



HEALTH & WELLBEING BOARD SUPPORTING PAPERS

4.00PM, TUESDAY, 11 JULY 2017

**COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD,
HOVE, BN3 4AH**

SUPPORTING PAPERS

ITEM	Page
30 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016/17	1 - 24
Supporting slides shown at the meeting by the Acting Director of Public Health.	
<i>Contact Officer: Peter Wilkinson</i>	<i>Tel: 01273 296562</i>
<i>Ward Affected: All Wards</i>	

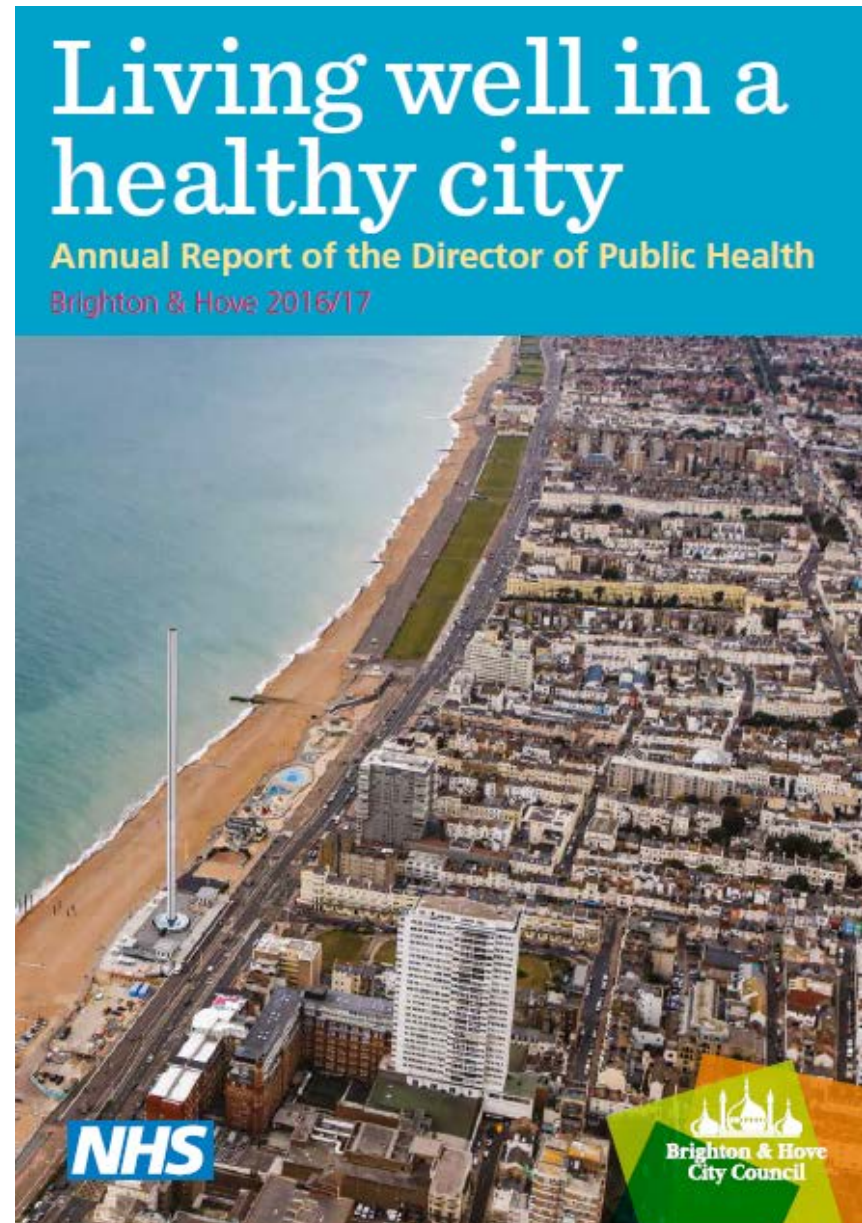
Annual Report of the Director of Public Health 2016/17

Peter Wilkinson

Acting Director of Public
Health

Health & Wellbeing Board

11th July 2017



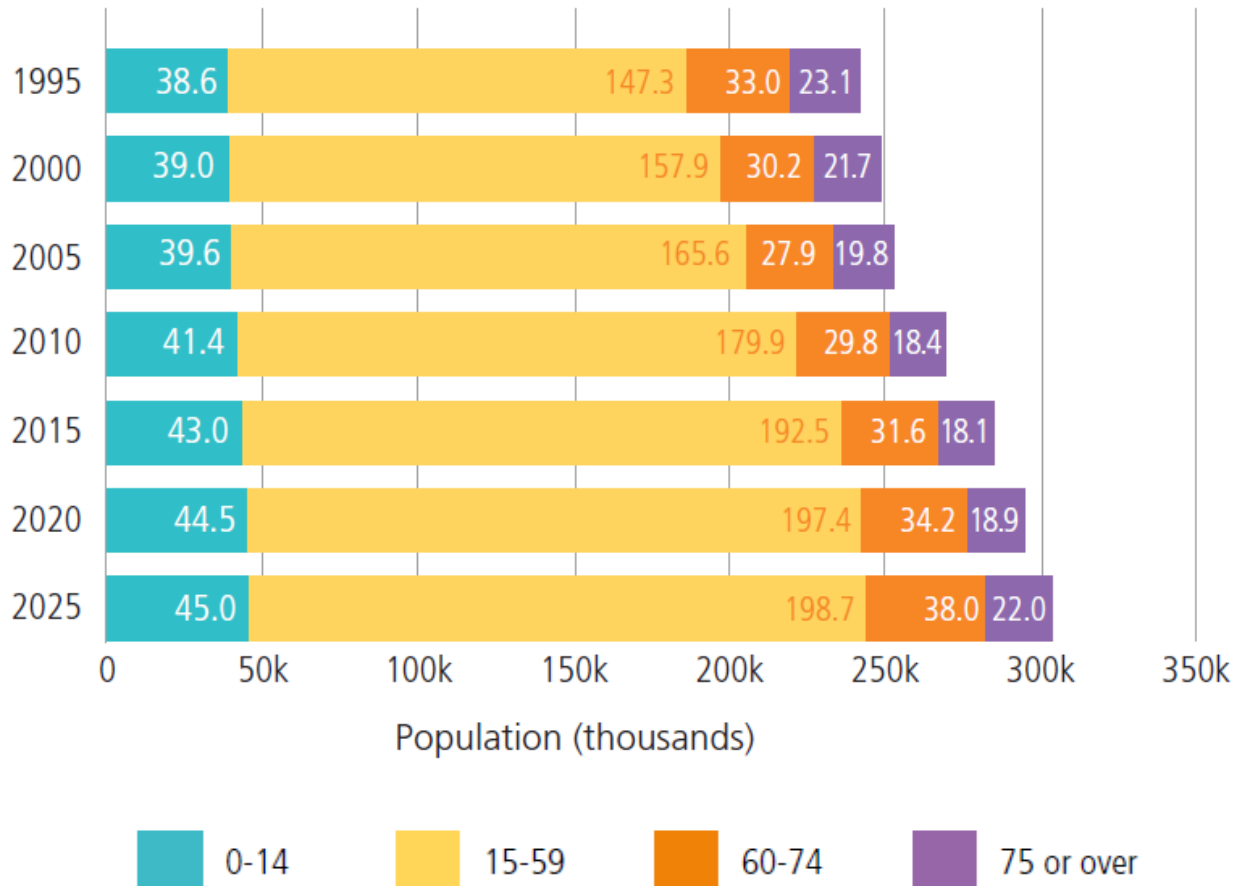
Annual Report of the Director of Public Health 2016/17

