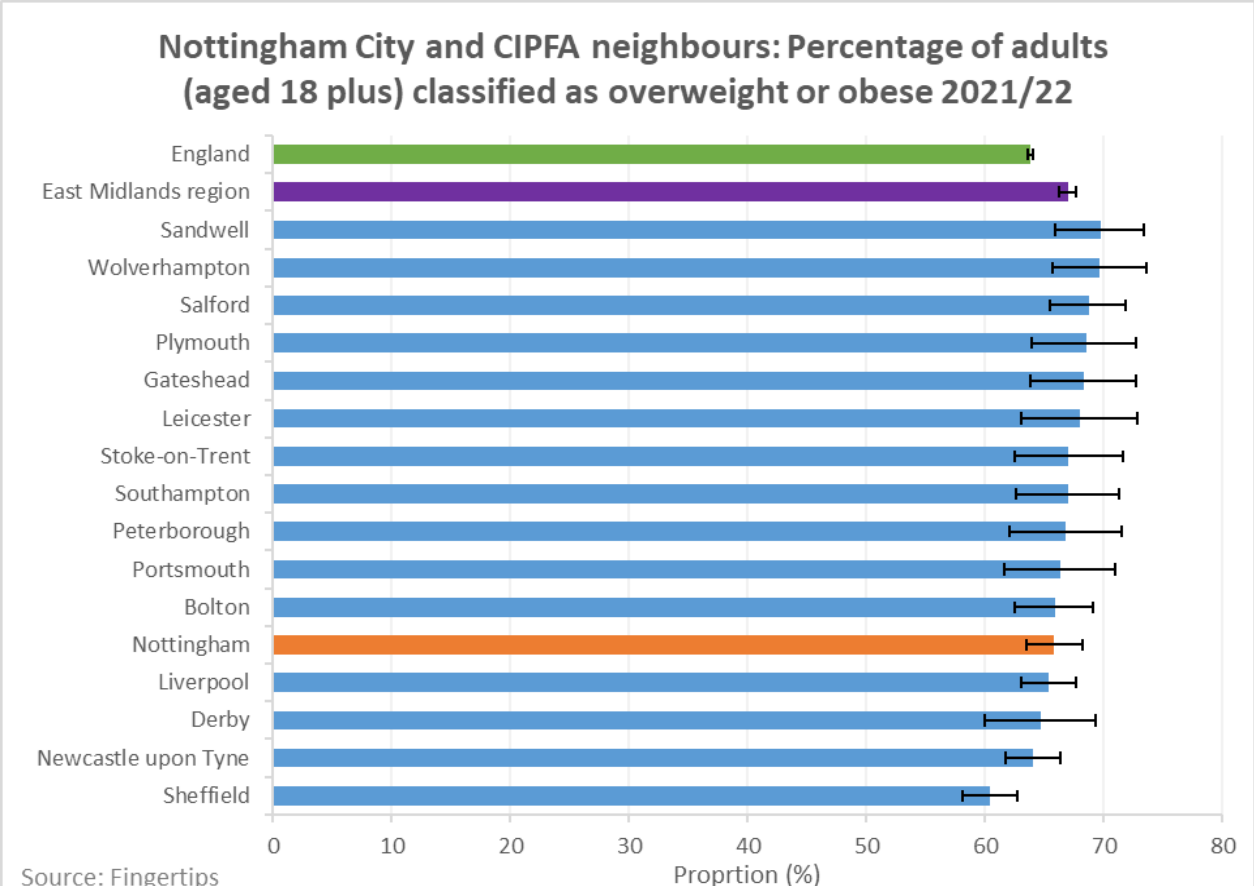
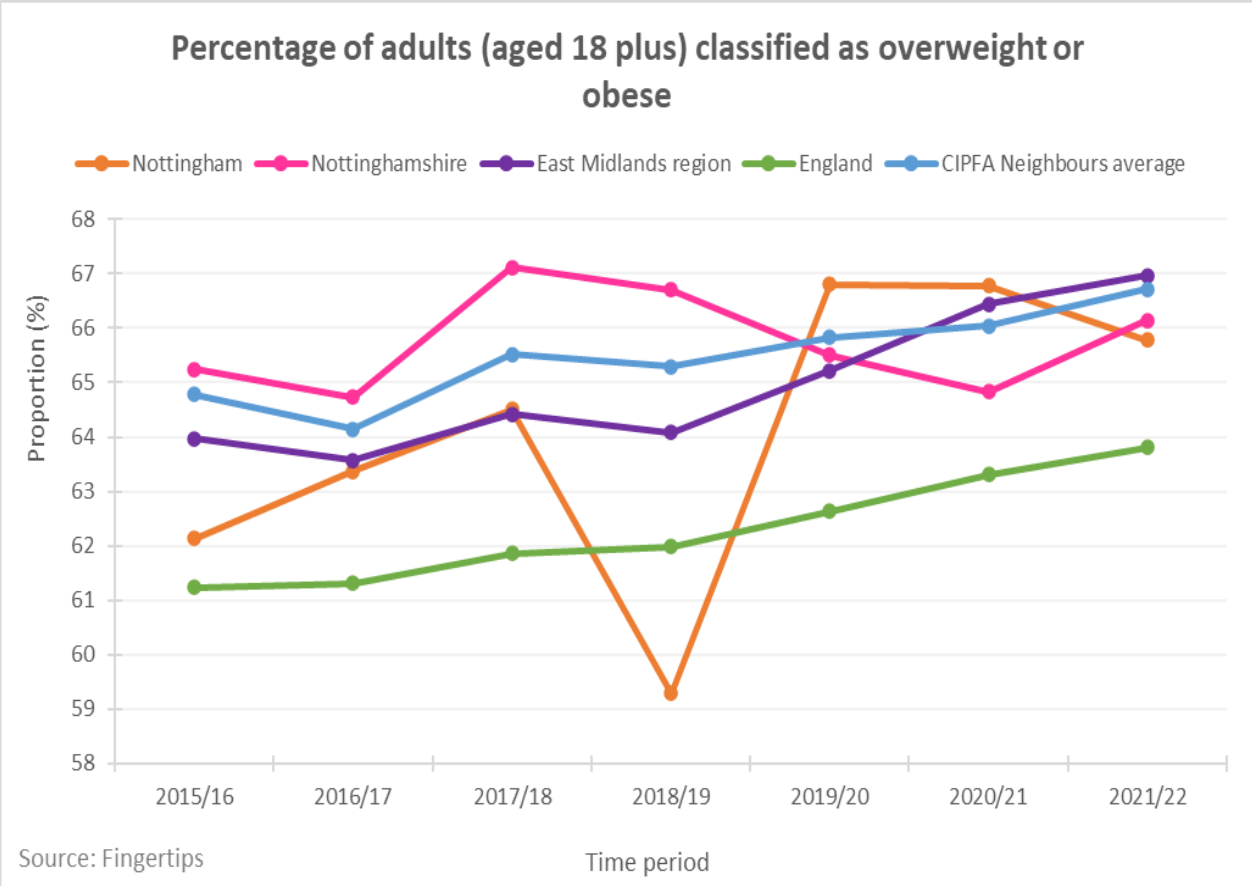
Year 6: Prevalence of overweight (including obesity)

