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Report of the Director of Public Health to the meeting of Bradford South Area Committee to be held on 24th July 2014

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Subject:

Public Health function in BMDC.

Summary statement:

This report informs Bradford South Area Committee about the work of the Public Health Department, following the transfer of the Public Health function from the NHS to Local Government and a year's establishment in the Authority.

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Portfolio: Adult Social Care and Health

Overview & Scrutiny Area: Health and Social Care

INVESTORS IN PEOPLE

Beacon Authority 2009-2010 Positive engagement of older people 2006-2007 Improving Rural Services: Empowering Communities

City of BRADFORD METROPOLITAN DISTRICT COUNC

Suzan Hemingway, City Solicitor

1. SUMMARY

1.1 This report informs South Area Committee about the authority's Public Health Department following the transfer from NHS to Local Government and requests views and comments.

2. BACKGROUND

Public Health is:
The science and art of promoting and protecting health and wellbeing, preventing ill health, and prolonging life, through the organised efforts of society. It is concerned with the health of the entire population.

On April 1st 2013, the responsibility for the public health function transferred from the NHS to Local Government and Public Health England. This represents a significant shift, with many transformational opportunities, and some risks.

Public health has a number of statutory functions (see Appendix 1 for a list of the statutory functions of the Director of Public Health). In simple terms, the practice of contemporary public health can be characterised into three partially overlapping domains – health improvement, health protection and health service improvement.

One of the key drivers for the transfer of Public Health from the NHS to Local Government was to improve the input of PH into the development and implementation of local policies that have a major bearing on the health and well being of the population.

The three domains of public health are:

1. Health improvement – This includes addressing inequalities, and influencing the economic, environmental and social factors that affect health. It also includes supporting people to towards a healthier lifestyle.

2. Health protection – This includes managing threats from infectious diseases and environmental hazards, and preparing for these threats.

3. Health service improvement – This focuses on ensuring that services are as effective and fair as possible whilst providing value for money.

There are many factors operating on different levels that influence an individual's or a community's health. These include hereditary factors, lifestyle choices, the local community and surroundings, and societal factors (economic and cultural).

The Director of Public Health and the Departmental Management team provide leadership across the three domains of public health, described below:

Health improvement

- **Stop Smoking Service:** This team has a key role in reducing the prevalence of smoking across Bradford and Airedale.

Lead Officer: Joanne Nykol. Joanne.nykol@bradford.gov.uk
Children are particularly vulnerable to the effects of second hand smoke (SHS) exposure and since the introduction of smokefree legislation in 2007 the major source of tobacco smoke exposure is in the home and in vehicles by parents and other household members.

All Children's Centres in Bradford South have been provided with training and resources to raise awareness of the danger to children's health caused by SHS exposure. The tobacco team continue to work with the children's centres to identify a smokefree champion to sustain the work and messages in each centre.

Voluntary no smoking signs have been developed for children's play areas and these signs will shortly be in place in the Bradford South play areas.

The Tobacco Control Plan for England (2011) set a national ambition to reduce smoking as recorded at the time of delivery (SATOD) to 11%. Reducing smoking in pregnancy remains a challenge for the team with the current data identifying levels of SATOD locally at 16.4%; this is the average for the Bradford District and there are areas and communities with higher levels of smoking during pregnancy. The tobacco team have a pregnancy lead working closely with midwifes, health visitors and children's centres with targeted work being delivered in partnership with these teams in the Tong and Holmewood areas.

To promote healthier lifestyles in the work place the team are identifying large employers in Bradford South providing them with information to support the integration of health and wellbeing in the work place. Accessing support to quit smoking for shift workers can be difficult therefore the team provide support in the work place.

- **Obesity team**: This team works to prevent obesity by providing, and training other organisations to provide, weight management programmes for adults and children, and exercise referral for the population

Lead Officer Alison Moore **Alison.moore@bradford.gov.uk**

St Christopher's Good Neighbours
St Christopher's Church Tong provide the Good Neighbours project which runs a community café 4 days a week, a Fruit & Vegetable stall 3 days a week, a Tai Chi class, a Fit for Fun (seated chair exercises) session and a Line Dancing class each week, plus indoor games (i.e. wii, skittles, curling) on 2 sessions a week.

This is complimented by the luncheon club commissioned by Adult Services.

Buttershaw Children and Family Centre
Buttershaw Children's Centre runs a food co-op 4 days a week in the family centre, a Cook & Eat session once a week and a Cooking group for lone parents which runs once a week. The Centre also provides a Weight Management Group.

- **Sex and Relationships Education team**: This team promotes positive sexual health through sex and relationship education

Lead Officer Nicola Corrigan Nicola.corrigan@bradford.gov.uk

- **Drug and alcohol misuse**: This team works to minimise access to harmful drugs and to reduce the harm they cause across the District.

Lead Officer Ian Wallace. Ian.wallace@bradford.gov.uk

The Bridge Project which works in collaboration with GP's to target patients who are long time users of benzodiazepines. These are not illicit substance misusers but people who have become dependent on benzodiazepines through GP prescribing.

A number of GPs in Bradford South have been particularly proactive in this area.

First funded in 2008 in response to concerns regarding the prevalence of long term benzodiazepine prescribing within GP practices in the area, the Bridge Benzodiazepine Withdrawal Service Project provides an in-reach service for GP practices in the Bradford district. Its purpose is to engage with GP practices identified as prescribing upper levels of Benzodiazepines and z-drugs in the district and support them in two key areas

1. To implement a model of integrated, on-site psychosocial interventions alongside GP practice led reduction regimes for identified patients prescribed benzodiazepines and z-drugs
2. Support changes in benzodiazepine prescribing within the practice.

The service model is delivered though a Benzodiazepine Specialist Worker with knowledge, skills and experience of working with individual's dependent on benzodiazepines or z-drugs.

First contact is initiated though Practice Managers for each identified practice. Following an initial discussion, the Benzodiazepine Specialist Worker is then typically booked to provide a group presentation to GPs and practice staff on all aspects of the model. GP practice participation and engagement with the service is entirely voluntary. While there is no direct cost to the GP practices involved beyond suitable accommodation for the worker for the period of time they are at the practice, GP commitment to all the elements and administration support is essential. Successful implementation has been found to be directly correlated ensuring integrated working and engagement in all aspects of the model at practice level.

Once a practice has been signed up to the service, patients are initially screened by their GPs. This typically occurs though the use of IT system reports and practice discussions. Identified patients are then invited by the practice to attend a medication review; this includes an assessment with the Benzodiazepine Specialist Worker. Following this an agreement is then established between the patient, GP and Specialist Benzodiazepine Worker that includes engagement in regular individual sessions with the specialist to support the reduction. A bespoke medication reduction plan is created in agreement with the patient, managed by the GP based upon the Ashton guidelines. This process also helps to reduce the number of patients who are receiving a prescription for benzodiazepines, only to pass the medication onto someone else, a practice which is both dangerous and costly in terms of GP time.

Throughout their time with the practice the Specialist Benzodiazepine Worker delivers interventions designed to build coping skills, confidence and resilience as the patient moves though each stage of their reduction programme. Supplemental telephone booster sessions are offered alongside a local support group. The Specialist Worker also acts as a resource for primary care practitioners to help support them in managing benzodiazepine

reductions and to make any required adjustments to the reduction and also to help them change their prescribing practices over the long term. Whilst the full extent of the issue is not clear locally, the service is oversubscribed and can only target a select number of practices at a time due to capacity issues.

Over the past 12 months the service has supported 116 individuals and has achieved successful completions for 46 of these, which is a significant contribution to the Bradford non-opiate successful outcomes. In addition to this support and the facilitation of a local support group, the Specialist Worker regularly receives requests for signposting, information and advice from both individuals with similar issues and medical practitioners looking to address this with their own patients. The enquiries are not geographically limited, and since the service has had an on-line presence, it is common for the Specialist Worker to receive such requests from other areas, including international organisations.

- **Wider determinants of health**

Lead Officer Sarah Possingham. Sarah.possingham@bradford.gov.uk
Public health has invested the following in new advice sessions in Bradford South.

10 new outreach based welfare advice, debt etc sessions, predominately in GP surgeries and children's centres across the patch –investment £58.5K

A new specialist service providing high level advice/formal debt work and tribunal representation –investment £37K

The provision of the city wide home visiting advice service for older people-investment £32.1 K

An innovation fund project focussed on financial literacy linking vulnerable households to affordable financial products-investment £30k

The lead agency providing services is Royds community association; they have subcontracted to other more locality based providers where appropriate-Bradford South Advice network

The above represents an additional investment of £157.6K on top of the core funding from Adult and Community services which contracts for advice services in a number of locations in south area.