1. An introduction to prevention
2. The case for prevention *Needs of our city*
3. The case for prevention *The evidence*
- 2 4. Older people *Ageing well*
5. Working age adults *Living well*
6. Children and young people *Starting well*
7. Our healthy city
8. Recommendations



Our population is growing

Figure 1 Population (thousands) by broad age band, Brighton & Hove, 1995 to 2025

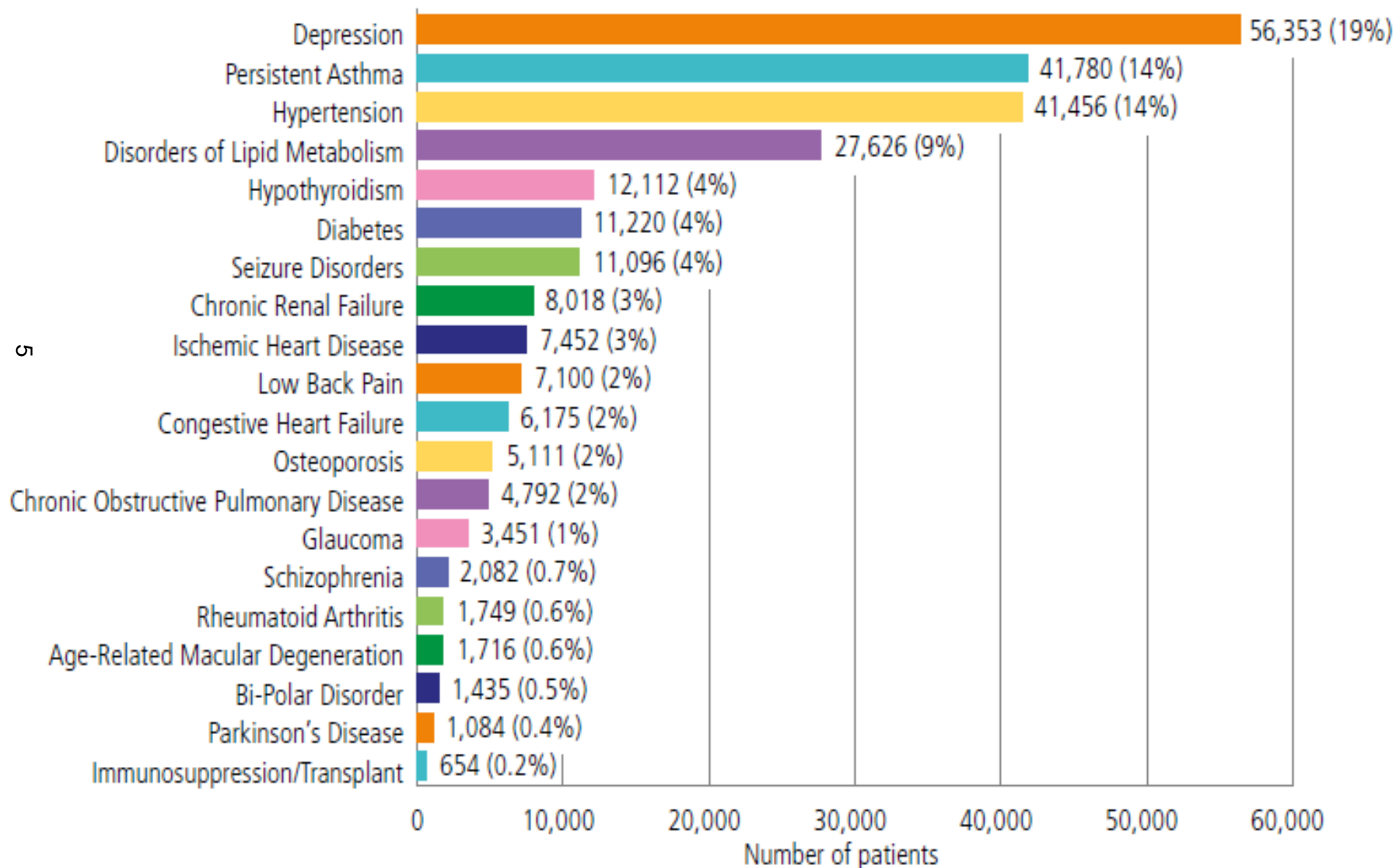


We are living longer but in ill-health

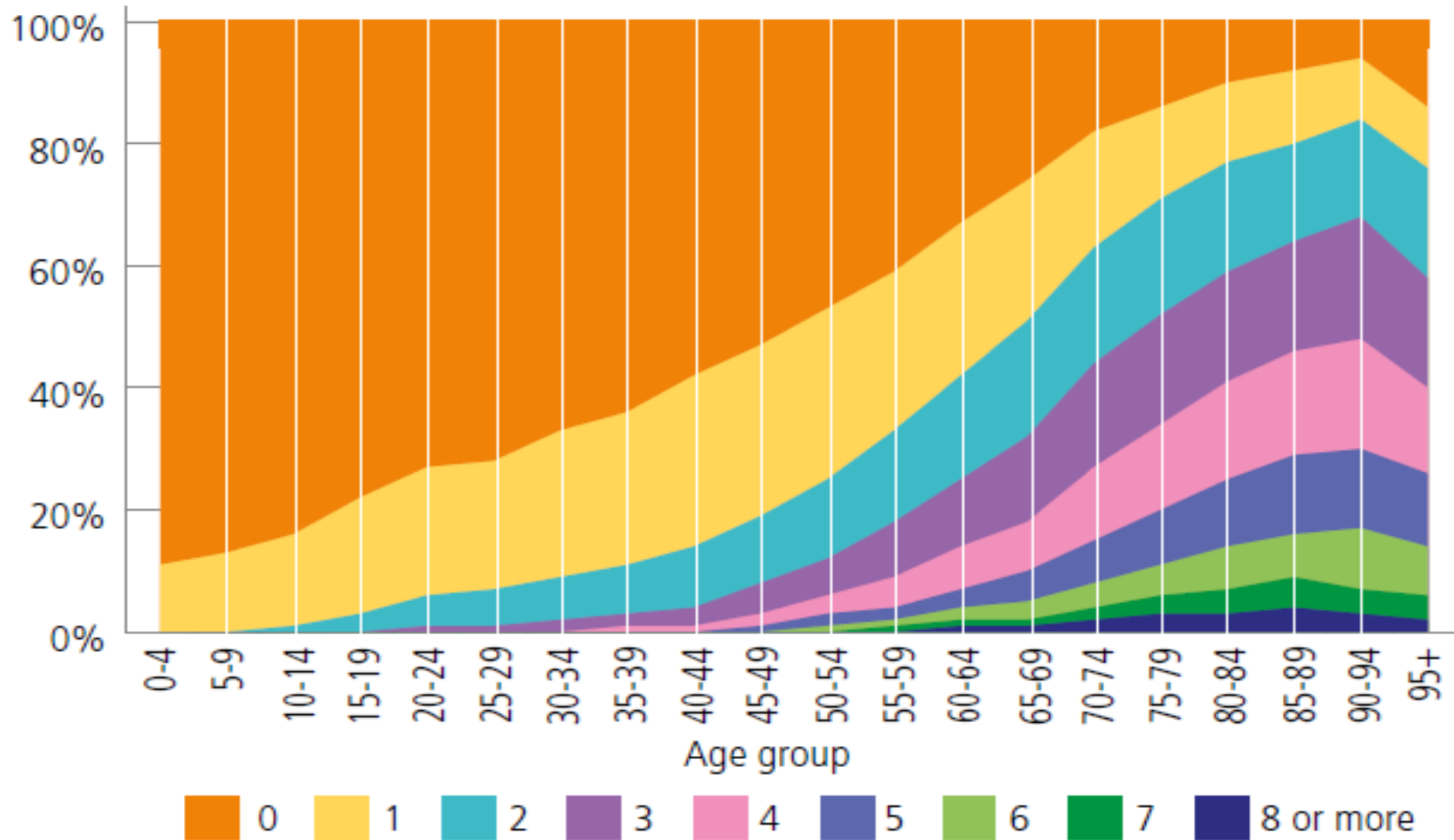
- Between 2001/3 and 2013/15 life expectancy **increased** for males from 75 to 79 years and from 81 to 84 years for females.
- Between 2009/11 and 2013/15 healthy life expectancy **decreased** from 64 to 62 years for males and 64 to 61 for females.
- The healthy life expectancy gap between the most and least affluent local people is 14 years for males and 12.5 years for females.



Number of local patients living with long-term conditions



Number of long-term conditions by age group, Brighton & Hove 2017

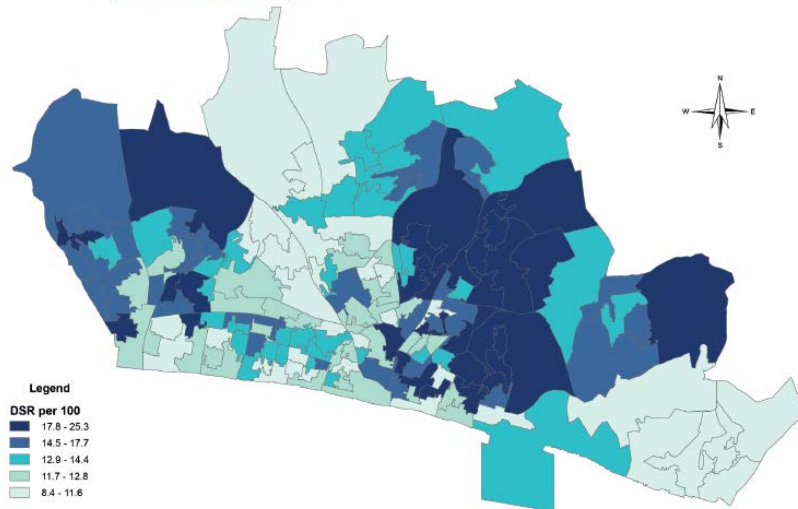


Three or more long-term conditions and emergency admissions to hospital.

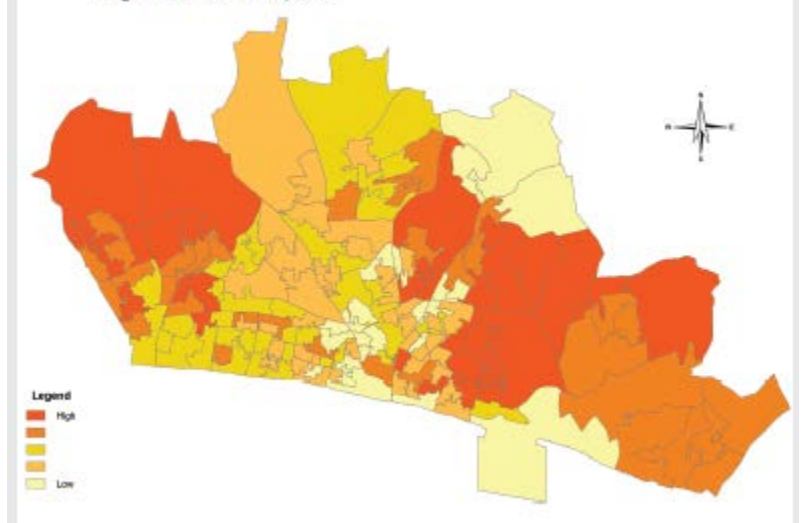
Three or more long-term conditions

Emergency admissions <75years

Map 1 Percentage of patients with three or more long-term conditions (directly age-standardised), Brighton & Hove, January 2017



Map 2 Probability of an emergency admission to hospital under 75 years (age-standardised), Brighton & Hove, January 2017



