

Report of the Strategic Director of Health and Wellbeing to the meeting of the Bradford East Area Committee to be held on Thursday 30th March 2017

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Subject:

Public Health in East area of Bradford District

Summary statement:

This report informs Bradford East 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 East Area. In addition, the report includes an update about the work being undertaken through the Clinical Commissioning Groups.

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

1.0 SUMMARY

This report informs Bradford East 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 East Area. In addition, the report includes an update about the work being undertaken through the Clinical Commissioning Groups.

In the following report provides information on the health and wellbeing of residents in Bradford East to members of the East Area Committee. Across the Bradford district the 5 biggest challenges in relation to health inequalities are:

1. Infant deaths
2. Life expectancy at birth
3. Excess winter deaths
4. Child obesity
5. Premature death from cancers, cardiovascular disease or respiratory illness

The health profile found in **Appendix 1** focuses on the Bradford East population where the main health issues are;

1. Infant deaths
2. Premature deaths from cancers
3. Excess weight/obesity amongst children aged 4-5 and 10-11years old

Once they occur, tackling any of these issues is complex because any solution requires us to tackle a number of factors if we are to be successful that often spans across different services, agencies and partners. Tackling these issues relies on understanding opportunities to make every contact count and that means actions becoming part of normal working practices of providers and multidisciplinary teams.

The role of providers often focuses on early detection and treating these issues once they occur but preventing these issues from occurring in the first place is important and relies on raising awareness in our communities and with key at risk groups. Doing this effectively means utilising people who are already known to their communities and in contact with the people we need to engage with, local councillors and the community and voluntary sector can have a key role.

Our focus should be on keeping people as healthy as we can for as long as we can (often referred to in public health as “healthy life expectancy”) in order to prevent, reduce or delay the need for support from health and social care services because of ill health or disability.

To be successful prevention focuses on encouraging people to adopt healthier lifestyles, access health services earlier for planned care, attending for screening appointments and improving the conditions within which people live. Once a need is identified the focus should be on early intervention and reducing people to their lowest level of need.

At any point we need to ensure people have enough information and support to feel confident to make choices about improving their health, accessing care or recovering quickly from setbacks. Getting this right will enable people to feel in control and give people the best chance to maximise their independence, key to getting people to do more for themselves.

2.0 BACKGROUND

Public Health became part of Local Authorities in 2013 as a result of the wider reforms brought about by the Health and Social Care Act 2012. The rationale for this was to enable local

authorities to utilise public health expertise to champion health across the whole of the authority's business, promoting healthier lifestyles and scrutinising and challenging the NHS and other partners to promote better health and ensure threats to health are addressed. It was felt that local authorities could use their knowledge of place to ensure local solutions are identified for local needs.

At the same time as Public Health moved into the Local Authority the remaining NHS organisations; providers and commissioners were reconfigured. More detail can be found in **Appendix 2**, which comprises of a briefing outlining the respective roles and responsibilities of partners both locally and nationally.

Public Health reports to each Area Committee on an annual basis. These reports focus on identifying and interpreting the health needs of each area, using the expertise of the analytical team to generate profiles which summarise key issues, as found in **Appendix 1**.

This report will focus on understanding the health issues identified as priorities for this area

3.0 CONSIDERATIONS

Infant Mortality

Understanding why infant deaths, deaths in babies under 1 year, occur is complex and there are a number of contributing factors that vary according to different population groups. Risk factors include lifestyle choices during pregnancy such as smoking, accessing services late or not taking up opportunities for antenatal screening and cousin to cousin marriages.

There is a note of caution when looking at infant mortality figures. When we look at the data the numbers are thankfully small but because they are small an additional 1 child dying will look like a much bigger increase when we look at the patterns over time i.e. when we are asked whether rates of infant deaths are going up or down.

Mortality rate of cancer for those under 75 years old

Deaths in those under the age of 75 years are often referred to as premature deaths. Deaths from cancer can often be prevented. We can get people to reduce their risk, referred to as "modifiable risk factors", by improving their lifestyle choices such as smoking, alcohol consumption, diet and maintaining a healthy weight. There are other risk factors that we cannot change such as age and genetics that may predispose some people to some cancers.

Encouraging people to attend for screening is key to the early identification of any cancer, enabling access to treatment early and increasing peoples chance of survival, as is raising awareness of signs and symptoms so that help can be sought early from primary care.

Public Health; Clinical Commissioning Groups and other Local Authority areas fund and support programmes which aim to reduce risks, for example, substance misuse services, stop smoking services, sexual health services and healthy eating services. Public health also work with regional organisations to make sure screening services are provided for our local population. These actions give us the best chance of reducing the number of people getting cancer and dying from the disease.

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

Childhood obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. However, at its root obesity is caused by an energy imbalance: taking in

more energy through food than we use through activity. Physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. There is also evidence that physical activity and participating in organised sports and after school clubs is linked to improved academic performance. Ultimately we want to encourage healthy eating and physical activity so that children do not become obese in the first place – families and schools have a key role to play in creating healthy habits that will last a lifetime.

Obesity affects a significant number of our children in Bradford but is seen more in children in our most deprived areas i.e. children from low income families. We know that the number of households accessing our food banks have increased since 2012, suggesting that access to healthy food is not easy for some of our poorest families.

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 factors that influence on the weight of young people.

A range of interventions are funded by public health and others aimed at tackling childhood obesity, utilising a range of community and voluntary sector providers as well as working with schools. The health and wellbeing board have identified obesity as one of its priority areas and have established a Healthy Weight Board to focus on early intervention and prevention activity.

Enabling behaviour change

All of the above priorities have lifestyle factors as key factors and the focus is on changing behaviour as a way to tackle the risk factors. Public Health's Self Care and Prevention Programme is a key enabler in the district, using a strengths based approach to supporting people. The programme has commissioned motivational interviewing training to give health and care staff the skills and knowledge they need to support people to make changes to their lifestyle and improve their health.

An example of behaviour change in action is the teams '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.

Linked to this is the 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, 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.

4.0 OPTIONS

- 4.1 That the Bradford East Area Committee considers the issues highlighted in this report.
- 4.2 That discussions focus on the main areas of concern from the members of the Area Committee relating to the health and wellbeing of residents of Bradford East.

4.3.1 That in recognition of the issues and their complexity the populations and community leaders in Bradford East can come together to encourage behaviour change thereby making inroads in to the three main areas listed above.

5. FINANCIAL & RESOURCE APPRAISAL

5.1 There are no significant financial implications for Bradford Council relating to this report.

5.2 There are no significant staffing implications for Bradford council relating to 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 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

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 East. 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

There are no direct implications arising from the Human Rights Act.

8.6 TRADE UNION

There are no direct trade union implications arising from this report.

8.7 WARD IMPLICATIONS

This report has been prepared for Bradford East Area Committee and includes data and information for all the wards within the area; Idle and Thackerley, Little Horton, Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor and Eccleshill. 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

There are no not for publication documents.

10. RECOMMENDATIONS

1. That this Committee supports the on-going work to improve health and well-being in Bradford East.
2. That this Committee encourages its Members to attend the “Make Every Contact Count” training in order to raise awareness of unhealthy behaviours amongst local residents and signpost residents into existing support services.
3. That local residents be given key health messages to raise awareness of risk and what they can do to reduce those risks.
4. That this Committee undertakes to work with public health and clinical commissioning groups where needed to understand communities and how to access “hard to reach” groups or “at risk” groups.

11. APPENDICES

Appendix 1: Bradford East Area Public Health Profile 2016

Appendix 2: Briefing note: Area Committee Reports HWBB 2016

Appendix 3: CCG update report