In addition south area like all parts of Bradford will benefit from the Warm Homes Healthy people (WHHP) programme run annually to mitigate vulnerable households against the winter cold weather which PH invested £360k in last year and is likely to invest in again this year.

Health Protection

We work with our partners to:

- Prevent the spread of infectious diseases (e.g HIV, Hepatitis, flu) and to minimise the harm caused by environmental hazards (e.g chemical spillages, fires, floods).
- Undertake emergency planning to ensure that plans and staff are fit for purpose when threats do occur.
- Assure high quality vaccination (e.g. MMR) and screening programmes (e.g. breast cancer screening).

- Ensure that hygiene in hospitals and care homes meets high standards

Health service improvement

- Ensuring high quality and value for money services: We use published research and national guidance to develop effective and value for money services. We aim to ensure health and social care services are commissioned according to the needs of the Bradford district population.
- Children and young people: With our partners we plan and commission services according to need, aiming to ensure that all infants, children and young people are healthy and safe.
- Analysis of public health information and data: We use analysis of information and data for the commissioning and evaluation of services.

The key challenges and risks facing the service are:-

- Uncertainty regarding the ring fenced grant moving into the future, set against the statutory function of the DPH.
- Ensuring Public Health funding is used in the most effective way in the context of austerity cuts across many services within the Council and within other key partners
- Ensuring focus on health inequalities reduction as well as overall health improvement for the population
- Ensuring coordination and high quality implementation of public health programmes that span across many agencies and sectors, many of which are not within the direct control of the DPH.

3. OTHER CONSIDERATIONS

3.1. None.

4. OPTIONS

4.1 That Bradford South Area Committee considers the issues raised in this report, and raises any specific issues it would wish to explore in more detail.

5. FINANCIAL & RESOURCE APPRAISAL

5.1 Financial

There are no significant financial implications for Bradford Council arising from this report. Currently the authority is consulting on the budget for 2014 / 15.

5.2 Staffing

There are no significant staffing implications for Bradford Council arising from this report.

6. RISK MANAGEMENT AND GOVERNANCE ISSUES

6.1 There are no significant risks arising out of the proposed recommendations in this report.

7. LEGAL APPRAISAL

7.1 This work relates directly to the Local Government Act 2000 and to the Duty of Well-being placed upon the Council to promote and improve the well-being of the District.

8. OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

8.1.1 The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, the Public Health Department does have regard to our Equality and Diversity Policy.

8.1.2 We will consider our duties under the Act when designing, delivering and reviewing our business priorities – in business planning, commissioning and decommissioning services.

8.1.3 We will communicate and engage in ways that are accessible to people in our community, ensuring that people who do not have a voice, or may not have equal access to information or opportunities to engage, are not disadvantaged.

8.2 SUSTAINABILITY IMPLICATIONS

8.2.1 none.

8.3 GREENHOUSE GAS EMISSIONS IMPACTS

8.3.1 none.

8.4 COMMUNITY SAFETY IMPLICATIONS

8.4.1 Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a positive impact on community safety issues across Bradford South. The PH Dept is an active contributor to a number of council and multi sector programmes directly relevant to the Community Safety agenda.

8.5 HUMAN RIGHTS ACT

8.5.1 No direct implications arising from the Human Rights Act.

8.6 TRADE UNION

8.6.1 No direct Trade Union implications arise from this report.

8.7 WARD IMPLICATIONS

8.7.1 The PH Dept will support a more tailored approach to Service delivery in Wards across Bradford South. We have already commenced this discussion with the relevant AD and are considering how we can best support Neighbourhood Services in furthering jointly held agenda.

Appendix 3 and 4 highlight some locally relevant PH work and some relevant health and well being indicators for Bradford South.

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

8.8.1 none.

9. NOT FOR PUBLICATION DOCUMENTS

9.1 None.

10. RECOMMENDATIONS

10.1 The views and comments of the Bradford South Area Committee are requested.

11. APPENDICES

11.1 Appendix 1 – Statutory Functions of the Director of Public Health

Appendix 2 – specific examples of service areas in more detail. Taken from the corporate service plan. These examples are illustrative and cover the work of Substance Misuse Tobacco Control teams.

Appendix 3 - Health Statistics for the Bradford South Area

Appendix 4 - Joint Health and Well Being Board overview of Health and Well Being indicators for the whole district

Appendix 5 Public Health Department Management Team Contact details

Appendix 6 Public Health Senior Managers and main functions

Appendix 1

Statutory Responsibilities of the Director of Public Health

defined by Government
detailed guidance

The role of the director of public health

The most fundamental duties of a DPH are set out in law and are described in the next section. How those statutory functions translate into everyday practice depends on a range factors that will be shaped by local needs and priorities from area to area and over time.

Nevertheless, there are some aspects of the role that define it in a more complete way than the legislation can, and that should be shared across the entire DPH community. All DsPH should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues
- work though local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

Within their local authority, DsPH also need to be able to:

- be an active member of the health and wellbeing board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies, and commission appropriate services accordingly
- take responsibility for the management of their authority's public health services, with professional responsibility and accountability for their effectiveness, availability and value for money
- play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board
- contribute to and influence the work of NHS commissioners, ensuring a whole system approach across the public sector.

Statutory functions of the director of public health

A number of the DPH's specific responsibilities and duties arise directly from Acts of Parliament – mainly the NHS Act 2006 and the Health and

Social Care Act 2012 – and related regulations. Some of these duties are closely defined but most allow for local discretion in how they are delivered. This section summarises and explains the main legal provisions in effect from April 2013.

In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population – the DPH has a duty to write a report, whereas the authority's duty is to publish it (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.

Otherwise section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, gives the DPH responsibility for:

- all of their local authority's duties to take steps to improve public health
- any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- such other public health functions as the Secretary of State specifies in regulations (more on this below).
- As well as those core functions, the Acts and regulations give DsPH some more specific responsibilities from April 2013:
- through regulations made under section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, the Department intends to confirm that DsPH will be responsible for their local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications (a function given to local authorities by sections 5(3), 13(4), 69(4) and 172B(4) of the Licensing Act, as amended by Schedule 5 of the 2012 Act);
- if the local authority provides or commissions a maternity or child health clinic, then regulations made under section 73A(1) will also give the DPH responsibility for providing Healthy Start vitamins (a function conferred on local authorities by the Healthy Start and Welfare Food Regulations 2005 as amended)
- DsPH must have a place on their local health and wellbeing board (section 194(2)(d) of the 2012 Act).

Appendix 2 Extract from Service Plan

Service Plan for: Public Health (Drug and Alcohol Misuse) Assistant Director: Liz Barry

1. Key aims of the service
The commissioning of drug and alcohol services and Drug Interventions Programme (DIP) criminal justice (CJ) interventions for adults in the Bradford district A focus is placed on reducing re-offending and improving community safety for all. Functions undertaken by the team include; drug and alcohol needs assessment and gap identification; consultation with service users and carers; prioritisation of district needs and setting commission priorities; service redesign to meet identified need; contract development and procurement process and performance management.
2. Service responsibilities
Substance misuse commissioning seeks to reduce illicit and other harmful substance use and increase the numbers of individuals recovering from dependence so supporting individuals, families and communities alike. Strong collaboration with partner agencies continues to be a major component of this work; the benefit of collaboration creates opportunities for service users to achieve outcomes such as family engagement, stable housing and sustainable employment. In addition, change will be pursued through the growth of mutual aid, advocacy and support networks and this will assist individuals in making ongoing healthy life choices and remaining free from substance misuse harm. The Joint Commissioning Team currently commission with over 20 separate provider organisations, many of which deliver against a range of service specifications. Commissioned services work together as a system in order to deliver on the strategy detailed; providers are a mix of statutory and third sector organisations, from GP practices to education, training and employment agencies. In addition to contracted provider organisations, the JCT work closely working with other strategic partners including probation, police, community safety partnership, Public Health England (PHE) and Clinical Commissioning Groups (CCGs).
3. Key service statistics
In any one year, more than 3500 individuals' access and of those discharged from service, 50% currently do so with a successful outcome and approximately 300 are completely drug free. Annually, over 40,000 people are screened for alcohol problems with 1000 individuals receiving intensive structured treatment, including medical input, and an additional 1000 receiving support to manage linked issues such as housing, employment and family life. Positively, 58% of those discharged from alcohol treatment do so successfully requiring no further structured alcohol treatment. The rate of alcohol related hospital admissions has decreased to date in 2012/13 and is anticipated to continue on this route. Criminal Justice interventions support the above with over 75 individuals per month accessing treatment via this route.
4. Key achievements
5. Challenges for the service
Focus on delivery in 2013/14 will be placed on efficiency gains, effectiveness, partnership working, achievement and sustainability. Associated internal and partnership funding from Police and Crime Commissioner (PCC) and CCGs and may not be available post March 2014 and therefore any reduction or removal will impact upon District services.
6. Resources
£12,563,145
7. Opportunities for future service provision
Focus provision to enable targeted assessment and intervention, matching individuals to the right and most appropriate interventions as needed, when needed Transform the treatment system to embed recovery at all stages of a service user journey and improve successful outcomes for individuals, families and communities. Prevent wider damage to the community by reducing the prevalence of re-offending and supporting the management and rehabilitation of offenders.
8. Value for money