Resource use by age and by condition

Figure 6 Resource use by patient age group (%), Brighton & Hove, January 2017

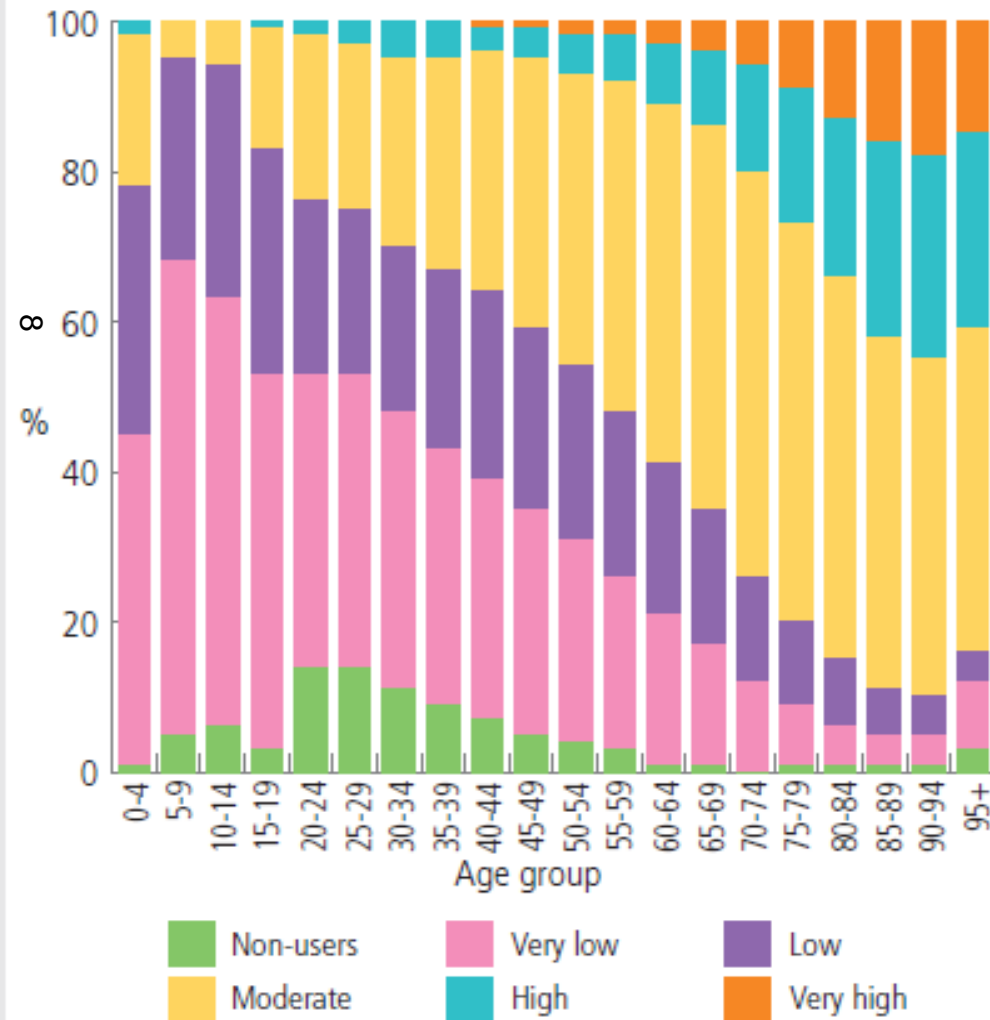
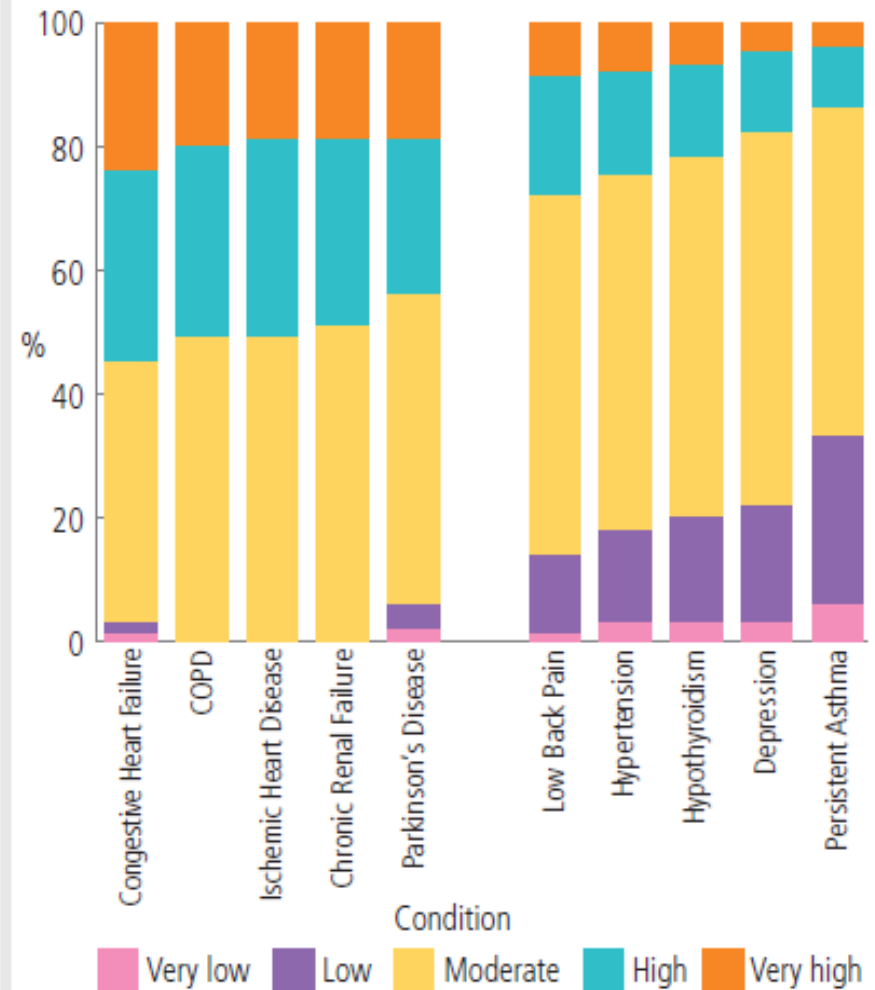
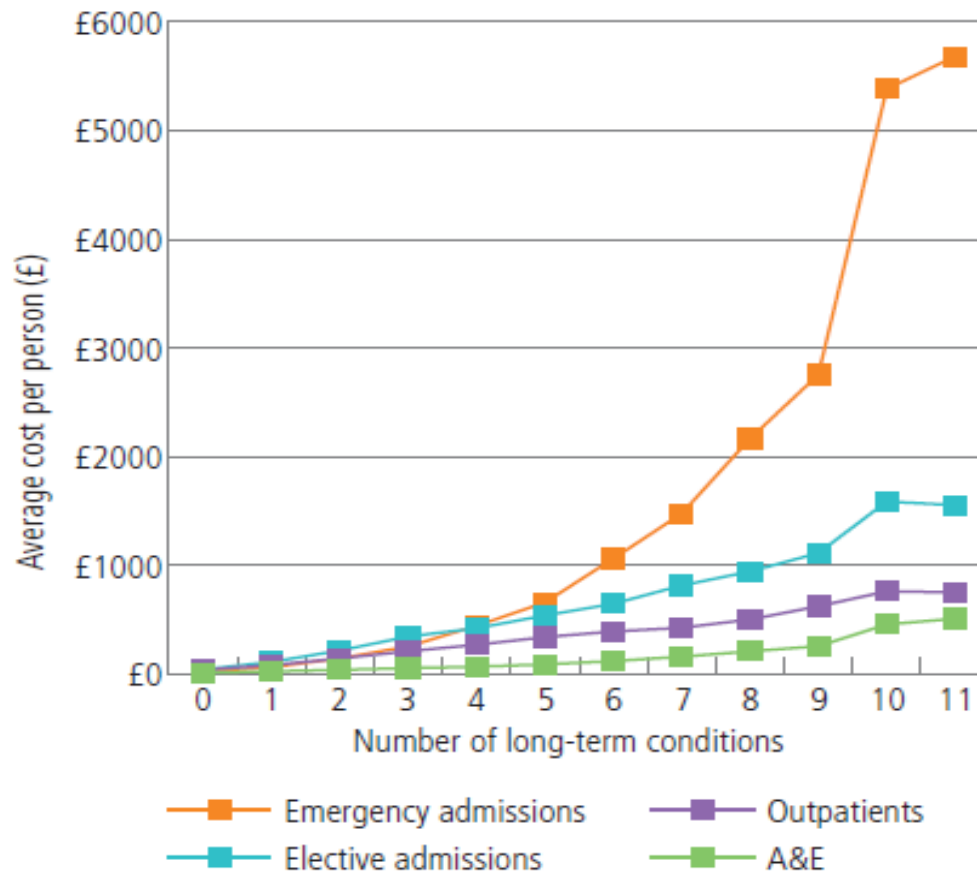