- Compared to National average, Nottingham has consistently displayed higher prevalence of Year 6 children being overweight (including obesity) since 2006/07. (Note: For Nottingham and CIPFA neighbours there is no data available in 2020/21).
- Among CIPFA neighbours, Nottingham is the 4th highest with Sandwell being the worst and Plymouth the best.



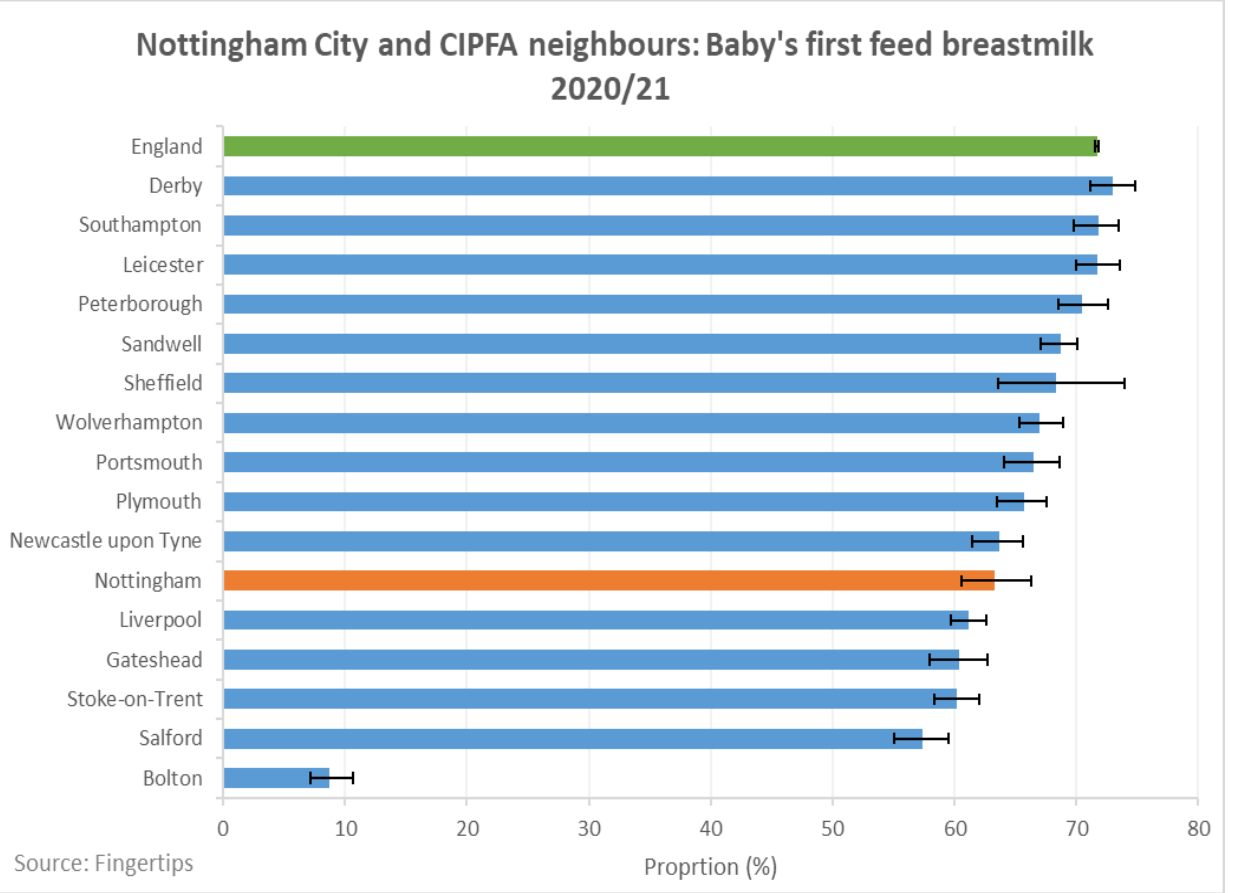
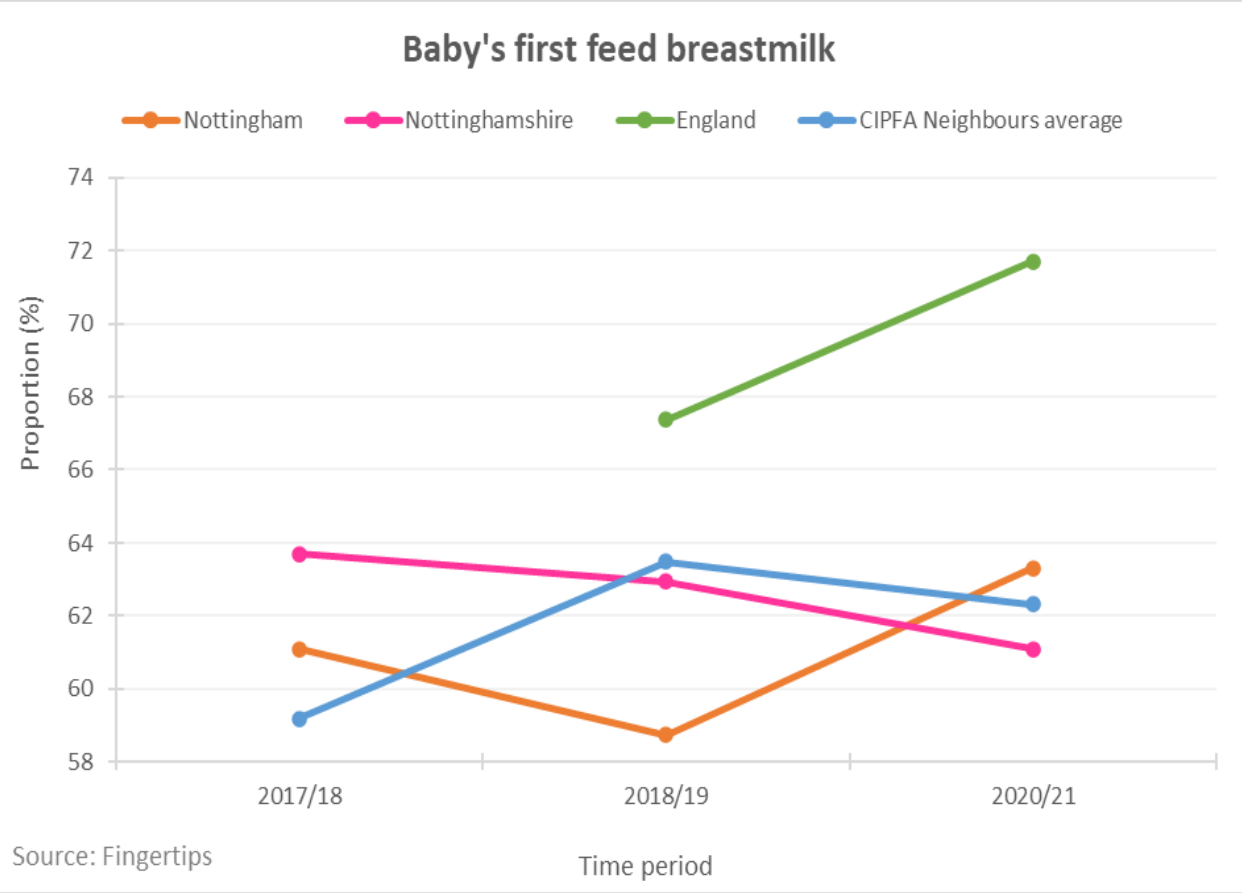
Percentage of adults (aged 18 plus) classified as overweight or obese

