

BOROUGH HEALTH AND WELLBEING STRATEGY

Submitted by: Executive Director – Operational Services

Portfolio: Stronger and Active Neighbourhoods

Ward(s) affected: All

Purpose of the Report

To provide Members with information relating to the changes within the National Health Service and the development of a Health and Wellbeing Strategy for the Borough.

Recommendations

(a) That Cabinet accept the key messages contained in the report as important evidence against which the Borough's Health and Wellbeing Strategy will be developed

(b) That Cabinet agree to receive a future report on progress made in the development of the Health and Wellbeing Strategy for the Borough

Reasons:

To assist the Council and its partners in achieving community priorities, working together for a borough in which local people can enjoy better health and wellbeing through the addressing of health inequalities.

1. Background

- 1.1 A Draft Borough Health and Wellbeing Strategy is being developed to support the Staffordshire Joint Health and Wellbeing Strategy which under the Health and Social Care Bill is a statutory requirement for each Health and Wellbeing Board to develop in order to set the strategic vision and priorities that will inform the commissioning of Health Services in a locality.
- 1.2 The Health Scrutiny Committee has been kept informed of the developments arising from the Health and Social Care Bill in relation to the County Council's duty to establish a Health and Wellbeing Board (HWB) and is aware that this is now in place in Shadow form. One of their early tasks is to collaboratively develop a Joint Health and Wellbeing Strategy, which will become a statutory requirement of every local Health and Wellbeing Board from April 2013, once the Health and Social Care Bill is enacted
- 1.3 Staffordshire County Council have reviewed and revised their Joint Strategic Needs Assessment and shared with us the Health and Wellbeing profile for the Borough. With input from Leisure and Cultural Services, Strategic Housing, Partnerships and Environmental Health, since receiving this information in May 2012, good progress has been made in developing a draft Borough Strategy to take the health and wellbeing needs of our residents forward. Our aim is to work with both existing and new partners towards shared outcomes. At the present time, however, there is considerable change and uncertainty for many. For example, local GPs in their new clinical commissioning role, public health in its transition from the NHS to the County Council, LINK in its recreation as local HealthWatch.

2. Issues

2.1 The Health and Wellbeing profile for the Borough has been the subject of discussion at an Officer Strategy Group, who is now considering/ developing the following priorities areas:

- Alcohol and substance misuse
- Smoking
- Employment
- Housing
- Physical activity, healthy weight and nutrition
- Mental wellbeing

2.2 When considering these priorities for the Borough, it is important to recognise that they are designed to capture and summarise high-level, and most probably, long-term challenges for the health, social care and the wider 'wellbeing' economy in Staffordshire. They are also issues which cannot be 'solved' by a single organisation but require integrated and co-operative action across the entire County if we are to have a tangible impact on these issues in the coming years.

2.3 The development of the Boroughs Health and Wellbeing Strategy is being driven by the Executive Director – Operational Services supported by the Head of Leisure and Cultural Services, with regular updates being provided to the Cabinet Member with a responsibility for Stronger and Active Neighbourhoods. However it should be noted that and input has been received from:

- Housing
- Environmental Health
- Business improvement and Partnerships

2.4 The analysis of the Health and Wellbeing Profile for Newcastle has identified key messages as out lined below:

- Population projections for Newcastle from 2010 to 2035 suggest there will be a growth in population (12%).The population is projected to see significant growth in people aged 65 and over (54%) and in particular those aged 75 and over (73%).
- Mosaic Public Sector 2009 allows populations to be segmented in terms of individual's demographics, lifestyles and behaviours. This allows interventions to be targeted more effectively in an appropriate style and language suited to the different lifestyle groups. Around 65% of the Newcastle population falls within one of five Mosaic groups: Ex-Council Community (18%), Industrial Heritage (15%), Suburban Mindsets (12%), Small Town Diversity (10%) and Professional Rewards (9%).
- The Index of Multiple Deprivation 2010 (IMD 2010) is a way of identifying deprived areas. There are 12 lower super output areas (LSOAs) that fall within the most deprived national quintile in Newcastle, making up 14% of the total population. These areas fall within Cross Heath, Knutton and Silverdale, Chesterton, Butt Lane, Kidsgrove, Silverdale and Parkside, Town, Holditch and Thistleberry.
- The child wellbeing index (CWI) 2009 provides useful information at a small area level for the wellbeing of children. In Newcastle, only five of the 81 LSOAs fall within the fifth most deprived areas in England making up 7% (about 1,500 children) of the child population (aged under 16) falling within Chesterton, Cross Heath, Kidsgrove and Knutton and Silverdale.
- In 2009, nearly one in five children in Newcastle were defined as living in poverty. This is lower than the national average although it varies significantly across the district from 3% in Keele to 36% in Knutton and Silverdale

- The number of Jobseeker's Allowance claimants in Newcastle has increased between 2008 (1,500 claimants) and 2012 (2,600 claimants). In addition there are inequalities across the district with high proportions of claimants in Cross Heath, Silverdale and Parkside, Town and Knutton and Silverdale wards.