Figure 7 Resource use by condition - selected conditions (%), Brighton & Hove, January 2017



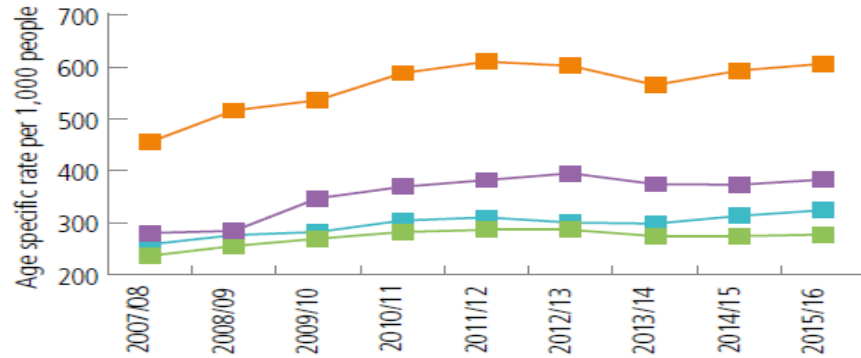
Cost of acute care per person by number of long-term conditions

Figure 8 Average cost per person of various acute care in the last year by number of long term conditions (mean £ per person)

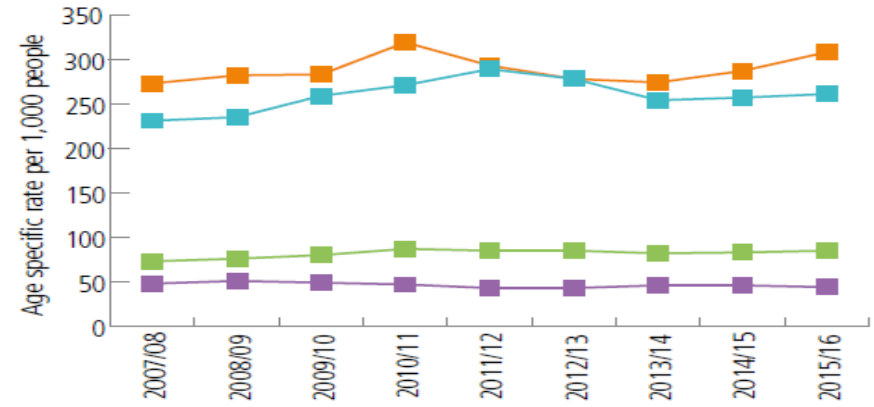


A&E attendance, emergency and elective admissions by age 2007/8 – 15/16

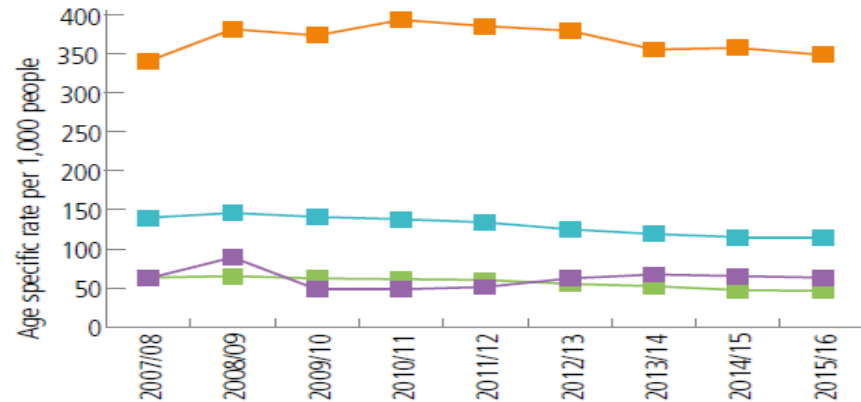
A&E



Elective admissions



Emergency admissions



- 0-14
- 15-59
- 60-74
- 75+

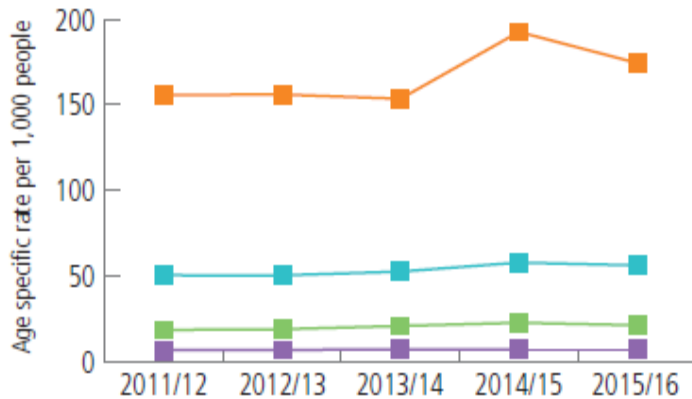


Primary prevention aims to prevent people from becoming unwell in the first place through promoting and protecting their health and wellbeing.

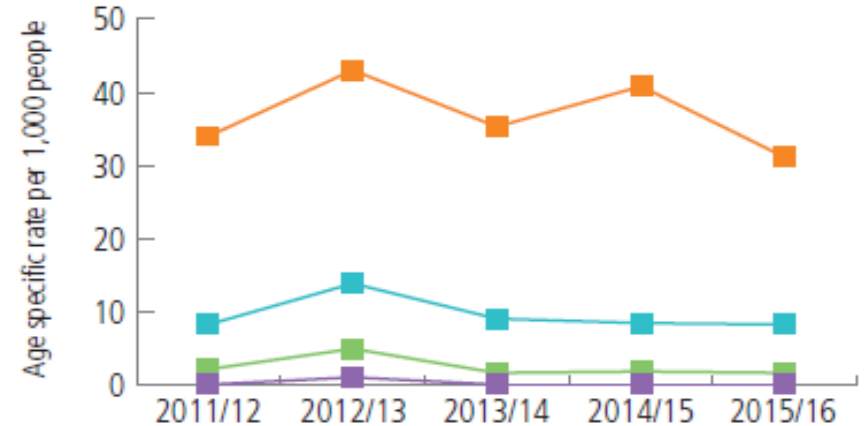
Adult social care long-term support by age 2011/12 -2015/16

Figures 13-16 Age-specific rates of adult social care long-term support per 1,000 population, Brighton & Hove, 2011/12 to 2015/16

