

# **Report of the Strategic Director of Health and Wellbeing to the meeting of the Bradford South Area Committee to be held on 16<sup>th</sup> March 2017**

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**Subject: Public Health in South area of Bradford District**

## **Summary statement:**

**This report informs Bradford South Area Committee about the work of the Public Health Department, and in particular how the work contributes to the Health and Wellbeing of the population of the Bradford South Area.**

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**Overview and Scrutiny Area:- Health and Social Care**



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## 1. SUMMARY

1.1 In the following report information regarding the health and wellbeing of residents and householders in Bradford South is made available to members of the South Area Committee. The health profiles found in **Appendix 1** concentrate on the whole of the Bradford South population and outline the main health issues identified by the statistical evidence. These are;

1. Infant mortality
2. Mortality due to cancer and /or cardiovascular disease for under 75 year old olds
3. Excess weight/obesity amongst children aged 4-5 and 10-11years old

These are complex issues; impacted on by a range of factors; the majority of which span multiple work areas requiring different partners; agencies & service providers to engage in order to make a difference.

1.2 With this broad focus in mind, interventions to mitigate and tackle the issues need to be based in multi-agency working practice. Health providers and other key stakeholders are important; however recognition is needed of the vital part communities themselves can play in changing health outcomes. Local leaders; Politian's; activists and the voluntary and community sector (VCS) are equally as important in getting support and key messages out to individuals and households which in the long term can significantly influence the health and well-being of communities.

1.3 Information suggests that an individual's health and wellbeing is greatly influenced by lifestyle and external environmental factors such as housing and the broader economy. With increased pressure on public sector budgets; particularly across health and social care services, it is even more important now that planners and/or strategic bodies recognise the role that individuals and VCS groups can have in tackling health inequalities. Including the need to participate in and foster effective partnerships across all manner of professional disciplines.

1. 4 We want everyone in Bradford to have the opportunity to live as long as possible in good health. This includes creating an environment where people are supported to make healthy lifestyle choices, preventing ill health or disability, and intervening early, returning people to the lowest level of need. It also means enabling people to feel confident to make choices about their health and care, recover quickly from setbacks, and promoting independence in people and communities in Bradford District. To do this we must focus on what individuals can do rather than what they cannot, and recognise and value the strengths that people have, helping individuals to maintain independence and prevent the onset of care needs. When care and support is needed residents should exercise choice and control over how that support is delivered, to meet their own individual needs and preferences.

## 2. BACKGROUND

2.1 Locally Public Health (PH) became part of Bradford Council in 2013 as a result of the wider reforms brought about by the Health and Social Care Act 2012. In part the national thinking behind these changes were to foster better partnerships and joint working between key areas (housing; environmental health; economic development; regeneration; community safety and support), managed by Local Council's (LA's) and those traditionally delivered and managed by PH departments. This approach recognises that every department in the Council has a contribution to make to support people to be healthy, happy and independent. At the same time as PH moved the remaining NHS organisations; commissioners were reconfigured. More detail can be found in **Appendix 2**; a briefing outlining the respective roles and responsibilities of various members of the health family both locally and nationally.

2.2 PH reports to each Area Committees on an annual basis. These reports have focussed on data (based on the PH outcomes framework) prepared by the PH Analytical team as found in

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**Appendix 1.** These offer a valuable tool in understanding the health issues facing Bradford South residents however although they point to the main pressures for residents in health terms; one factor; infant mortality may appear to carry an importance due to the way the outturn is calculated rather than the 'risk' it poses.

In this case the birth rate and the death of infants under 1 year old is used to calculate the baseline; Bradford South has a low birth rate per population and therefore the death of one child under 1 can affect these figures in way than it may not in others areas where the number of babies born annually is higher. This does not negate the seriousness of what the figures show however and actions and interventions to reduce death in infancy are detailed later in this report.

### **3. OTHER CONSIDERATIONS**

#### *3.1 Infant mortality*

Infant mortality has been identified as a concern in Bradford South for the last two years. Improving the health of mothers and their babies is a priority programme for partners across the district and in the past infant mortality has been subject to a formal commission programme. Whilst supporting a positive birth outcome, the health gain from improving the health of mothers and babies can be life-long. Much key work is taken forward through the 10 recommendations of the Every Baby Matters (EBM) Steering Group which leads on reducing infant mortality rates. Recommendation 4 has a specific focus on improving services which cover pre-conception, antenatal, postnatal and infant care for women and their families, while Recommendation 6 focuses on reducing smoking and substance misuse in pregnancy.