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6m

Service Plan for: Public Health (Tobacco)
Assistant Director: Ralph Saunders

1. Key aims of the service
Prevention - To create environments where people choose not to smoke with a focus on young people through key actions to reduce availability and affordability Protection - To protect people from exposure to second hand smoke with a focus on reducing children's exposure to second hand smoke in enclosed spaces e.g. homes and cars Cessation - To provide and commission an accessible, equitable, quality stop smoking service for people wanting to quit, targeting priority groups e.g. BME communities, smokers with a mental illness, plus reducing the number of women smoking in pregnancy
2. Service responsibilities
The Tobacco Control team are responsible for coordinating the local authority and partners activities to reduce the prevalence of smoking in the district. The team as well as directly providing a stop smoking service also commissions a service from providers in GP practices, pharmacist and dental practices. The team has a specific focus on areas of health inequalities as well as Children and Young people, adults with mental health problems, pregnant women who smoke, and also communities with high prevalence of cigarette. The service is also able to offer advice regarding Shisha and niche tobacco use
3. Key service statistics
In 2012/13 7,450 smokers received support to quit with a 40% success rate at 4 weeks. 93% of GP practices are commissioned to provide a practice based stop smoking service
4. Key achievements
Referral pathways have been established in secondary care and mental health settings In partnership with midwifery teams all pregnant smokers are now routinely referred for support to quit A support service has been developed tailored to meet the needs of smokeless tobacco users
5. Challenges for the service
Smoking rates continue to reduce in the more affluent areas of the district but remain high in our more deprived wards where smoking is viewed as the norm. We continue to see young people across the district taking up smoking at the current rate
6. Resources
£803,081
7. Opportunities for future service provision
The tobacco control team are moving from a Stop Smoking Service with a single focus on supporting individuals who smoke but wish to stop, (driven by a DH four week quit target), to a service which uses the DH National Tobacco Control Plan for England to reduce the prevalence of smoking across the Bradford District in both adults and Young People The prevalence of smoking amongst adults in Bradford in 2009/10 was estimated to be 22%. Rates are highest in adults with routine and manual occupations (28.9%) and in Pakistani and Bangladeshi men. Anecdotally we are also seeing increased prevalence amongst EU migrants. The prevalence of smoking is forecast to rise as a consequence of the recession, with higher stress levels a contributing factor
8. Value for money
The service no longer has 4 week quit targets but we continue to use that as a marker for effectiveness of our service. In the future the team will be measured on smoking prevalence

Appendix 3

Health Statistics for the Bradford South Area

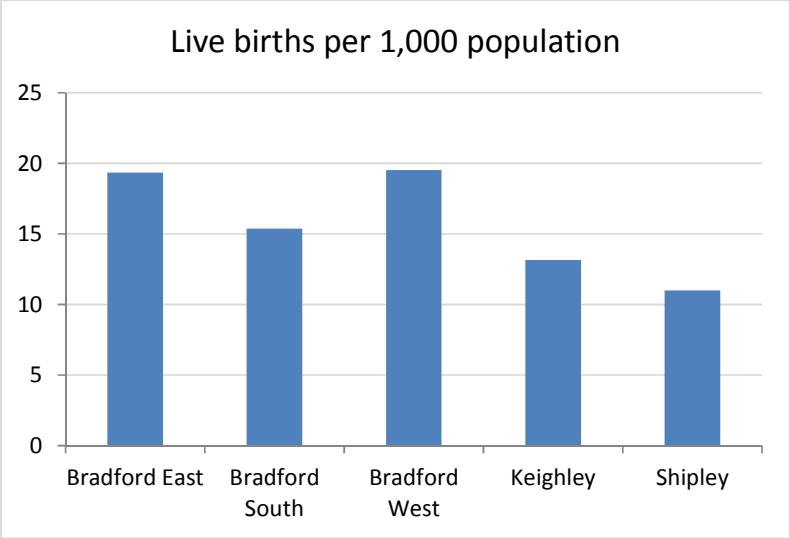
The following pages include a collection of indicators which help describe the nature of Public Health in the Bradford South area, and the challenges it faces. At an Area Level, Bradford South is one of the more challanged areas within Bradford.

The analysis has been prepared by the Public Health Analysis Team at City of Bradford Metropolitan District Council. The indicators have been presented in a very stark and simple way, with no detailed analysis of the likely causes or effects of the situation described by the data.

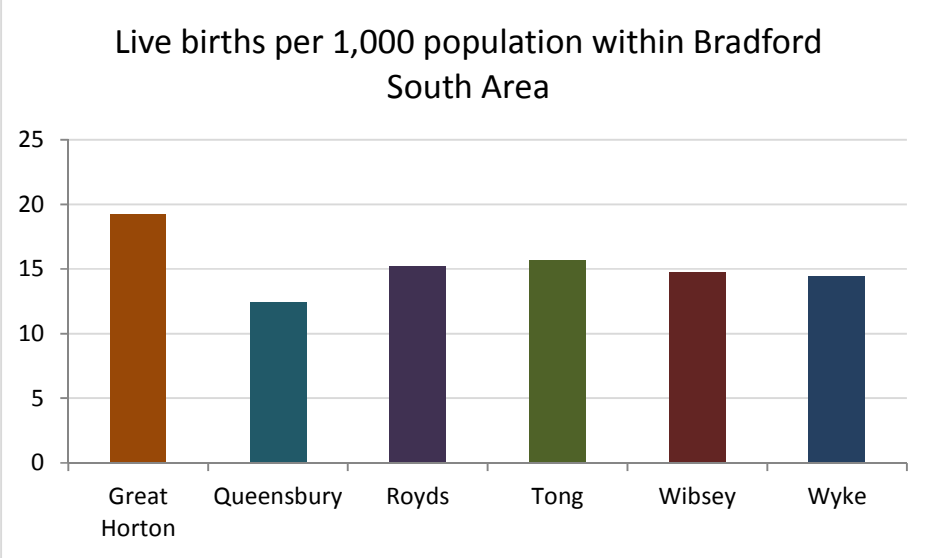
If you have any queries about the data, or would like to discuss whether a more detailed analysis may be possible, please contact jonnie.dance@bradford.gov.uk.

a) Live Birth Rate

Bradford South compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford South

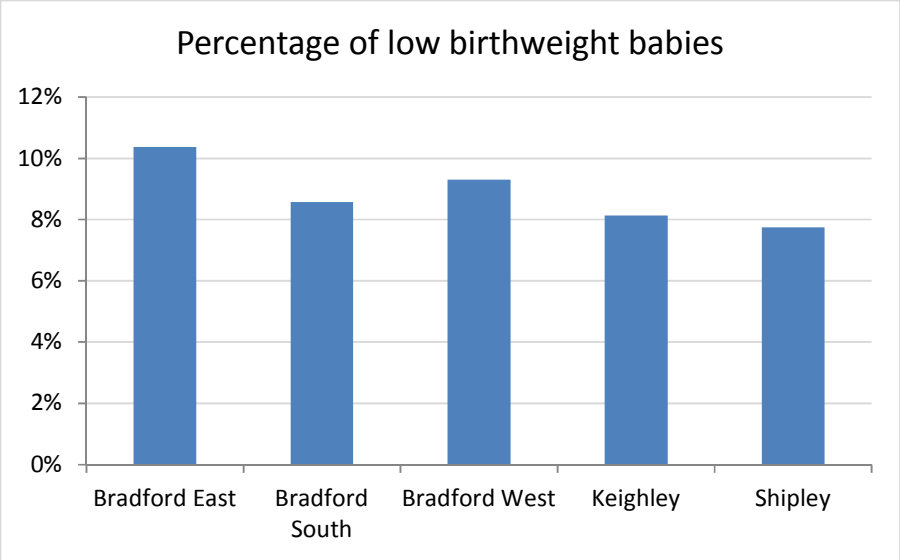


Source: 2011 census (Office for National Statistics).