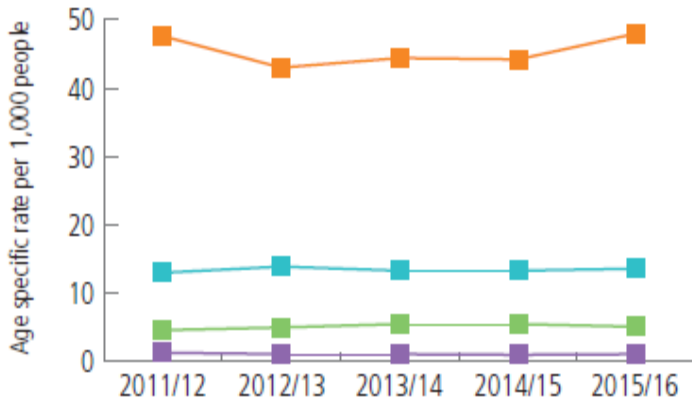
All long-term support



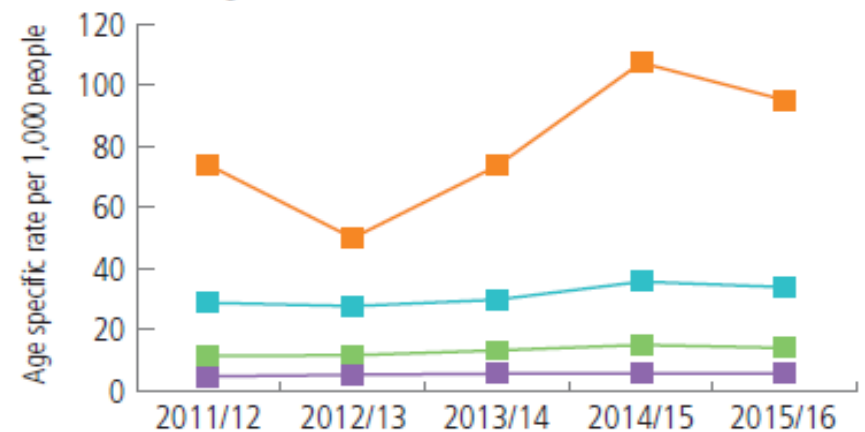
Nursing



Residential



Community



18-59 — 60-74 — 75-84 — 85+ — 85+

Wanless's three engagement scenarios

Figure 1 Estimated UK health spending according to the three Wanless report scenarios of slow uptake, solid progress and fully engaged (% of GDP)

