

North Somerset Council

REPORT TO THE HEALTH OVERVIEW SCRUTINY PANEL

DATE OF MEETING: 7TH JUNE 2018

SUBJECT OF REPORT: NORTH SOMERSET DIRECTOR FOR PUBLIC HEALTH REPORT FOR 2016/17

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: DR ANDREW BURNETT, INTERIM DIRECTOR FOR PUBLIC HEALTH

KEY DECISION: NO

RECOMMENDATIONS

The Panel is asked to note the findings of the 2016/17 Director of Public Health report for North Somerset and to consider how the partnership may work to address some of the identified challenges through the priority themes of the People and Communities Strategy.

1. SUMMARY OF REPORT

This report provides an overview of the Public Health Outcomes Framework (PHOF) key indicators for North Somerset. This shows that, on average, people in North Somerset enjoy good health. But underlying this are important differences: in some areas, people experience much poorer health than in others; and the gap between life expectancy and healthy life expectancy, whilst better than the national average, is relatively large (13.8 years for men and 17.2 years for women). These differences are important for three reasons: (i) lower levels of well-being lead to reduced ability to do things and to enjoy life so much; (ii) reduced independence leads to increasing need for care services; and (iii) much of this is avoidable or, at least, can be reduced, through population-level interventions that encourage and enable healthier lifestyles.

Importantly, the population in North Somerset has a higher proportion of people who are chronologically older. But the higher levels of disease that are commonly found amongst older people are not a consequence of ageing in itself; many diseases are caused by environment and lifestyle and, crucially, it is inadequate levels of physical activity in everyday life that is the cause of many people requiring social care services (see McNally S et al. Focus on physical activity can help avoid unnecessary social care. *British Medical Journal* 2017 <https://www.bmj.com/content/359/bmj.j4609>).

2. POLICY

The production of an annual report on the health of the population is a statutory function of the Director for Public Health as per section 73A(7) of the NHS Act 2006 (inserted by section 30 of the Health and Social Care Act 2012) and local authorities have a duty to publish the report.

3. DETAILS

The North Somerset population is projected to increase by 20% reaching 250,000 by the year 2035. North Somerset has a higher proportion of older people aged over 65 and 85 years.

Life expectancy from birth is 83.5 years for women and 79.9 years for men; both are higher than the national average. The distribution of life expectancy varies when considering the difference between the 10% most and least affluent areas in North Somerset with a nine year gap in male and six year gap in female life expectancy.

Whilst the female gap is lower than males overall, the trend in females in is showing an increasing gap.

Healthy life expectancy (the number of years lived in good health) averages 66.3 years for women and 66.1 years for men. It is important to note that female healthy life expectancy has been showing an increasing trend whilst the same pattern has not transpired in the same way in men.

Analysis of the causes of deaths that contribute to gaps in life expectancy show they vary by gender. In women deaths from respiratory disease contribute to a fifth of the gap in life expectancy whereas in men it is only a tenth. In contrast cancers contribute to 22% of the gap in male life expectancy compared to 13% in females.

Premature deaths (a death under the age of 75) account for about 20% of deaths. The four leading causes of premature death are cancer, lung disease, heart disease and stroke and liver disease. Many of these deaths (and the preceding poor health and disability) are considered preventable due to the proportion attributable to behaviours and lifestyle (for example, a sedentary lifestyle, such as office work or driving for a living, is one of the top four causes of ill health in the UK, contributing to Type 2 diabetes, dementia, heart disease, and the recurrence of some types of cancer.¹

In North Somerset, 28% of children aged 10-11 years are overweight or obese as are 63% of adults. This is similar to national figures (34% and 65%). Men are more likely to be overweight than women. About 61% of adults report being physically active in North Somerset but this self-reported measure is known to be unreliable when compared to objective measures. Men report to be more active on average than women.

Whilst significant progress has been made with smoking prevalence, which is now around 12% in North Somerset compared to 17% nationally, it should be remembered that long term use will result in death from a smoking-related illness in a half of all users.

Smoking during pregnancy is a risk for both mother and child and North Somerset has a trend against the national average with increasing proportions of women still smoking at the time of delivery (12.4% locally, vs 10.5% nationally).

¹ See Academy of Medical Royal Colleges *Exercise: the miracle cure and the role of the doctor in promoting it*. 2015 <http://www.aomrc.org.uk/publications/reports-guidance/exercise-the-miracle-cure-0215/>; Department of Health *UK physical activity guidelines 2001* <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>; and Public Health England *Everybody active every day: 2 year update 2017* <https://www.gov.uk/government/publications/everybody-active-every-day-2-year-update>

Excess alcohol use is a significant risk factor for a number of conditions and it is estimated that 30,000 people in North Somerset drink at a level which is damaging their health. Hospital admissions related to alcohol have dropped in under 18's, but not so in adults.

Protecting people from infectious diseases, involves a range of approaches from the safe preparation of foods to immunisations to early detection to enable more effective treatments.

There are some concerns about declining immunisation rates for the childhood immunisation programmes, although North Somerset achieves a higher rate than the national average.

We also need to be mindful of the risks placed by drug-resistant organisms and from new and emerging infections.

4. CONSULTATION

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

5. FINANCIAL IMPLICATIONS

None.

Costs

Time to research, write and produce the report, including graphics.

Funding

The report is funded through the public health budget.

6. LEGAL POWERS AND IMPLICATIONS

N/A

7. RISK MANAGEMENT

N/A

8. EQUALITY IMPLICATIONS

The Director for Public Health report looks at the health of the whole population of North Somerset 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.

9. CORPORATE IMPLICATIONS

Publication of an annual Director for Public Health report is a requirement of the council. This report fulfils that requirement for 2016/17, hence ensuring a good corporate reputation in the production of the report.

10. OPTIONS CONSIDERED

N/A

AUTHOR

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BACKGROUND PAPERS

The Director for Public Health Report for 2016/17 can be accessed via the Public Health section in the following link:

www.n-somerset.gov.uk/my-council/policies/people-communities-housing/