Bradford South has the third highest birth rate of the five areas in Bradford and District. However, apart from Great Horton Ward, none of the wards within Bradford South have particulary high birth rates.

b) Percentage of low birth weight babies

Bradford South compared with the other areas of Bradford district



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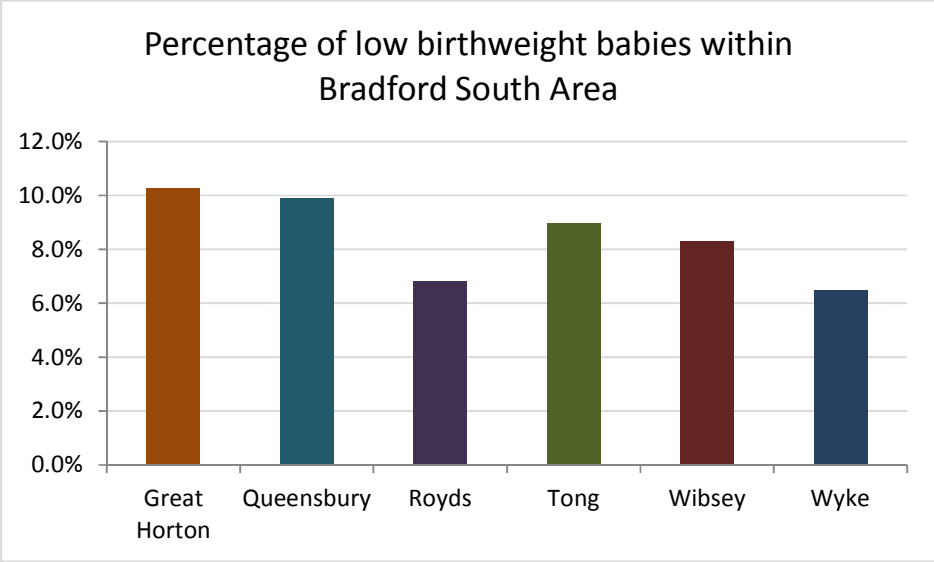
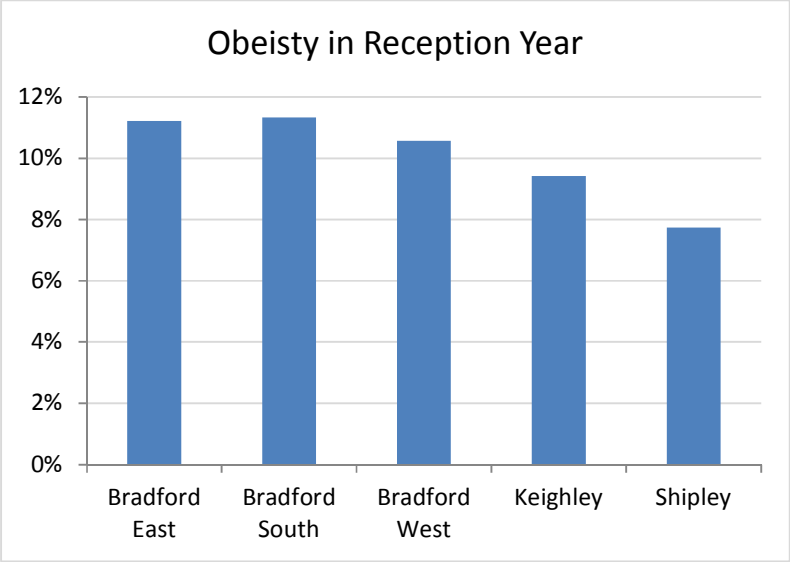


Source: 2011 Births and Deaths

Bradford South has the third highest percentage of low birthweight babies of the five areas in Bradford and District. However, apart from Great Horton and Queensbury wards, the other wards within Bradford South do not have particulary a particualaly high proportion of low birth weight babies.

c) Child Obesity Prevalence: Reception Year

Bradford South compared with the other areas of Bradford district



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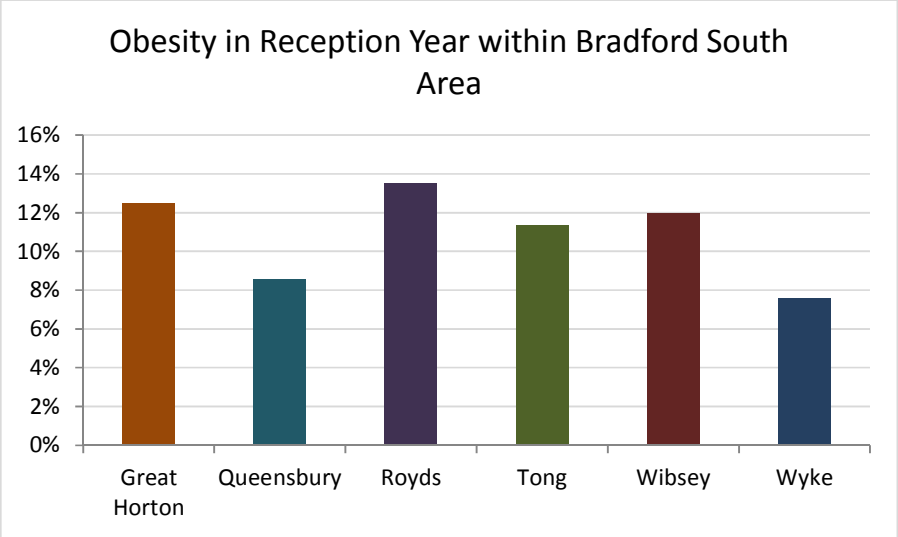
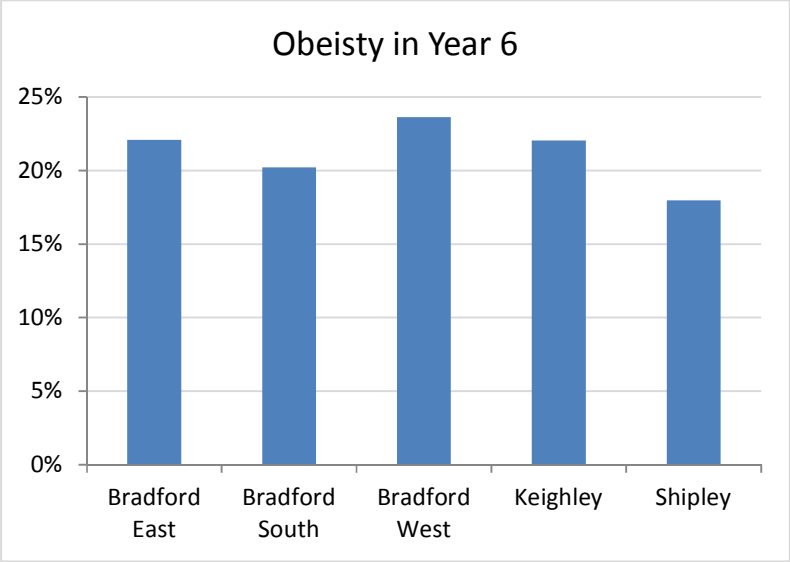


Source: National Child Measurement Programme

Bradford South has the highest percentage of Obese children in Reception Year rate of the five areas in Bradford and District, with 4 of the 6 wards within Bradford South having above average rates of obesity in Reception Year. . In the charts that follow, a very different picture has emerged by Year 6.