- Since 2015/16, Nottingham has shown a higher prevalence of adults classified as overweight or obese than England's average except in 2018/19 where Nottingham's prevalence was below the National average.
- Nottingham is ranked 5th lowest among CIPFA neighbours with Sandwell being the worst and Sheffield being the best.



Baby's first feed breastmilk

- From 2018/19 to 2020/21, Nottingham has a lower percentage of babies receiving their first feed as breastmilk compared to the National average. (Note: There is no data available at East Midlands level as well as no data for England for 2017/18).
- In 2020/21, Nottingham is ranked 6th lowest among CIPFA neighbours with Derby being the best and Bolton the lowest.



Limitations

- 1. Limited data availability** – Some indicators have only one data point available, and no new data has been collected since the baseline. This scarcity of data makes it challenging to track changes over time and assess the effectiveness of our strategies.
- 2. Infrequent updates** – Indicators are updated at varying frequencies. While some are updated annually, others have not been updated for several years, with some data dating back to 2014/15. This may lead to reporting gaps, and impact on the ability to adapt approaches in real time.
- 3. Demonstrating impact, and reliance on secondary data** – Impact on health outcomes at a population level may not be immediately observed, and the impacts of public health interventions can take a long time to reflect in data. Therefore, the outcomes framework should not be used in isolation, but rather, should be considered a tool which can be used in conjunction with others to assess the outcomes of the Health & Wellbeing Strategy.