2.5 As our general population lives longer and puts pressure on public sector spending, the gap between the most deprived wards and those that are more affluent is likely to widen, unless we tackle identified inequalities now. Some of the specific health and wellbeing issues are highlighted below.

2.6 Specific issues have been identified around infant mortality:

- Within Newcastle there are around 1,220 live births annually and fertility rates are lower than the national average. Fertility rates in Knutton and Silverdale ward are higher than the England average.
- Rates of perinatal mortality and infant mortality in Newcastle are higher than the England average whilst stillbirth rates are similar to national levels. Stillbirth rates are showing a steady upward trend while both perinatal mortality and infant mortality in Newcastle saw a significant increase between 2004-2006 and 2006-2008, although rates do appear to have reduced slightly (not significantly) in 2008-2010. In Newcastle during the period 2008-2010 there were in total 23 stillbirths, 46 perinatal deaths and 34 infant deaths.
- More mothers in Staffordshire continue to smoke throughout their pregnancy than the England average (15% compared to 14% during 2010/11). Various estimates suggest that 17% to 20% of pregnant women in Newcastle continued to smoke throughout pregnancy, higher than the England average. Ward data for smoking in pregnancy suggest Knutton and Silverdale, Cross Heath, Holditch and Chesterton wards have high rates of smoking at delivery.
- The proportion of babies born with a birthweight of less than 2,500 grams in Newcastle is 8%, which is higher than the national average of 7%. Butt Lane, Holditch and Audley and Bignall End wards have a particular high level of babies born with a low birthweight.
- A model by the Network of Public Health Observatories suggests that around 67% of mothers in Newcastle initiated breastfeeding in 2009/10 which is lower than the England average of 74%.
- Data from the West Midlands Perinatal Institute also suggests that initiation rates in Newcastle are low (60%) and highlights that Silverdale and Parkside, Cross Heath, Holditch and Chesterton wards have particularly low levels of breastfeeding initiation rates (all below 50%).
- Provisional data from child health information systems in Staffordshire has been used to provide some analysis at district level. This shows that Newcastle also has a particularly low breastfeeding prevalence rate at six to eight weeks.

2.7 Life expectancy is also varies widely locally:

- The gap between the ward with the lowest life expectancy and the ward with the highest life expectancy is nine years for men and 13 years for women. Men and women in Bradwell, Cross Heath, Knutton and Silverdale and Town wards all have shorter life expectancy than the England average. Men in Ravenscliffe ward and women in Holditch also have shorter life expectancy.
- Around 1,220 Newcastle residents die every year, with the most common causes of death being circulatory diseases (390 deaths, 32%), cancers (330 deaths, 27%) and respiratory disease (190 deaths, 16%).

- The rates of people dying before the age of 75 (which are considered to be preventable) continue to decline in Newcastle.. However there are inequalities within Newcastle, with Cross Heath, Holditch, Knutton and Silverdale, Town, Silverdale and Parkside and Bradwell wards having particularly high levels of premature mortality. Butt Lane ward has a high premature mortality rate for cardiovascular disease whilst Knutton and Silverdale and Holditch wards have high premature cancer mortality rates.

2.8 Mental health - key messages:

- The estimated numbers of people suffering mental ill-health in the community is between 27,000 and 32,200 people. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Newcastle are significantly lower than England with approximately 800 people on a register in 2010/11.
- In Newcastle, there are approximately 10 suicides per year accounting for about 1% of deaths, with rates being similar to the England average. During 2010/11 there were also around 240 self-harm admissions in Newcastle with rates being similar to the England average.

2.9 Accidents – key messages:

- Accidental deaths account for around 30 deaths per year in Newcastle with rates being similar to the England average. Common causes of accidental mortality are falls (68%) and road traffic accidents (15%). However death rates from accidental falls and accidents in people aged 65 and over are particularly high.
- During 2010/11 there were over 1,390 admissions to hospital in Newcastle due to unintentional injuries (accidents). Hospital admission rates from unintentional injuries in Newcastle are lower than the national average.
- Over 450 people aged 65 and over in Newcastle were admitted to hospital for a fall-related injury during 2010/11, with rates being similar to England.
- National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). During 2010/11, there were 140 hip fracture admissions to people aged 65 and over in Newcastle with rates being similar to the England average.

2.10 Long-term conditions – key messages:

2.10.1 Children with disabilities or limiting long-term conditions:

- There is no dataset that provides us with a complete picture of the number of children who are disabled or who have a limiting long-term illness. Figures from a variety of sources estimate that the numbers of children with a disability in Newcastle range between 700 and 4,900.