d) Child Obesity Prevalence: Year 6

Bradford South compared with the other areas of Bradford district



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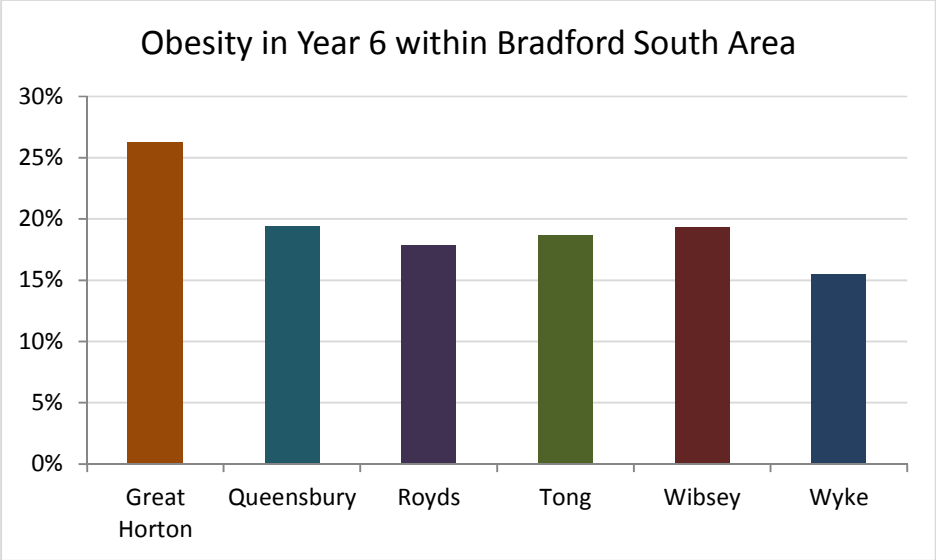
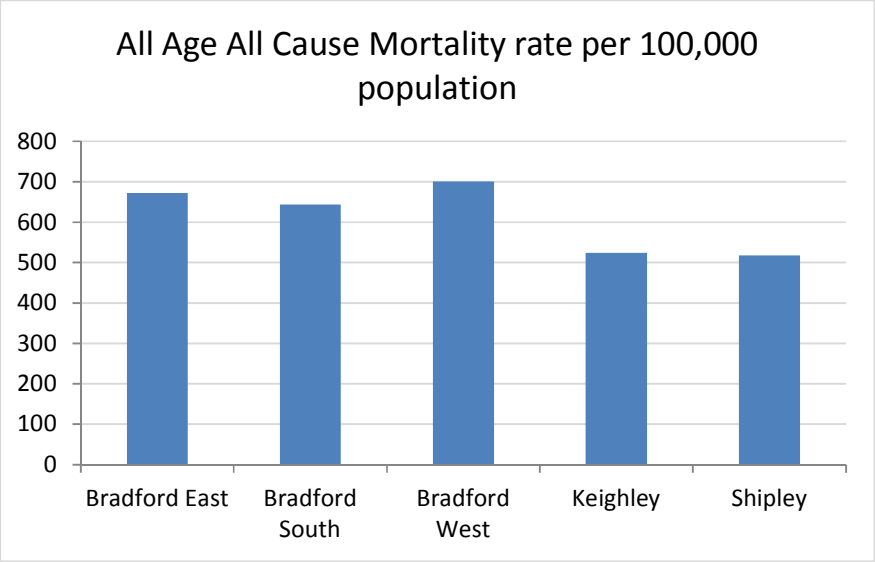


Source: National Child Measurement Programme

In year 6, Bradford South has only the fourth highest percentage of Obese children in Year 6 rate of the five areas in Bradford and District. However, Great Horton has one of the highest percentage of Obese children in Year 6 of any of Bradford's 30 electoral wards.

e) <u>All Age All Cause Mortality</u>

Bradford South compared with the other areas of Bradford district



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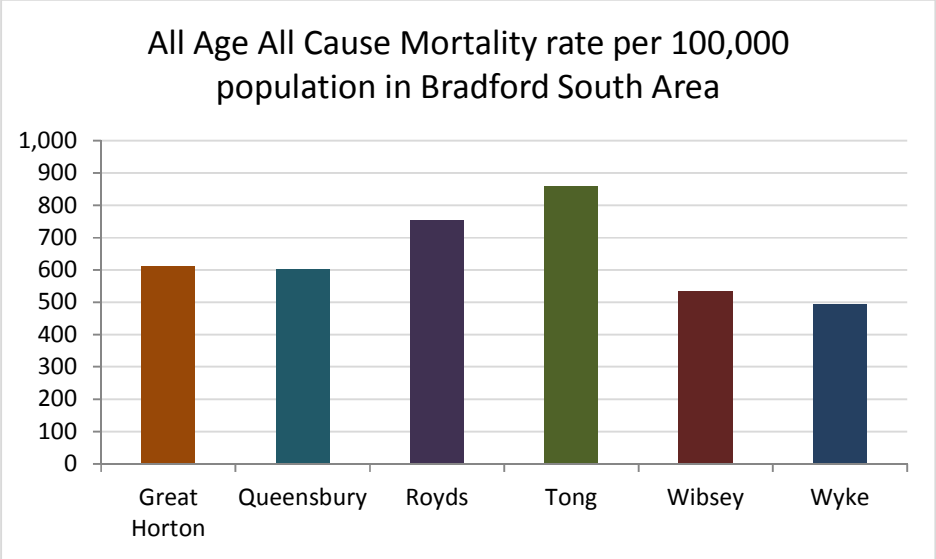
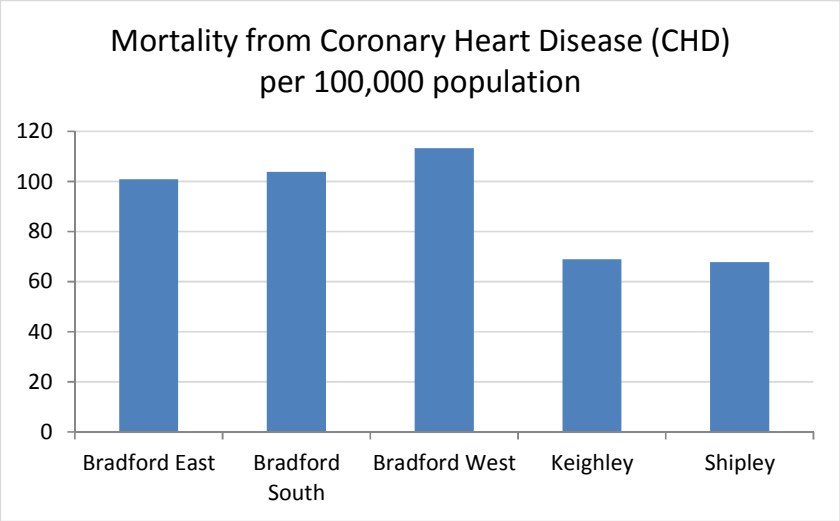


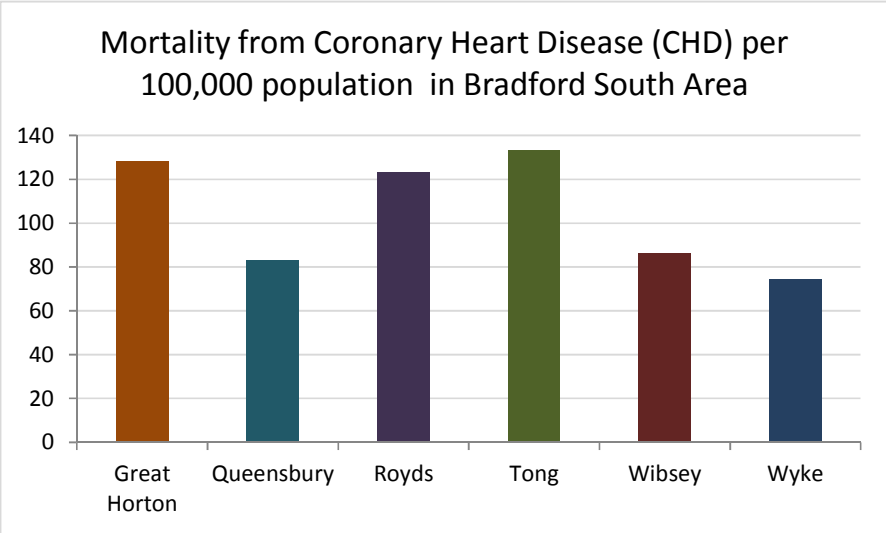
Bradford South has the third highest age-standardised All Age All Cause Mortality Rate of the five areas in Bradford and District. Royds and Tong wards have two of the higest rates when compared to the rest of Bradford.

f) Mortality from Coronary Heart Disease (CHD)

Bradford South compared with the other areas of Bradford district



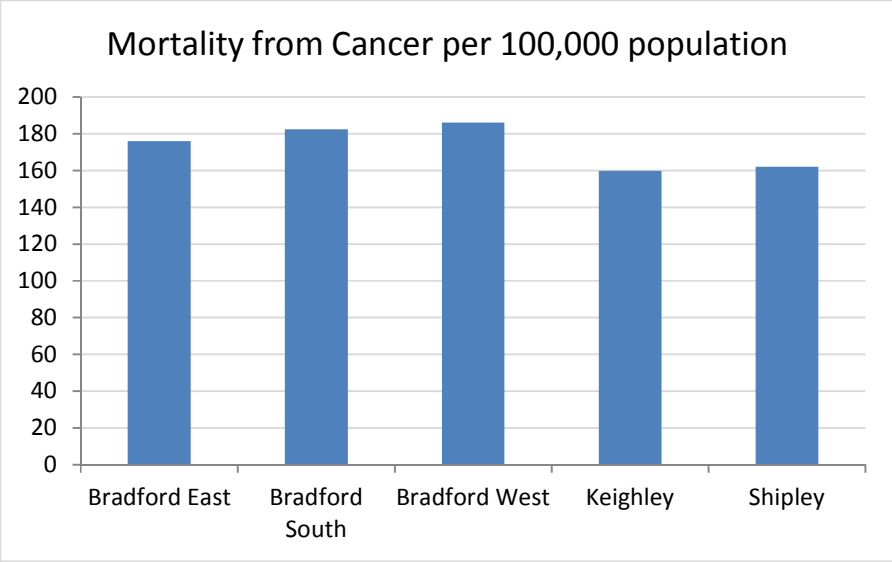
A comparison between the six electoral wards in Bradford South