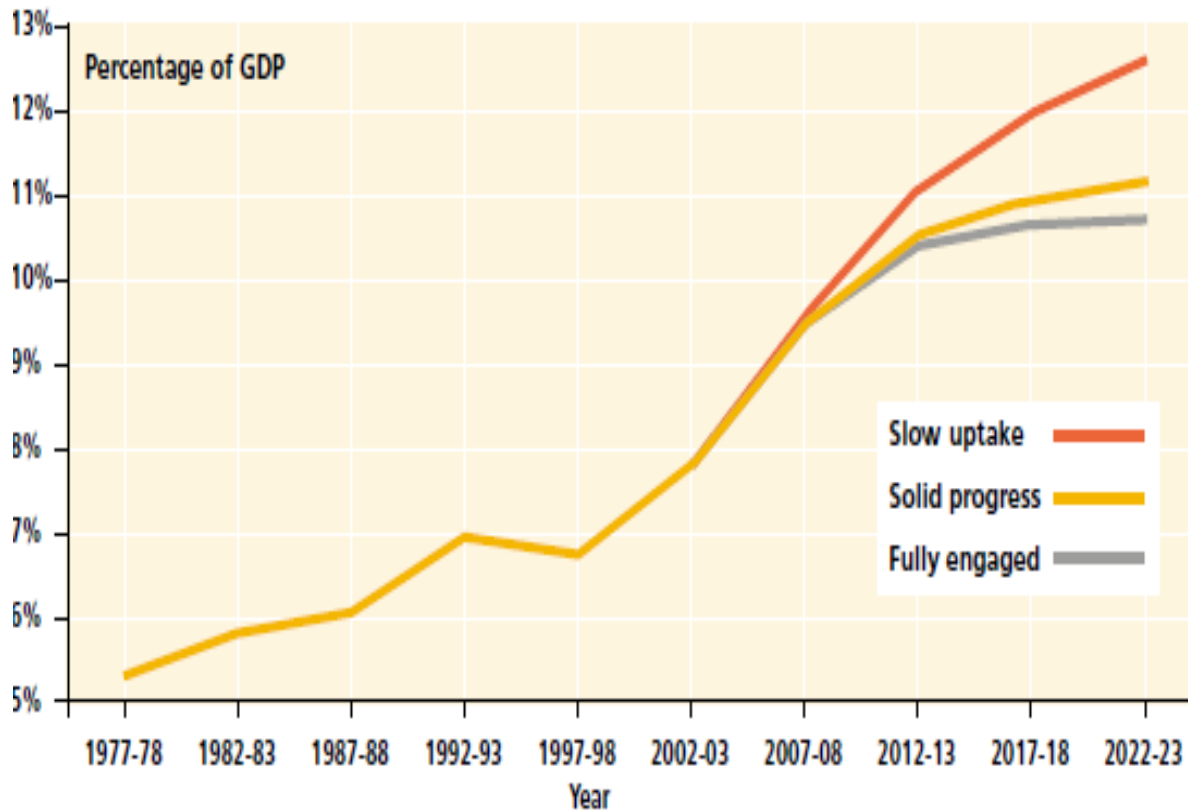


Table 1 Wanless scenarios and life expectancy in England

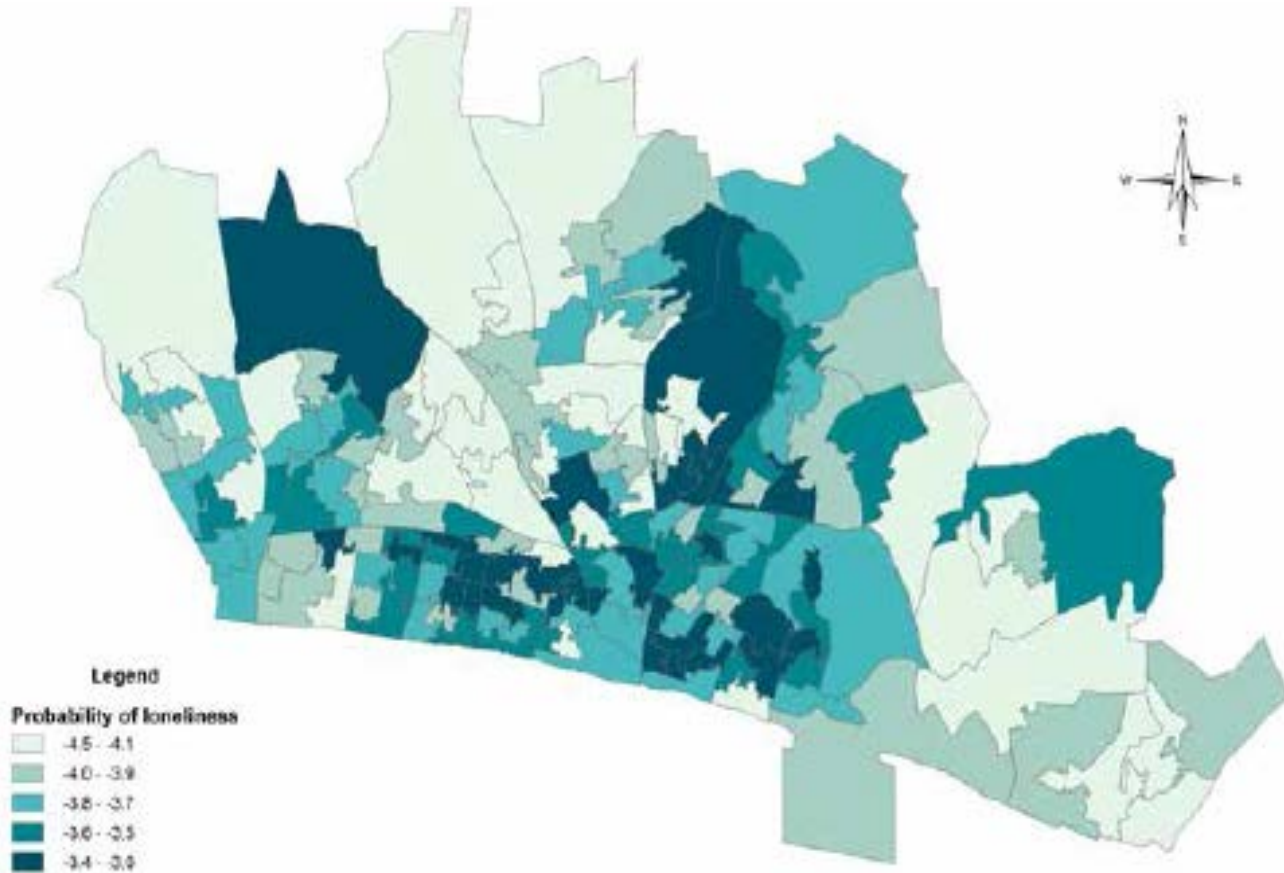
	Males	Females
Slow Uptake	78.7	83.0
Solid progress	80.0	83.8
Fully engaged	81.6	85.5
ONS Figures		
2013-2015	79.5	83.1

Prioritise prevention

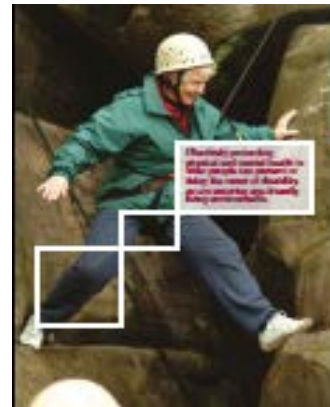
- Better engagement of local people to improve their own health and prevent ill-health
- The health and social care workforce are integral to delivering the prevention agenda
 - Making Every Contact Count
 - Heathy Living Pharmacies
 - Health Trainers
- National and local strategies have an emphasis on prevention
 - NHS Five year forward view-
 - Identification of cardiovascular risk factors
 - Brighton & Hove Caring Together
 - Prevention



Ageing well: Probability of loneliness for people aged 65 or over (closer to zero/darker blue = higher probability of loneliness), 2011



Source AgeUK (Explore the map at Brighton & Hove Community Insight <http://brighton-hove.communityinsight.org/>)



Ageing well: Falls and emergency admissions

Falls prevention¹¹

In 2015/16 there were:



905
