

North Somerset Council

REPORT TO THE EXECUTIVE

DATE OF MEETING: 26/03/15

SUBJECT OF REPORT: NORTH SOMERSET DIRECTOR OF PUBLIC HEALTH
REPORT 2014

TOWN OR PARISH: BOTH

OFFICER/MEMBER PRESENTING: JONATHAN ROBERTS, PUBLIC HEALTH TEAM,
PEOPLE & COMMUNITIES

KEY DECISION: N/A

RECOMMENDATIONS:

That the panel consider and endorse the report and recommendations listed in section 3.10

1. SUMMARY OF REPORT

1.1 The Director of Public Health report for 2014 is titled 'Living well – a case for prevention'

1.2 The report utilises the '3:4:50' model of prevention which provides a useful public health framework to tackle the underlying causes of ill health and helps local partners to address the rising healthcare and social care costs in North Somerset.

1.3 A full copy of the report is available from the following link:

www.n-somerset.gov.uk/Publichealth

2. POLICY

2.1 It is a statutory function of the Director of Public Health as per section 73A(7) of the NHS Act 2006 (inserted by section 30 of the Health and Social Care Act 2012) to produce an independent report on the health of the population and for the local authority to publish the report.

3. DETAILS

3.1 Life expectancy in North Somerset is 79.6 years for men and 83.5 years for women. This is slightly higher than that of England overall, however lower than in other areas of the South West.

3.2 There remain stubborn and persistent inequalities in life expectancy within the district with Weston-super-Mare Central ward having the lowest life expectancy for men and women at 67.5 years and 76 years, respectively. The gap in life expectancy between those wards with the highest and lowest life expectancy is 18.6 years.

3.3 The diseases which drive these inequalities include, circulatory diseases, cancers and external causes (including injury, suicide and poisoning) for men and circulatory diseases and mental and behavioural diseases for women.

3.4 The four principal causes of premature death (under age 75) in North Somerset are cancer, cardiovascular disease (heart disease and stroke), lung disease and liver disease; although all are statistically significantly lower than the respective national figures. Weston-super-Mare Central and South wards have the highest premature death rates from all causes of death, cancer and circulatory disease.

3.5 The report sets out the three main risk factors that contribute to the four main causes of premature death i.e. substance misuse (specifically smoking and excess alcohol intake), unhealthy diet and physical inactivity.

3.6 Results of the local health and wellbeing survey show that there are clear differences in health behaviours between the more affluent and less affluent wards in North Somerset.

3.7 Respondents in less affluent areas are more likely to smoke, exceed recommended daily amounts of alcohol and binge drink. They are less likely to eat fruit regularly and eat a main meal prepared and cooked from basic ingredients four or more times a week. It is worrying that residents that smoke are more likely to drink heavily and those with poor diets who do not exercise are more likely to smoke.

3.8 The National Institute of Health and Care Excellence has identified a number of cost effective public health interventions which can help individuals and organisations to modify unhealthy risk factor behaviours.

3.9 The recommendations focuss on what local organisations can do to tackle some of the unhealthy behaviours which contribute towards leading causes of death.

3.10 The recommendations of the report are:

- To develop a multi-agency 'making every contact count' training programme to up-skill front line workers to promote healthy lifestyles across the whole of North Somerset;
- To continue to target public health interventions in the areas with greatest need within Weston-super-Mare Central and South wards (particularly focussing on smoking, alcohol, diet and physical activity);
- To strengthen the Weston-super-Mare South ward asset based community development health and wellbeing project and extend this work into Central ward;

- To focus on men's health - by establishing a North Somerset Healthy Workplaces programme in partnership with local businesses and employers;
- To implement fully the North Somerset Public Mental Health Strategy 2015-2017

4. CONSULTATION

4.1 No formal consultation on this report was conducted. In the development stage, the concept and topic were discussed and agreed by the Directorate Leadership Team in the People and Communities Directorate and by the North Somerset Clinical Commissioning Group.

5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications of this report, but the approach to implementing the recommendations will need financial consideration when being addressed.

6. RISK MANAGEMENT

6.1 The report has been produced in a timely manner for 2014. The 2015 report will be developed later this year.

7. EQUALITY IMPLICATIONS

7.1 The Director of Public Health report looks at the health of the whole population and specifically draws attention to groups with poorer health outcomes. There is unlikely to be a negative impact of this report on any group outlined in current equalities legislation.

8. CORPORATE IMPLICATIONS

8.1 Failure to produce and publish a Director of Public Health report would be a risk corporate reputation and non-compliance with statutory regulation as detailed in section 2.1

9. OPTIONS CONSIDERED

9.1 Other topics were considered for this report during the consultation with partners described in section 4.1.

AUTHOR

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BACKGROUND PAPERS

The report is available from: www.n-somerset.gov.uk/Publichealth