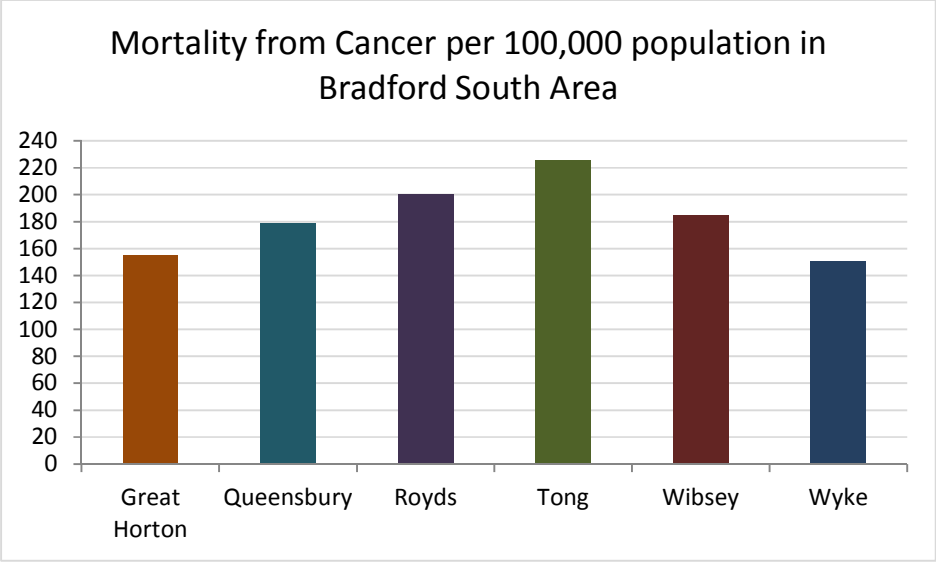
Bradford South has the second highest age-standardised CHD Mortality Rate of the five areas in Bradford and District. However rates vary throught the Bradford South Area and are particulary high in Tong and Great Horton but are lower in Wyke and Queensbury.

g) Mortality from Cancer

Bradford South compared with the other areas of Bradford district



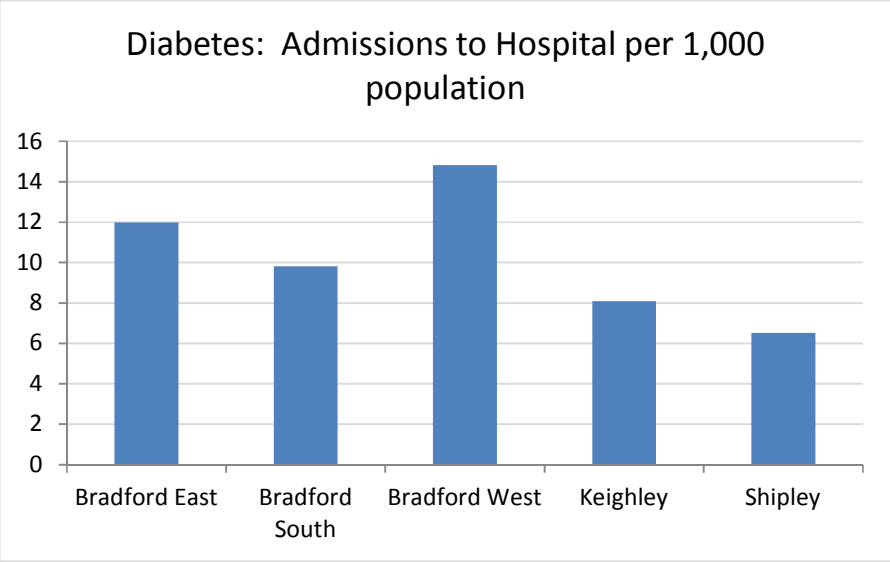
A comparison between the six electoral wards in Bradford South



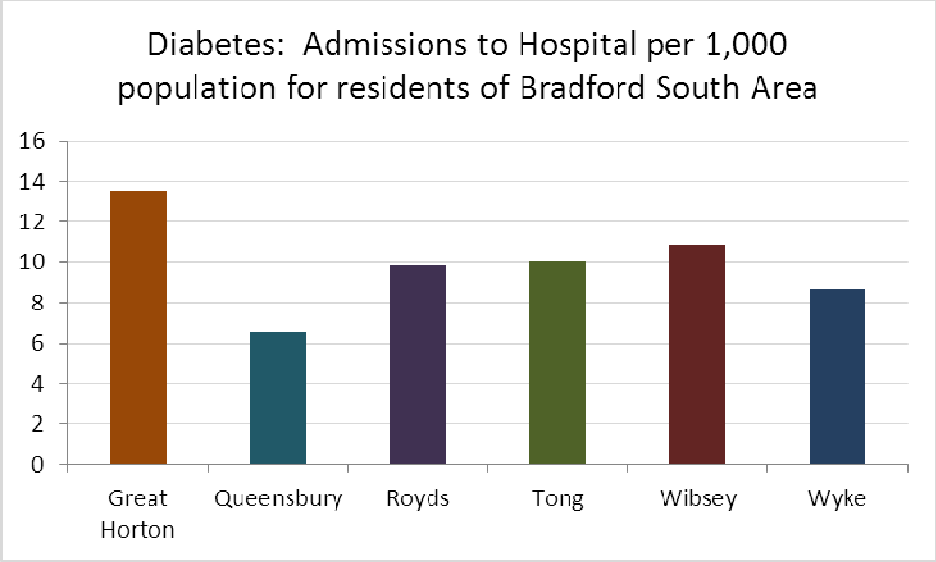
Bradford South has the second highest age-standardised Cancer Mortality Rate of the five areas in Bradford and District, with Tong having the highest mortality rate for cancer of all 30 wards within Bradford district.

h) <u>Admissions to hospital for Diabetes</u>

Bradford South compared with the other areas of Bradford district



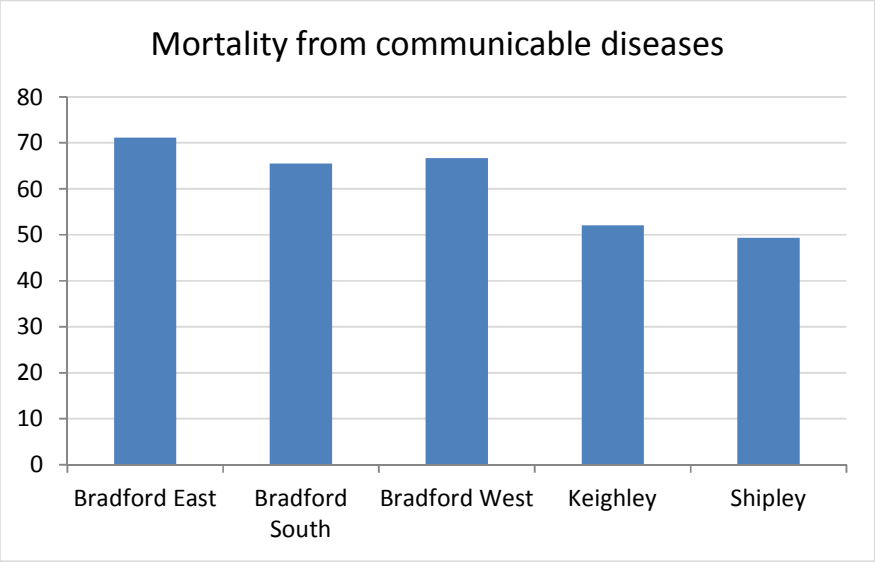
A comparison between the six electoral wards in Bradford South