Falls requiring an emergency admission to hospital in those aged 65+ years:



269
were male



636
were female

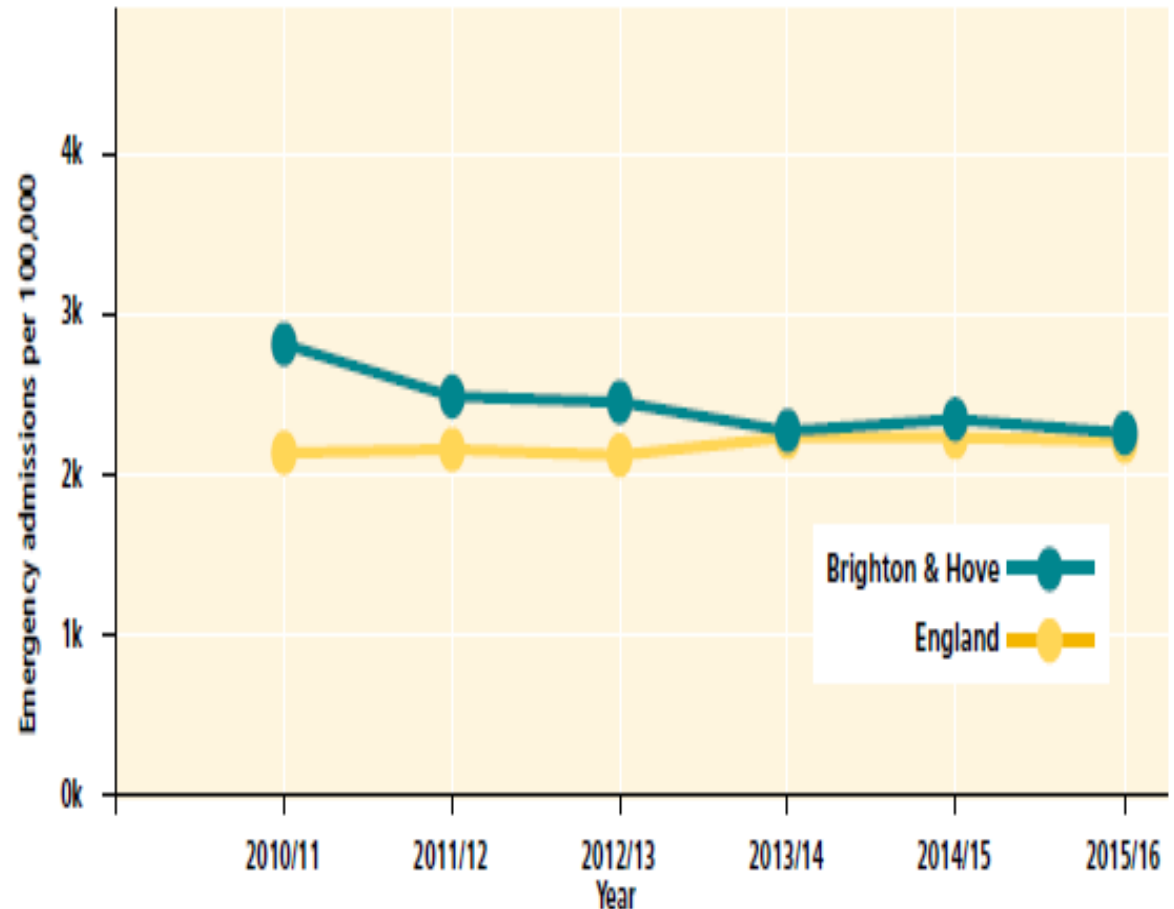
65-79

314
were aged 65-79 years

80+

591
were aged 80+ years

Figure 1 Number of emergency admissions to hospital due to falls (in thousands) per 100,000 population in people aged 65 or over, Brighton & Hove and England, 2010/11 to 2015/16



Ageing well

- Falls prevention
 - Preventing first falls - community strength & balance classes prevent one fall for every 11-16 people attending
- Addressing loneliness and social isolation and supporting independence
 - befriending
 - Community navigators
- Improve flu vaccination coverage
- Maintain the age friendly city approach



Living well



Living well



- Physical activity – the “wonder drug”
 - Local residents are more active than the national average
 - Supporting the most inactive people to be more active would prevent 1 in 10 cases of stroke/heart disease and 1 in 8 cases of type 2 diabetes.
 - Promote active travel- switching from car travel to walking has a Return on Investment of £1220 per year.