2.10.2 Adults with long-term conditions:

- The 2001 Census found that the proportion of people with a limiting long-term illness in Newcastle was higher than the England average. Levels in most areas (17 of 24 wards) are also higher than England.

2.10.3 Disease:

- The numbers of patients recorded on general practice disease registers when compared with the expected numbers of people on registers with specific conditions, shows that there are potentially large numbers of undiagnosed or unrecorded cases, especially for chronic kidney disease, chronic obstructive pulmonary disease, dementia, heart failure, hypertension, learning disabilities and obesity. Higher numbers of cases on the registers than would be expected are recorded for hypothyroidism and severe mental health.
- Analysis of 2008 data from a sample of practices revealed that at least one in four people have a registered disease with one tenth of the population having more than one condition. Of all patients with a specified registered disease, around one third are also obese, around 14% are smokers and 19% are ex-smokers.
- With an ageing population, Newcastle is also predicted to see an increase in numbers of long-term conditions. This will place an increased burden on future health and social care resources.

2.11 Excess winter deaths – key messages:

- There is some evidence to suggest that some deaths that occur during the winter months are preventable. National research shows that winter deaths increase more in England compared to other European countries with colder climates. This suggests that it is more than just lower temperatures that are responsible for the excess mortality. The excess winter deaths index (EWD index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year.
- There are on average 70 excess winter deaths annually in Newcastle, mainly amongst older people. During 2005-2010 the EWD index in Newcastle was similar to England.

2.12 Adult immunisation – key messages:

- The proportion of people aged 65 and over who have been vaccinated against flu in 2010/11 was slightly higher than the England average of 73%. However, lower proportions of other people eligible for the vaccine actually received it, i.e. those aged under 65 at risk, carers and pregnant women. Pneumococcal vaccine coverage in Newcastle is similar to the Staffordshire average (both 66%).

2.13 Smoking – key messages:

- It is estimated that there are approximately 300 children aged 11-15 who are considered regular smokers.
- The latest data from the Integrated Household Survey suggest that the smoking prevalence in Newcastle was 22% - meaning 22,600 people aged 18 and over smoke. Estimates suggest that this percentage varies across areas of Newcastle from 12% to 37% and that the percentage of the routine and manual groups that smoke is about 39%, thus contributing to increases in health inequalities.
- Smoking-attributable admissions in Newcastle were similar to the England average. However, smoking-attributable deaths in adults aged 35 and over were higher than the national average.
- In 2010/11, 1,750 people accessed stop smoking services in Newcastle and 800 people quit at four weeks. The numbers of people accessing stop smoking services in Newcastle per 1,000 smokers is lower than the England average. Quit rates at four weeks are also lower than England.

2.14 Alcohol and substance misuse – key messages:

- A local Staffordshire survey found 11% of children aged 11-15 across Staffordshire reported drinking alcohol in the week prior to interview, similar to the national average of

13%. The survey also found that drinking alcohol was more prevalent with boys and older children. Over a three year period (2007/08-2009/10), there were around 35 alcohol-related admissions in children and young people under 18 in Newcastle, with rates being similar to the England average.

- Estimates suggest approximately 20,600 (20%) adults in Newcastle consume alcohol at 'increasing risk' and a further 6,300 (6%) at 'higher risk'. Estimates also suggest that 21,600 (21%) adults are binge drinkers. Across different areas of Newcastle the proportion of combined 'increasing and higher risk' drinkers ranges from 17% to 29%.
- Alcohol-specific mortality rates for men in Newcastle are higher than the England average and similar for women. Alcohol-attributable mortality rates for men and women in Newcastle are similar to the England average. In Newcastle, there were 2,600 alcohol-related admissions in 2010/11. The rate for the last three years remains similar and is lower than the England average.
- During 2010/11, levels of alcohol-related crime in Newcastle were lower than the England average and alcohol-related violent crime was similar to the England average.
- Nationally, the prevalence of drug use amongst 11 to 15 year olds has fallen from 29% in 2001 to 18% in 2010. Applying national estimates to the Newcastle population it is estimated that approximately 410 children aged 11-15 used drugs in the last month, 780 used drugs in the last year and 1,130 had used drugs at some time.
- According to Home Office figures it is estimated that there are around 680 problem drug users, defined as opiate and/or crack cocaine users aged 15-64 in Newcastle. The percentage of these estimated to be in effective treatment (47%) is lower than the England average.