#### *3.2.1 Mortality rate of cancer and cardiovascular disease for those under 75 years old*

A significant number of early deaths are preventable, this is because many of the direct causes such as cancer and heart disease are preceded by long periods of ill health, mostly caused by lifestyle related factors. It is widely recognised that a range of factors can lead to illness and premature death. This includes a person's living and working conditions such as poor housing, social isolation, and where they live. These wider determinants of health can adversely affect both physical health and mental wellbeing, and the health related lifestyle choices that people make. The role of local authorities in identifying and leading a partnership response to the often complex causes of premature mortality and health inequalities is recognised. This is reflected in the Bradford District Health and Wellbeing Strategy, and the Bradford District Health Inequalities Action Plan. The NHS and Clinical Commissioning Groups (CCGs) also have an important role in preventing people from dying early.

3.2.2 Public Health, the CCG's and the Council fund and support programmes which aim to tackle some of these. For instance Public Health commissions services to address drug and alcohol misuse; smoking cessation; sexual health and healthy eating services. These are positive and can help to make a difference however influencing life style factors, helping families; individuals and households to examine themselves and access screening services and make behavioural changes can have a more direct influence on these illnesses in the future. We know that the environment in which we live, our homes, education and employment, all affect our health, wellbeing and the lifestyle choices we make. This is why all Council departments have a role in improving the health and wellbeing of our population.

Affordable Warmth is an example of this; poorly designed and insulated homes impact on health; specifically cardiovascular illnesses; respiratory problems; exacerbating chronic diseases such as arthritis; and joint pain and the instance of accidents in the home and trips and falls which can increase people's likelihood of needing emergency health and/or social care services.

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3.2.3 To reduce the number of people dying early we need to adopt an approach that empowers individuals to make healthy choices and reduce risky behaviour likely to lead to ill health (Healthy Lives Healthy People 2010). If people do develop long term health problems, they need information and support to manage these conditions to prevent deterioration, delaying dependence and supporting recovery.

Additionally there is an increasing recognition of the impact on health when households and individuals are more economically active; earning more and feel able to participate in their local communities. This can not only strengthen feelings of neighbourliness and compliment community relationships but it can also combat loneliness and isolation for individuals; having a direct effect on the mental health of residents.

3.2.4 Reducing the incidence of cancer and cardiovascular illness cannot be managed by health providers alone. There is an important role for VCS organisations large and small, as well as neighbours and community leaders in helping people to help themselves. Spreading an understanding and take up of practical measures such as attending for screening is positive as is making sure that GP practices and local VCS providers are more joined up so that staff across both have a better knowledge and understanding of each other's roles and services. For busy staff it is sometimes hard to know where and how to refer someone to alternative services that can help support individuals following a period of health improvement such as stopping smoking and/or weight loss; however this is often a crucial time when someone is more likely to reduce their efforts rather than maintain their life change.

### 3.3.1 *Excess weight/obesity amongst children aged 4-5 and 10-11 years old*

The experience of regular healthy; enjoyable and sustainable food is not necessarily the same for all people in the Bradford district. In response there has been a rise in affordable food services available across the district as well as South Area. This includes hot food services; a rise in local food banks and the development of quite innovative and different approaches to supporting people in food poverty.

3.3.2 In 2015/16 council funding has been invested in the 'Storehouse' which is operated by the Innchurches charity. This is a large warehouse facility offers a 'pay as you' can café and takes fresh food surpluses from St James' wholesale market out to those in food poverty through a mobile 'pay as you can' shop facility. It also offers a base for Fareshares; a national organisation that supports locally based foodbanks. Between these two facilities local food banks can now get access to a range of intercepted produce from both supermarkets and fresh fruit and vegetables via the markets.

3.3.3 To draw together the numbers of projects offering food poverty support across the area, the Bradford and Keighley food poverty networks have been meeting regularly over the last two years. They have produced information in easy read formats and electronically to help sign post agencies and individuals to food services in their areas which is widely available. They also link into wider regional and national networks which has help share good practise and a better understanding of affordable food needs in a wider context. Food providers from South Area such as the Wyke Food Bank supported by Trussel Trust attend this on a regular basis.

3.3.4 Work planning for 2017/18 in relation to affordable food includes targeted interventions such as cook and eat and healthy weight management work. There are also plans to develop active school partnerships in order to extend breakfast clubs and holiday hunger work with play schemes. This can be extended to integrate with tool bank facilities in the local area offices to encourage school allotment and grow to eat projects; which help younger people to understand the impacts of poor eating on health and well-being.