● Healthy weight

– Half of local adults are overweight or obese

- Whole system approach of healthier food, promoting activity and support for weight management
- Support staff to raise overweight as a health risk with patients and to refer them on to weight management services



Living well



- Smoking

- 21% adults smoke compared with 17% in England
- 34% of people in routine and manual groups
- Smoking costs Brighton and Hove £83 million/year
 - A smoker who quits halves their life-time costs to the NHS and Adult Social Care.
 - Smokers need care on average four years earlier than non-smokers

- Mental wellbeing

- Individual resilience – the “five ways”; connect, be active, take notice, keep learning & give
- Address mental health stigma including in the workplace
 - Brighton has higher rates than nationally for adult anxiety, depression and severe mental illness.



Starting Well



- **Healthy Child Programme**

- Immunisations – still room for improvement
- Breastfeeding – high rates locally
- Oral health – too many hospital admissions

20

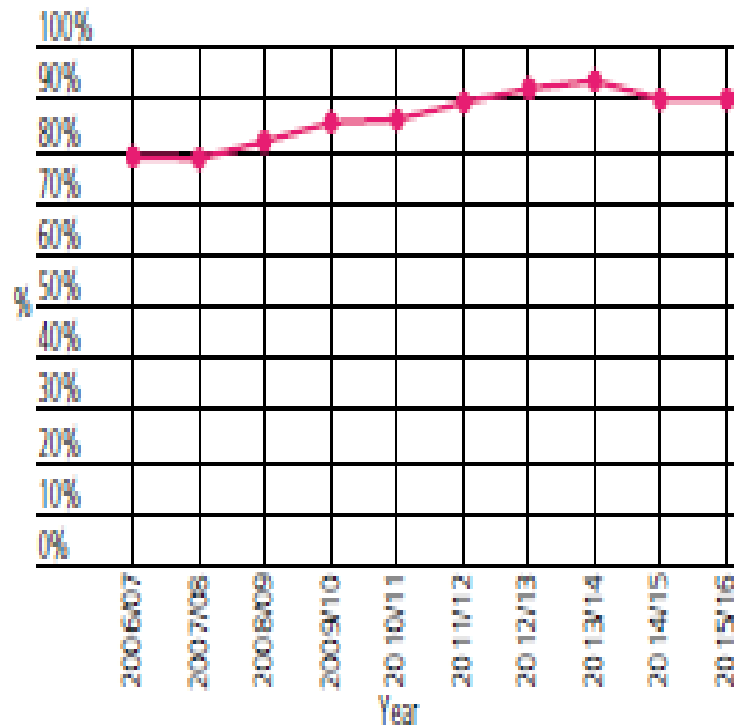
- **Public Health Schools Programme**

- Childhood obesity - 500 local five year olds are overweight or obese
- Emotional health & wellbeing - whole school approach



Immunisation coverage needs improvement

Figure 3 MMR immunisation rate by age two years, Brighton & Hove, 2006/07 to 2015/16



Childhood immunisations in Brighton & Hove



95%

The World Health Organization (WHO) has set a target of 95% coverage for key immunisations



89.9%

Completed primary immunisation courses against Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenzae type b by their first birthday in Brighton & Hove (93.6% across England)



90.1%

Received the first dose of the MMR vaccine (Measles, Mumps and Rubella) by their second birthday in Brighton & Hove (91.9% across England)



From historic lows in the 2000s we saw increases in immunisation coverage up to 2013/14. But since 2013/14 immunisation coverage has started to fall again

Adolescent health and wellbeing

- Sexual health – declining teenage pregnancy
- Emotional health and wellbeing – whole school approach
- Alcohol, cannabis and tobacco
 - 15% of 15 year olds are smokers – the highest in England
 - 24% of local 15 year olds have tried smoking cannabis – the highest in England
 - 11% of 15 year olds drink at least once per week – 3rd highest in England



Healthy city - Place & Community

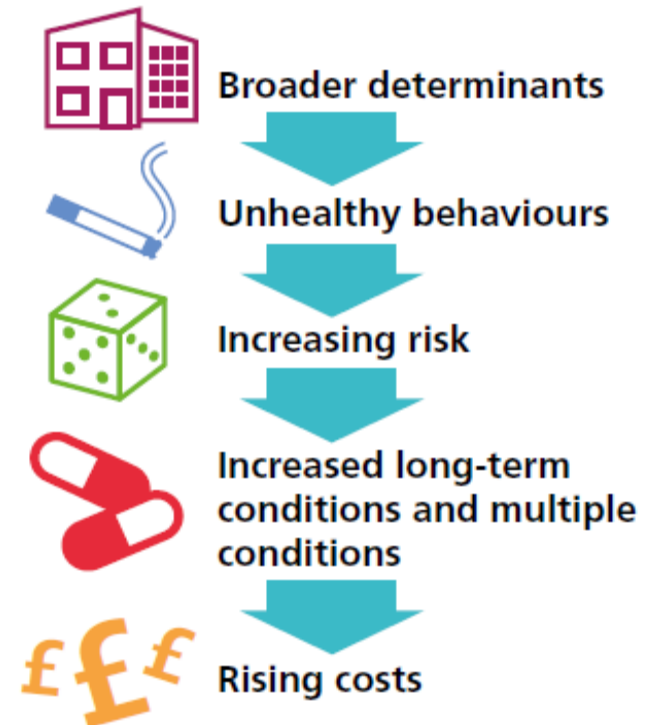
- **Place**

- City Plan
- Air Quality
- 20mph zones

- **Community**

- Active Travel
- Workplace health
- Green and open spaces

- **Individual**



Recommendations

- Develop a prevention framework to improve health and wellbeing and address inequalities
- Public engagement is essential to improve people's health and wellbeing
- Invest in prevention using national and local evidence on what works
- Ensure the physical needs of people with mental health issues are addressed as well as the mental health needs of people with physical conditions
- Reducing falls and the social isolation of older people are priorities
- Improve the identification of cardiovascular risk factors in primary care
- Support people with long-term conditions into meaningful employment.
- All front-line workers can play a role in prevention
- The city needs to address the high rates of health and wellbeing related risk taking behaviours of local young people.
- A renewed focus on immunisation to improve coverage for all ages
- Make the most of our parks and open spaces to improve health
- Promoting active travel will benefit mental and physical health and help tackle air pollution.