2.15 Obesity, healthy eating and physical activity – key messages:

- Using national estimates, about 2,900 children aged two to 15 are obese with a further 2,600 children thought to be overweight.
- Using figures from the National Child Measurement Programme (NCMP), the proportion of obese children in Reception year in Newcastle is similar to the England average (9%). Levels of obesity are much higher (19%) for children in Year 6 and although not significantly, have risen slightly in the past year. Chesterton and Kidsgrove have high proportion of children in Reception who are either overweight or obese. The prevalence of children who are either overweight or obese in Year 6 is higher than the England average in Knutton and Silverdale ward.
- Estimates suggest that levels of adult obesity in Newcastle are 26%, which is similar to the England average of 24%. The prevalence of obesity across Newcastle varies with the percentage estimated to range between 16% and 30%.
- In Newcastle consumption of five or more portions of fruit and vegetables by adults is estimated as 26%, similar to the England average (29%). There are inequalities in consumption in Newcastle with estimates for areas ranging from 18% to 35%.
- In Newcastle, less than half of children (45%) spend at least three hours of high quality PE and school sport within and beyond the curriculum per week. This is the lowest level in Staffordshire and is significantly lower than the national average.
- Adult activity levels are significantly lower. Data from the Active People Survey (2009/10) shows that only 11% of men and women in Newcastle achieved the recommended levels of physical activity, which although similar to the national average is still too low. In addition, over half (53%) of men and women were inactive, which is higher than the national average.

2.16 Teenage pregnancy – key messages:

- Between 1998 and 2010 under 18 conception rates across Newcastle have reduced by 35% compared with a 14% reduction across Staffordshire and a 24% reduction across

England. The teenage pregnancy rate in Newcastle between 2008 and 2010 was higher than the England average. Knutton and Silverdale, Cross Heath, Butt Lane, Silverdale and Parkside and Holditch all have higher rates than the national average.

2.17 Sexually transmitted infections (STIs) – key messages:

- The number of diagnoses of new STIs is falling in Staffordshire compared to a rise nationally. It is not known if this reflects less disease in the community or if it is due to issues with data, access to services or case finding. The overall rate for acute STIs in Newcastle is lower than England.
- Data from 2010/11 shows that 25% of young people in Newcastle were screened for chlamydia, lower than the England average and falling slightly short of the 35% target. Of the 4,580 young people living in Newcastle who were screened approximately 230 (5%) had a positive result.

2.18 Physical Activity – Key Messages:

- There is little local data for levels of physical activity in children. An indicator that is often used is the proportion of children who undertake at least three hours of high quality PE and school sport within and beyond the curriculum per week. This shows that in Newcastle, only 45% of children achieve this level. This is the lowest in Staffordshire and lower than the national average
- The Active People Survey (APS) includes 250 sport and recreation activities and now includes dancing and gardening. From APS 4 (2009/10) data, only 11% of men and women in Newcastle achieved the recommended levels of physical activity which although similar to the national average is too low. In addition 53% of men and women were inactive, which is significantly higher than the England average (Table 61).
- Synthetic estimates at MSOA level suggest that the proportion of adults who undertake at 30 minutes of activity at least three times a week ranges between 16% and 26%

3 **Proposal**

3.1 That Cabinet agree to the recommendations set out within this report.

4. **Reasons for the Preferred Solution**

4.1 To assist the Council and its partners in achieving the community priorities, working together for a Borough in which local people can enjoy a better health and wellbeing through addressing the health inequalities that currently exist within the Borough.

5. **Financial and Resource Implications**

5.1 It should be noted that the Health and Wellbeing Strategy will be developed within existing resources.

6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 There will be a positive impact on those relating to health improvement, quality of life, and support for disadvantaged communities, community safety and potentially broader social regeneration objectives for the Borough.

7. **Legal and Statutory Implications**

7.1 The Council has powers, under the Local Government Act 2000, to improve the social,

economic and environmental well-being of the Borough's residents.

8. **Equality Impact Assessment (EIA)**

- 8.1 As part of the development of a Health and Wellbeing Strategy for the Borough an equalities impact assessment will be undertaken. Overall any changes will be made in accordance with the Council's equal opportunities policy and procedures to enhance community cohesion.

9. **Major Risks**

- 9.1 A full risk assessment/log will be developed in conjunction with the Council's Corporate Risk Manager and will be subject to regular review.

10. **Key Decision Information**

- 10.1 The emphasis of the strategy will be on prevention, helping individuals. Local communities and organisations to understand what they can do to promote positive health and wellbeing. It is expected that there will be a marked increase in the Boroughs residents accessing health information and making positive choices to improve their health as a result of the development of a Health and Wellbeing Strategy for the Borough. This should be reflected by an increased number of the Boroughs residents participating in sports, health, and physical activity programmes, which in turn should lead to improvements in individual life expectancy and the reduced burden of disease or ill health.

11. **Previous Cabinet Decisions**

None

12. **List of Appendices**

None