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3.3.5 As with the breadth of the issues which are known to impact on morality rates due to cancer and cardiovascular illness for those under 75, childhood obesity cannot be attributed to one set of factors but is influenced by a wide range of factors. Access to affordable food and fuel for cooking it; families having the skills; desire; time and equipment to produce nutritious and tasty meals and creating an environment where children and families are active on a regular basis are all influences on the healthy weight of young people.

Public Health and the Council fund interventions, linked to community and VCS providers as well as in partnership with schools. These are positive and it has been demonstrated can be extended with the will and support of some of the emergency food providers to offering 'pay as you feel' markets for families to access more fresh fruit and vegetables.

3.3.6 Recognising the complex drivers of childhood obesity, a system wide response is required. The Health and Wellbeing Board has established a Healthy Weight Board which aims to bring together key partners from health; sports and recreation; transport and travel and the voluntary and not for profit sector to plan in the 'round' activities and interventions which recognise this complexity and enable people to be part of the solutions rather than having services 'delivered to' them. Only by adopting this approach can sustainable future solutions be developed

#### *3.3.7 Self-care*

Public Health's Self Care and Prevention Programme is a key enabler in the district to improve the health, wellbeing and independence of people across the District. At its heart is the adoption of a strengths based approach to supporting people. The programme has commissioned training around motivational interviewing, targeted at frontline workers across the health and care landscape and people within our district, supporting helpful conversations in leading change.

The programme has recently launched a 'make one change challenge' to encourage people to think about making a small difference, which could have wider impact and benefit. This could be using the stairs instead of taking the lift, having one less teaspoon of sugar in tea or walking a little every day. There is also a 'suite of tools' that have been developed, to support self-care and we have a yearly sharing event in November to mark Self Care Week, an opportunity to raise awareness and celebrate what is happening around self-care.

3.3.8 In addition, to support health and wellbeing, there is a Making Every Contact Count (MECC) Scheme in Bradford District. The workforce across the Local Authority and third sector have thousands of contacts every day with people and are ideally placed to promote health and wellbeing and healthy lifestyles. MECC training aims to give the workforce the confidence to deliver healthy lifestyle messages, to help encourage people to think about and possibly address their behaviour and to signpost them to local services and support. MECC training focuses on the lifestyle issues that, when addressed, can make the greatest improvement to a person's health, including healthy eating, keeping to a healthy weight, being physically active, breastfeeding, drinking alcohol within the recommended limits, stopping smoking, good sexual health and issues relating to ageing.

## **4. OPTIONS**

4.1 That Bradford South Area Committee considers the issues raised in this report

4.2 That discussions focus on the main areas of concerns from the members of the Area Committee relating to the health and well-being of residents of Bradford South

4.3 That in recognition of the issues and their complexity, that the populations and community leaders in Bradford South can come together to encourage behavioural change; thereby making inroads into the three main areas listed above.

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## **5. FINANCIAL & RESOURCE APPRAISAL**

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

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

## **6. RISK MANAGEMENT AND GOVERNANCE ISSUES**

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

## **7. LEGAL APPRAISAL**

This work relates directly to the Local Government Act 2000, the Health and Social Care Act 2012 and to the Duty of well-being placed upon the Council to promote and improve the well-being of the District and protect the health of the local population.

## **8. OTHER IMPLICATIONS**

### **8.1 EQUALITY & DIVERSITY**

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.

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

8.3 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**

None

### **8.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None

### **8.4 COMMUNITY SAFETY IMPLICATIONS**

8.4 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 Public Health Department 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**

See below

### **8.8 AREA COMMITTEE WARD PLAN IMPLICATIONS (for reports to Area Committees only)**

8.8.1. This report has been prepared for Bradford South Area Committee and includes data and information for all the wards within the area; Great Horton, Queensbury, Royds, Tong, Wibsey and

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Wyke. Where known details of services offered at this level have been included however this is not possible for all PH priorities and data sets and in that case district wide activity has been cited.

**9. NOT FOR PUBLICATION DOCUMENTS**

None

**10. RECOMMENDATIONS**

10.1 It is recommended that the report be welcomed by Bradford South Area committee and that the views and comments of the Bradford South Area Committee be recorded and included in future recommendations.

**11. APPENDICES**

Appendix 1: South Area health report 2016

Appendix 2: Health family and roles 2017