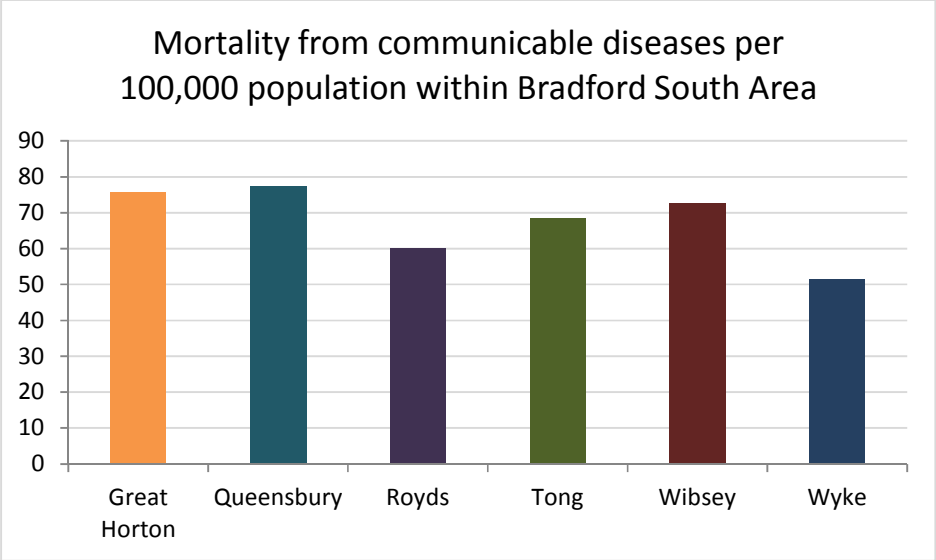
Of the five areas in Bradford and District, Bradford South has the third highest age-standardised rate of admissions to hospital for Diabetes. Admission rares vary within the Bradford South area. Great Horton has one of the higher admission rates amongst Bradford's 30 wards whilst Queensbury has one of the lowest.

i) <u>Number of deaths from certain infectious diseases, influenza and pneumonia</u>

Bradford South compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford South



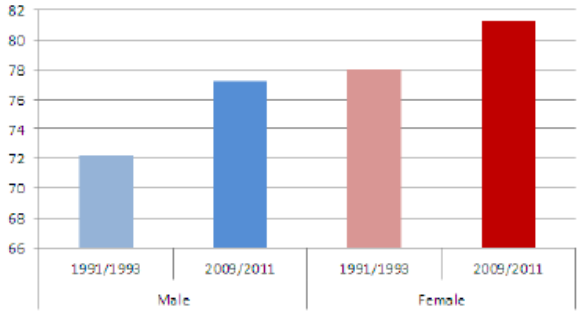
Bradford South has the second highest age-standardised mortality rate from communicable diseases of the five areas in Bradford and District. All wards within Bradford South, apart from Wyke, have higher than Bradford district average rates.

Appendix 4

Bradford and District: The Current Population

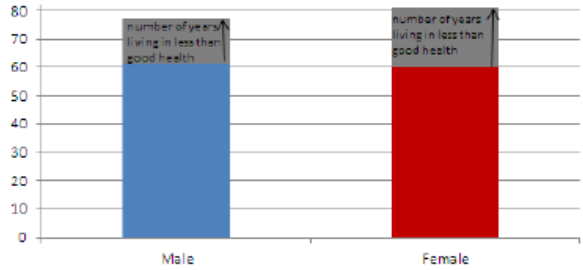
People are living **longer.** In men the average life expectancy is 78 – this compares to 81 in women.

Life Expectancy in males and females in Bradford and Airedale

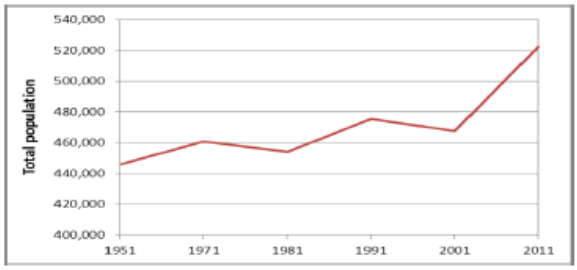


People – especially women - live a significant proportion of their lives in **poor health.**

Life Expectancy and Healthy Life Expectancy in males and females in Bradford and Airedale



Over the last 60 years the population of Bradford and Airedale has grown significantly – in the last ten years alone the population has grown by **11%** - that's a **rate of growth faster** than observed for a long time.



Fast growing age groups in the last 10 years

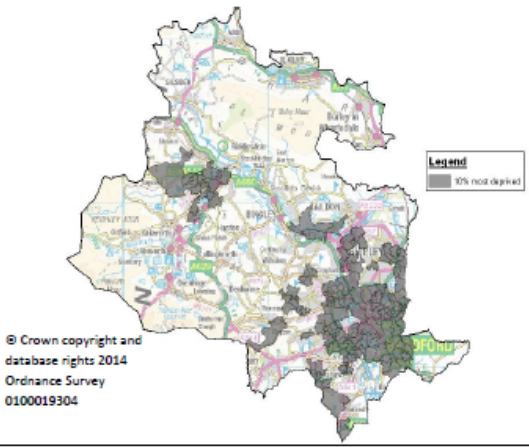
23%
increase in the number of 0-4 year olds

26%
increase in the number of 55-59 year olds

17%
increase in the number of over 85s

157,287 people or **31%** of the population- live in areas included in the 10% most deprived in England.

One in ten people provide some level of unpaid care.



Over **12,400** older people need assistance in maintaining independent living.

A further **8,200** people require help with one or more activities of daily living.

Almost **38,000** children live in relative poverty; that is **27%** of the population aged 18 years and under

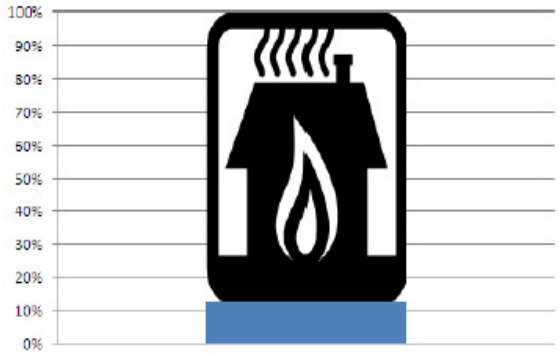
Public Health Analysis Team **City of Bradford Metropolitan District Council**

Bradford and District: Wider determinants of health

The health and well-being of a population is greatly shaped by a wide variety of social, economic and environmental factors; improvements in health outcomes cannot be made without action on the **wider determinants of health**.

27% of Bradford households have an annual household income less than **£15,000**. In some areas of the district the proportion is as high as **40%**.

12.6 % of all households in Bradford and Airedale live in fuel poverty.



That is more than **25,000** households, and is the **highest rate** in Yorkshire and the Humber.

In extreme cases fuel poverty can lead to a deterioration in health requiring hospital admission and sometimes death **(excess winter deaths)** – especially in the elderly and those with long-term conditions such as COPD.

Between August 2011 and July 2012 there were **318 excess winter deaths – 141** of these were in people aged 85+.

10% of houses in the district are overcrowded.

Overcrowding can impact on family relationships, child development and health.

Independent research suggests the **economic downturn** is likely to have **lasting consequences** on health and wellbeing (Source: UCL Institute of Health Equity).

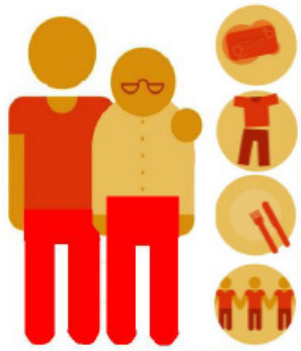
5.5% of 16-18 year olds are not in education, employment or training (NEETs) – this is **lower** than the proportion regionally and nationally.

48.8% of children achieve a good level of development at the end of reception, however, the proportion of children achieving a good level of development varies across the district.

Educational attainment is improving, but remains lower than England and similar areas, and thus remains one of the biggest challenges to the district – **52%** of pupils gain 5+ A*-C grade GCSEs inc. English and Maths.

Bradford and District: Health and Social Care use

2,400 people received short-term support by way of rehabilitation and re-ablement last year.



Graphics from Kings Fund

Each year **11,500** people receive longer-term services – **8,500** at any one time.

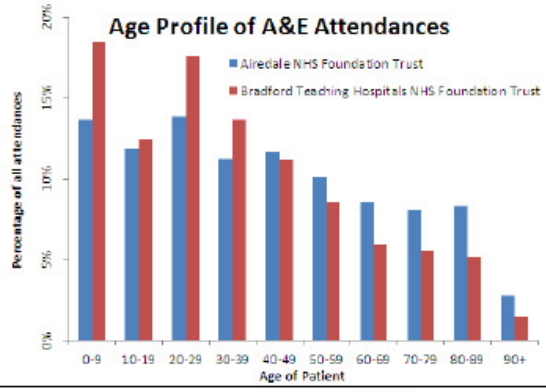
1,940 people are supported to live in residential or nursing homes

90% of patient contacts with the NHS occur in primary care.

