

Report of the Strategic Director of Health and Wellbeing to the meeting of the Keighley Area Committee to be held on 4th April 2019

AB

Subject: Public Health in the Keighley Constituency Area of Bradford District

Summary statement:

This report informs Keighley Area Committee about the work of Public Health and in particular how the work contributes to the Health and Wellbeing of the population of the Keighley Area.

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Overview & Scrutiny Area: Health and Social Care

1. SUMMARY

1.1 In the following report information regarding the health and wellbeing of residents and householders in Keighley is made available to members of the Keighley Area Committee. The health profiles found in **Appendix 1** concentrate on the whole of the Keighley Constituency Area 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. More information and other profiles can be found via the Joint Strategic Needs Assessment <https://jsna.bradford.gov.uk/>, which has its content updated regularly.

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 across the Bradford district 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

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 Intelligence team as found in **Appendix 1**. These offer a valuable tool in understanding the health issues facing Keighley Area Committee 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; Keighley 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

The infant mortality rate in Keighley has decreased from 7.4 deaths per 1,000 live births in 2006-08 to 3.7 deaths per 1,000 live births in 2015-17. The infant mortality rate in Keighley Area is below the district average (5.8 deaths per 1,000 live births) and has the lowest rate out of all 5 areas within Bradford District and for the first time since records began in 2006-08, Keighley's infant mortality rate is below the national average of 3.9 deaths per 1,000 live births.

Infant mortality has previously been identified as a concern in Keighley and although rates have fallen, remain above the district average in Keighley Central ward. Work led by the Every Baby Matters Steering Group to reduce the risk of babies dying during the first year of life continues to support the health of all mothers, infants and children across the district. Reducing infant mortality continues to be a priority work programme for the District and working towards this target is recognised within the Bradford District Partnership, Children's Trust and Children and Young People's Plan, and within the three CCGs strategies and plans.

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

Under 75 mortality rate from cancer in Keighley has fell in 2015-17 to 142.6 deaths per 100,000 population. Keighley has the second lowest under 75 mortality rate from cancer when compared to the other 4 areas within Bradford District. The rate in Keighley is below the district average – 152.1 deaths per 100,000 population, however it is higher than the national rate – 134.6 deaths per 100,000 population. Under 75 mortality rate from cardiovascular disease (CVD) within Keighley has increased from 79.5 deaths per 100,000 population in 2014-16 to 81.1 deaths per 100,000 population in 2015-17. Despite this increase, Keighley's CVD mortality rate has decreased overall since 2006-08 and remains below the district average – 102.2 deaths per 100,000 population. However despite this, Keighley's mortality rate from CVD is above the national average.

3.2.2 Prevention of ill health is key to improving premature mortality; this requires action across health improvement and the wider determinants of health, in order to have an impact in the long term. In the shorter term, improvements will come from the better management of long term conditions. Long term condition management has been prioritised by all three CCGs locally, for example, through diabetes new models of care, Bradford Breathing Better, and Bradford Healthy Hearts.

3.2.3 Within the district there are a number of strategies in place which aim to help decrease early mortality from potentially modifiable disease such as cancer and CVD. The Healthy Bradford Plan is a system wide approach and collaboration with partners to shape the system with coordinated actions to make it easier for everyone, everywhere in the district to live a healthy and active lifestyle every day.

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 staffs across both have a better knowledge and understanding of each other's roles and services

3.2.5 Public Health, the CCG's and the Council fund and support programmes which aim to tackle some of these issues. 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. The District has an established winter warmth programme - Warm Homes - procured in 2017/18 for two years. The programme offers specific help to vulnerable households, which on top of a range of practical interventions, includes help with energy bills, debt and fuel poverty issues. There are also a number of programmes working across the Directorates of Health and Wellbeing and Place to design and support the development of greener, cleaner city and urban village designs which enhance and support healthy places to live including tackling fuel poverty

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

The prevalence of excess weight amongst children aged 4-5 years old in Keighley has increased for the period covering 2015/15-2016/17. 21.6% of reception aged children are overweight or obese in Keighley. Although this is above the district average (21.1%), it is below the national average of 22.2%. Overall since records began in 2010/11-2012/13, the prevalence of excess weight amongst children aged 4-5 years within Keighley has decreased by 0.5 percentage points. 33.4% of children aged 10-11 years old in Keighley are classified as overweight or obese. This is an increase on the previous figure recorded by 0.9 percentage points. Despite this increase, Keighley's prevalence of excess weight amongst year 6 aged children remains below both the district average (36.7%) and the national average (33.9%). Keighley also has the second lowest prevalence of excess weight amongst children aged 10-11 years old when compared to the other 4 areas within the district.

3.3.2 There are a number of local strategies, research, commissioning activities and

services aimed at reducing the prevalence of obesity. These include Every Baby Matters, Better Start Bradford, Active Bradford Strategy, and the Bradford Breastfeeding Strategy. However, the Healthy Bradford Plan is the District's overarching plan for reducing obesity. This Plan was developed in 2017 to establish a clear strategic approach to obesity in Bradford District.

3.3.3 Underpinning the Plan is the need to ensure that healthy living is easier for everyone, every day and everywhere. There are four main parts to the Plan, the work for which is now being pursued under the Living Well brand. Launches of the various elements of the Plan are set to take place in 2019. Further work has also been pursued by the Health Bradford Team including participating as pilot site trialling Public Health England's development of a whole systems obesity route map in partnership with Leeds Beckett University; the purpose of this is to guide Local Authorities in developing their response to obesity.

3.3.4 Public Health delivers a number training opportunities to build capacity amongst practitioners and residents in the district to support people to improve their diet and help people be more active.

These include:

- Health Improvement Training – the training focuses on nutrition, diets and eating healthy and is delivered to voluntary sector and statutory organisation staff.
- School Cooks – training school cooks to provide healthier meals on school premises and after school cookery clubs involving parents.
- HENRY programmes – The Health Improvement Team deliver HENRY programmes to practitioners who work in early years settings, increasing skills and knowledge. The training addresses obesity in childhood and beyond by helping parents adopt a healthier family lifestyle.

4. OPTIONS

4.1 That Keighley 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 the Keighley Constituency area

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

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.

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 the Keighley Constituency. 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

II8.8 AREA COMMITTEE WARD PLAN IMPLICATIONS

8.8.1. This report has been prepared for Keighley Area Committee and includes data and information for all the wards within the Keighley Constituency; Keighley Central, West and East, Ilkley Craven and Worth Valley. 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 That the report be welcomed.

10.2 That the views and comments of Members, expressed at the meeting, be noted.

11. APPENDICES

Appendix 1: Keighley Constituency health report 2019