

**TO: HEALTH AND WELL BEING BOARD
4 JULY 2013**

**PUBLIC HEALTH UPDATE
Director of Adult Social Care, Health and Housing
Strategic Director of Public Health**

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to set out the priorities for Bracknell Forest Public Health work in 2013/14, as well to map these against Public Health priorities at a county and national level.
- 1.2 The report goes on to discuss the launch of the “longer lives” project and the impact for Bracknell Forest Council and its partners.
- 1.3 Additionally, there has been a further investment in Public Health of £100k for 2013/14. An internal process was established to invite bids for projects which could be undertaken during the year. The successful bids are set out in para 5.11, progress will be monitored by the Health and Well Being Board.

2 RECOMMENDATIONS

That the Health and Well Being Board:

- 2.1 Note the publication and key messages of the ‘Longer Lives’ mortality data.**
- 2.2 Note the successful Public Health Grant project proposals.**
- 2.3 Agree that the proposed priorities for local Public Health work in 2013/14.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The data recently published as part of the Longer Lives project has highlighted high levels of premature mortality in Bracknell Forest relative to areas deemed to be socioeconomically comparable.
- 3.2 The publicity this data has attracted provides a salient opportunity to outline Public Health priorities for the coming year. In this context it is important that local Public Health priorities in Bracknell Forest are understood and supported.
- 3.3 The priorities should also be shown to reflect key strategic drivers such as the Bracknell Forest Health & Well-Being Strategy, the priorities of Public Health England and the national Public Health Outcomes Framework.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 In June 2013, the 'Longer Lives' Project was launched by Public Health England (PHE) in order to examine premature mortality across the country. This initiative compares (age standardised) data on mortality before the age of 75 across local authority areas.
- 5.2 As part of the Longer Lives project, local authorities were allocated to groups according to their index of multiple deprivation, allowing their premature mortality rates to be compared with 14 others that have similar socioeconomic status.
- 5.3 Bracknell Forest was estimated to have the 37th best rate of overall premature mortality from among 150 local authority areas.
- 5.4 However, when considered in comparison to its socioeconomic grouping (defined by PHE as 'least deprived') it is ranked as having the worst rate of mortality among the 15 comparable areas. In relation to disease specific rankings, Bracknell Forest is estimated to have the worst cancer mortality in the 'Least Deprived' group. A summary of the rankings is in **Appendix A**.
- 5.5 A salient comparison highlighted by the Longer Lives data is that between Bracknell Forest and Wokingham. While Bracknell Forest has a overall mortality rate of 240.6 per 100,000 population, the corresponding rate for Wokingham is only 200.03, meaning it ranks as having the best premature mortality levels in the 'least deprived' grouping.
- 5.6 Some of the assumptions behind the 'Longer Lives' initiatives have been criticised:
 - 5.6.1 A key criticism has come from the Local Government Association which has taken the view that the project "dangerously oversimplifies matters and ignores the very complex and socio-economic and cultural factors that affect the premature mortality rate" (The Municipal Journal, June 2013).
 - 5.6.2 One such factor that may be relevant to Bracknell is its status as a New Town and the arrival of many people from East London a few decades ago.
 - 5.6.3 The method used for grouping 'similar' socioeconomic areas has also been criticised. The Longer Lives project grouped areas according to the Index of Multiple Deprivation. However, other methods produce a different set of comparable areas (such as the 'Nearest Neighbours' groupings used by the Chartered Institute of Public Finance & Accountancy).
- 5.7 Despite these criticisms the publicity that the Longer Lives project has attracted draws attention to the need for action in relation to the health of the public in Bracknell Forest, and as such, provides a salient opportunity to clarify and justify priorities.
- 5.8 As an example, analysis suggests that reducing smoking in Bracknell Forest should be a key Public Health priority. According to the Longer Lives data, Bracknell Forest has a premature mortality rate that is 20% higher than that in Wokingham. Data from the Local Tobacco Profiles indicate that it also has a 20% higher rate of smoking-attributable mortality (173 per 100,000 population versus 144 in Wokingham) and a 40% higher rate of smoking (19.4% versus 13.8% in Wokingham).
- 5.9 An outline of the proposed Bracknell Forest Public Health priorities for 2013/14 is set out in **Appendix B** along with an indication of how they map on to key drivers such as the Health & Well-Being Strategy, Public Health England Priorities and the Public

Health Outcomes Framework. A brief overview of these documents is included in **Appendix C** for reference.