In Bradford & Airedale there are an estimated **3.4 million** contacts with **primary care** each year.

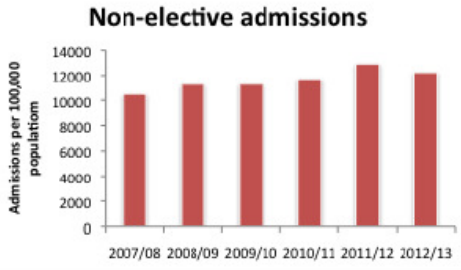
The number of contacts is expected to increase as the population increases and grows older – this is despite a **real terms decrease in funding** for primary care.

There are **more than 190,000** A&E attendances each year at the two hospital trusts.



However, the age profile of those attending A&E at the two trusts is very different: At BTHFT, **18%** of those who attend are aged under 10. At Airedale, it's only **14%.** Conversely, at Airedale **19%** of those who attend are aged over 70. At BTHFT, it's **12%**.

Historically **non-elective (unplanned) admission rates** have **increased** year on year; however, in the last year there has been a **small reduction**.



The Kings Fund estimates that ambulatory care-sensitive conditions (ACSCs) account for **1 in every 6** emergency hospital admissions in England – these cases could potentially have been managed in primary care. Rates also tend to be higher in areas which are **more deprived**.

Bradford and District: Future Population

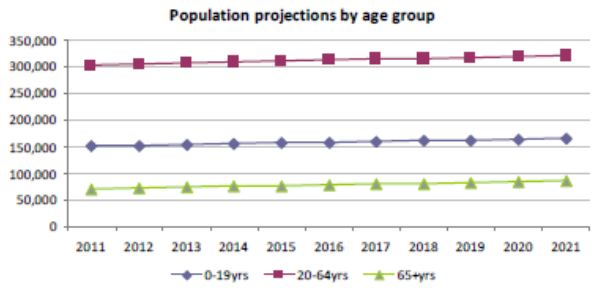
The population of Bradford and Airedale is growing – **by 2019** it is expected to increase by **7%.**

The population is ageing. By 2019 there will be:

12,013 more people aged 65+

2,194 more people aged 85+

As well as more older people, the **number of children** is also expected to **increase**. By 2019 there will be 4,525 more children aged 0-4 than at present



There will be an increasing number of older people **living on their own.** Living alone is a significant predictor of hospital admission.

The working age population is not expected to ⇧ at the same pace as the older population. Age dependency ratios will become more and more important.

Will the working age population be able to care for older relatives?

There is a significant amount of uncertainty around the role of older people in the community in 20 years time. Much will depend on the health of the population as they enter old age, highlighting the importance of healthy ageing.

Impact on housing: with an increasing older population we need appropriate accommodation to support people to live independently in their own homes, meaning they are less reliant on health and care services.

Demographic change will mean that:

- The number of frail elderly will ↑
- The number of people with LTCs will ↑
- The number of people with more than 1 LTC will ↑

An increasing number of frail older people will have care needs and require **support to live at home**.

It is predicted that by 2020:

- Over **15,500** people aged 65+ will be unable to manage at least one activity on their own.
- **22,300** people aged 65+ will experience a fall, with **1,730** admitted to hospital as a result.
- More than **6,000** people aged 65+ will have dementia.
- More than **2,000** people age 65+ will have a longstanding health condition caused by a stroke.
- **7,153** people aged 65+ will be living with moderate or severe visual impairment.

As a result of the changing dynamics of Bradford and Airedale, A&E, inpatient and outpatient **hospital services** are expected to experience a **5% increase in cost and activity**.

Non-elective (i.e. unplanned) services will see the **greatest increases** with a 5.4% increase in costs and 5.5% increase in activity (Source: Public Health)

Appendix 5

City of Bradford Metropolitan District Council

www.bradford.gov.uk

Public Health Department

Departmental Management Team

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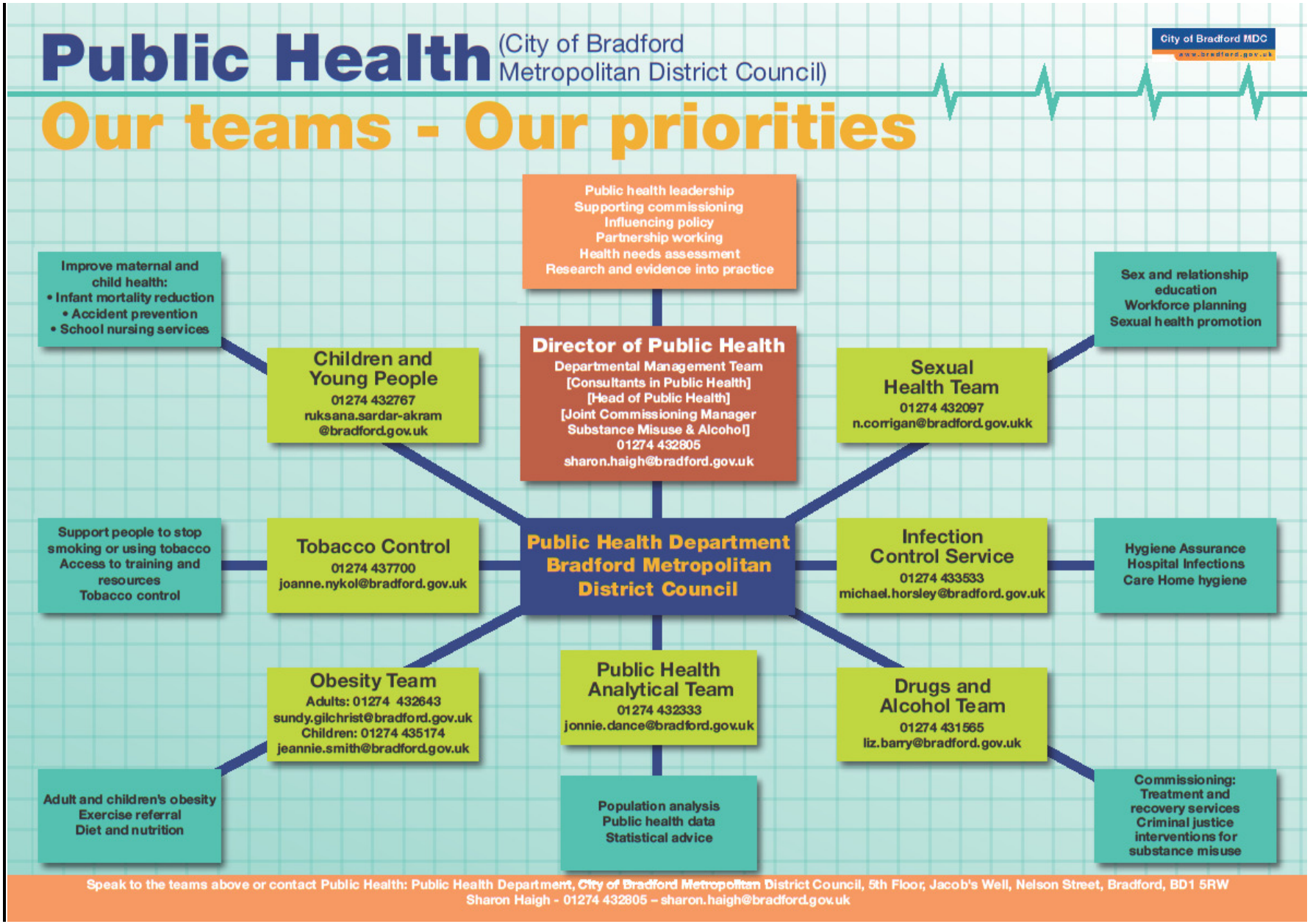
Public Health (City of Bradford Metropolitan District Council)
City of Bradford MDC
Our teams - Our priorities
Public health leadership
Supporting commissioning
Influencing policy
Partnership working
Health needs assessment
Research and evidence into practice
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Departmental Management Team
[Consultants in Public Health]
[Head of Public Health]
[Joint Commissioning Manager Substance Misuse & Alcohol]
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• Accident prevention
• School nursing services
Children and Young People
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Sex and relationship education
Workforce planning
Sexual health promotion
Sexual Health Team
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Access to training and resources
Tobacco control
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Exercise referral
Diet and nutrition
Population analysis
Public health data
Statistical advice
Commissioning:
Treatment and recovery services
Criminal justice interventions for substance misuse
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