

<b>Subject:</b>	<b>Annual Public Health Report</b>		
<b>Date of Meeting:</b>	<b>23 July 2013</b>		
<b>Report of:</b>	<b>Director of Public Health</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kath Vlcek</b>	<b>Tel: 29-0450</b>
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE****1. SUMMARY AND POLICY CONTEXT:**

- 1.1 Directors of Public Health are required to deliver an annual independent report on the state of local public health. There are no requirements as to the exact content of the report. The joint strategic needs assessment (JSNA) now provides a comprehensive overview of the health needs of the local population. The independent report of the Director of Public Health then has to provide a more in depth view of a particular aspect of health and wellbeing.
- 1.2 This year the report explores happiness, personal and community wellbeing and how these relate to demographic and lifestyle factors across the city. The report uses census data, as well as data from local health and wellbeing surveys. For adults the report considers the findings from the Health Counts surveys conducted in Brighton and Hove in 1992, 2003 and 2012. For children the report draws on data from the Safe and Well at School surveys.
- 1.3 The Director of Public Health will make a short presentation on the key findings of the report

**2. RECOMMENDATIONS:**

- 2.1 That the report is noted.

**3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

- 3.1 There is a strong case for measuring and seeking to improve happiness and wellbeing. A large scientific body supports the finding that negative emotions can harm health and that it affects the choices in health (smoking, diet, alcohol use, sexual behaviour) that people make.
- 3.2 National policy now supports the idea that progress should not just be measured on financial measures like gross domestic product (GDP) but include measures of wellbeing.

- 3.3 Locally policy initiatives like One Planet Living, and aspiration to WHO Age Friendly City status have the potential to improve happiness and wellbeing and thereby improve health.
- 3.4 The local Clinical Commissioning Group has extended its commissioning framework to include measures of improved wellbeing and social capital.
- 3.5 Key findings from the recent census show a large increase in the number of BME residents (80% increase) and in those with no religion (73% increase). The number of older people has fallen by 12%.
- 3.6 Health Counts survey data show that the residents of Brighton & Hove continue to increase their levels of exercise although there is considerable variation by locality, age group, deprivation and by race and religion. Recently retired people show high levels of physical activity. There is some evidence that in recent years the local authority has sought to increase the participation of certain groups who have felt excluded in the past, such as Muslim women.
- 3.7 There has been little change in the mental wellbeing status of the local adult population over the past 20 years as measured by the Health Counts surveys, although over one third of the population may be vulnerable to poor mental health. Self harm rates have risen in recent years, both in adults and especially in younger people.
- 3.8 In Brighton & Hove women have higher levels of life satisfaction than men. Older people, who have relatively low levels of feeling worthwhile, are in fact the happiest age group. Social capital is closely related to deprivation. Among ethnic groups local Black and Black British people are more satisfied with life and less anxious. In terms of sexuality, heterosexuals have higher levels of satisfaction, feeling worthwhile and happiness compared to Lesbian, Gay and Bisexual (LGB) groups. Among religious groups Buddhists are more content on many measures of wellbeing while Muslims score low on most indicators of wellbeing and social capital.
- 3.9 Self-reported health has improved over the last 20 years in the city. In middle age the self-reported health of men falls when compared to women although in retirement there is no gender difference. Residents living in social housing report lower levels of health.
- 3.10 The overwhelming majority of young people are happy. Levels of happiness are lower however in certain groups: Chinese children, LGB and unsure children and children who are bullied or excluded.
- 3.11 Smoking rates continue to fall in adults and children and smoking remains strongly associated with deprivation. People who have never smoked are happiest.
- 3.12 Alcohol use among children (11 – 16 year olds) is falling and those children who use alcohol report lower levels of happiness and wellbeing. The level of drug use among children has remained stable over the past few years, but its use is also associated with lower levels of happiness and wellbeing.

- 3.13 Among adults in Brighton & Hove levels of unsafe drinking in men have fallen over the last 10 years (from 27% to 18%) while the figure has remained stable in women (17%). Among women, the highest levels of unsafe drinking are to be found in middle aged women while among men, the recently retired report the highest levels of unsafe drinking. A local student survey finds that most students drink safely or do not drink, however there is a significant minority of students who when they do drink, drink to get drunk.
- 3.14 Drug-related deaths have fallen substantially over the past 10 years from 67 deaths in 2000 to 20 in 2011. More people are entering into a programme of recovery. There is emerging information on club drugs that suggests that these drugs may be more dangerous than many young people think. Both drug use and high volume alcohol use are associated with lower levels of happiness and wellbeing.
- 3.15 Rates of sexually transmitted infections are high in Brighton & Hove – the third highest outside of London. Unsafe sexual activity is associated with alcohol and drug use. People who reported having one sexual partner in the previous year recorded the highest levels of happiness.
- 3.16 Progress in addressing inequalities over the last ten years has been mixed with large health inequalities regarding those at risk of depression, smokers and those with limiting long-term illness. Obesity is increasingly associated with deprivation. High risk drinking is as likely among the more affluent.
- 3.17 The report recommends that there is greater consideration of happiness, and personal and community wellbeing, in their own right, and well as markers for health.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 The report reflects contributions from the Clinical Commissioning Group, City Council staff as well as colleagues in the universities and in the third sector. The report's content will be discussed at local health strategic partnerships.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 The costs of the report are covered from the city council's ring fenced public health grant. For the last 8 years the print and production costs of the report has remained within the budget of £10,000.

##### Legal Implications:

- 5.2 The report does not carry any legal implications with regard to implementation.

#### Equalities Implications:

- 5.3 The report draws attention to the considerable inequalities that exist within Brighton & Hove. These are addressed in the main body of the report.

#### Sustainability Implications:

- 5.4 The addressing of issues of social capital and lifestyle requires a long-term consistent and sustainable approach.

#### Crime & Disorder Implications:

- 5.5 Crime and disorder are significant factors in terms of social capital, particularly in relation to their association with drug and alcohol use. This is addressed in the main body of the report.

#### Risk and Opportunity Management Implications:

- 5.6 None

#### Public Health Implications:

- 5.7 These are covered in the main body of the report.

#### Corporate / Citywide Implications:

- 5.8 The report is consistent with the City Council values as set out in the Corporate Plan. Many of the targets and milestones set out in the City Council Corporate Plan are consistent with improving lifestyles and boosting social capital as recommended in the report.

### **6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 There is a statutory requirement to publish an annual report and therefore no alternative options available.

### **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 The independent Annual Public Health Report is published by the Director of Public Health and is put before the council and partner organisations for their information and consideration.

## **SUPPORTING DOCUMENTATION**

#### **Appendices:**

None

#### **Documents in Members' Rooms**

None, although copies of the annual report have been sent to all councillors.