- 5.10 In summary, the proposed Public Health priorities cover three key domains: Health Intelligence & Insight, Health Improvement and Health Protection.
- 5.11 The Public Health priorities listed in Appendix B reflect the recent funding awards made under the Public Health Project Grants scheme. A total of 18 bids were received, collectively bidding for £214k. Funding was agreed in the case of 9 projects with a total amount of £93,200 awarded. The successful bids came from all four council directorates and are aimed at improving the health and well-being of a range of groups, including older people, children, people with learning disabilities and the Nepali community. Key themes include increasing children's physical activity, reducing social isolation, improving self-care and the prevention of cardiovascular disease:

1. Holistic Health and Social Inclusion in Vulnerable Older People £15000

Aimed at encouraging more effective self-care among older people. Methods include an action research approach to identifying socially excluded older people, in addition to the production of self-help resources and delivery of workshops aimed at these vulnerable older residents. Supported by BA CCG.

Project Leads: Dave Rossiter & Phillip Ellis Martin (ASC)

2. Work Based NHS Health Checks £8200

Aimed at making comprehensive NHS Health Checks available free of charge to employees aged 40 to 74 years old, this project brings a service only previously available in General Practice into a setting more convenient and accessible for many people. The health checks can provide feedback on cardiovascular and other risk factors, as well as incorporate expert advice on health improvement. The funding will enable a pilot with BF Council Staff, from which lessons can be learned for future roll out with other employers.

Project Leads: Kim Stevens & Tony Madden (Corp Services with ECC)

3. Beat the Streets' Schools Challenge £15000

An active travel school competition motivating children to walk, cycle or scoot to school or on other regular journeys. The project utilises e+ smartcards along with 'Beat Box' sensors installed across the local area that measures and log active journeys. Schools compete with others both locally and across the world.

Project Lead: Phillip Burke (ECC)

4. Family Health & Learning Project £15000

Focussing on children with low levels of physical activity - this project aims to engage whole families in a more active lifestyle and healthy eating. Regular sessions will aim to improve knowledge and confidence, as well as deliver measureable increases in activity levels.

Project Lead: Sue Pike (CYP&L)

5. Healthy Voices £10000

A programme aimed at improving health and well-being among the local Nepali community. Building on previous work the project will utilise NHS Health Checks, Health Trainers and work aimed at Language Skills development to provide a comprehensive vehicle for sustainable improvement in the health inequalities often experienced by local Nepali people.

Project Lead: Abby Thomas (Corp Services)

6. NHS Health Checks in Leisure Centres £8000

This project brings an NHS Service only previously available in General Practice settings into a setting that is more accessible and in immediate proximity to facilities that can facilitate health improvement. Evaluations will explore the extent to which the work can become financially cost neutral for leisure services by encouraging new membership.

Project Lead: Chris Vaal & Mark Rose (ECC)

7. Healthy Lifestyles in People with Learning Disabilities £3000

Aimed at improving healthy lifestyle awareness among people with LD. The project will deliver a series of targeted sessions delivered by qualified health and nutrition specialists. Tailored (easy read) resources will be developed.

Project Lead: Mark Sanders (ASCHH)

8. Raising Food Hygiene in Poor Performing Premises £4000

This project will go beyond usual enforcement work to actively engage and educate premises rated lowest against Food Hygiene Rating Scheme. Intensive work will result in agreed action plans from which measureable and sustained improvement will be achieved.

Project Lead: Maria Griffin (ECC)

9. Supported Discharge & Falls Assistance via Forestcare £15000

Aimed at preventing hospital readmission or unnecessary ambulance attendances via the provision of a remote 'life line' and key holding service. By providing a free trial of these services this project will encourage more people to actively evaluate them and consider long-term use - thereby increasing the overall number of local users. The positive impact of this increase will be significant on both individual well-being and health services resources.

Project Lead: Claire Bennett (ASCHH)

Total funding initially agreed £93200

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 None

Borough Treasurer

6.2 The funding for the successful project proposals will be met from existing budgets earmarked for this purpose.

Equalities Impact Assessment

6.3 Following agreement of the proposed priorities, each work stream will be subject to a equality impact assessment.

Strategic Risk Management Issues

6.4 None

7 CONSULTATION

Principal Groups Consulted

7.1 The priorities proposed within this paper are based upon key strategic drivers such as the Health & Well-Being Strategy. These in turn were based on extensive consultation with relevant agencies and community groups. This paper is written for the purposes of consulting colleagues and key partners.

Method of Consultation

7.2 Meetings

Representations Received

7.3 None

Background Papers

Longer Lives: Summary of Bracknell Forest rankings (Annex A)

Summary of proposed Bracknell Forest Public Health priorities for 2013/14 (Annex B)

Summary of themes and priorities in key strategic drivers (Annex C)

Contact for further information

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