BRISTOL CITY COUNCIL

Neighbourhood Scrutiny Commission

3rd October 2016

Report of: **Becky Pollard, Director of Public Health**

Title: **Annual Report of the Director of Public Health – Becky Pollard (Joint Item with People Scrutiny Commission)**

Ward: **City-wide**

Officer Presenting Report: **Director of Public Health**

Contact Telephone Number: **0117 92 22891**

RECOMMENDATIONS

1. The Director of Public Health should work through Bristol Health and Wellbeing Board and other stakeholders to implement the 4:4:48 prevention model. This model addressed the 4 modifiable unhealthy lifestyle behaviours (smoking and tobacco, alcohol misuse, poor diet and lack of physical activity) that lead to the 4 main diseases (cancer, cardiovascular disease, respiratory disease and liver disease) which contribute towards around 48% of all early deaths in Bristol.
2. The report recommends work to put 'Health in All Policies' and work with a wide range of partners to make health everyone's business.
3. The Health and Wellbeing Board should oversee an audit of current prevention and early intervention programmes against the evidence based interventions set out in this report and identifies any gaps.
4. The Bristol Children and Families Partnership Board should seek to strengthen cost effective public health programmes aimed at children and their families to give them a better and healthier start in life (specifically targeting those who experience the greatest disadvantage).
5. Bristol City Council's Public Health Team should coordinate the roll out of a 'Making Every Contact Count' training programme for multidisciplinary front line staff to improve health and wellbeing.
6. The Director of Public Health will work with the emerging Mayor's City Office, other city partnerships, the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan and the West of England devolution deal to find ways to strengthen and consolidate public health effort.

Summary

The Health and Social Care Act 2012, sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it. The purpose of the report is to raise awareness and understanding of local health issues, highlight areas of specific concern and make recommendations for change.

The significant issues in the report are: there are four lifestyle behaviours that contribute to four diseases that lead to 48% of early death from these diseases in Bristol. This report identifies effective public health action that can address these lifestyles.

Policy

1. Recommendation 1calls for all policies to be considered from a health perspective.

Consultation

2. Internal: not applicable

3. External: not applicable

4. Context

The report sets out a clear 'case for prevention' or 'early intervention' to reduce early death and disability and set out a challenge to strengthen collective action across the city to create healthier, more resilient and sustainable communities.

4.1. People in Bristol are living longer; life expectancy varies considerably across Bristol with over 10 year's difference between wards. This difference is closely related to levels of deprivation, with cancer deaths being the principal cause of the gap in life expectancy between the most and least deprived areas of Bristol.

4.2. Healthy life expectancy (the average number of years a person might expect to live in 'good' health during their lifetime) is only around 63 years for men and 64 years for women in Bristol, which is similar to the England average. The gap between the most and least deprived areas within Bristol is over 16 years. This means that people living in areas of deprivation live for many more years with disability, limiting their ability to work, enjoy life, or take part in community life. The cost of this burden falls to families, social care, health care and society. The five top risk factors that lead to this disability and early death are dietary risks, tobacco smoke, obesity, high blood pressure and the use of substances (alcohol and drugs).

4.3. Each year in Bristol an average of 1,111 people die before they reach the age of 75 years (early death). 815 (73%) of these deaths are due to just four main diseases; cancer (434 deaths), cardiovascular (230 deaths), respiratory (106 deaths) and liver disease (45 deaths). Around 60% of these cancer and cardiovascular disease deaths, half of respiratory disease deaths and over 90% of liver disease deaths are considered preventable by public health action. Early death in Bristol has been falling, mostly due to fewer deaths from cardiovascular disease, but the rate is still higher than the England average. These four diseases, alongside diabetes and mental and substance misuse disorders, are responsible for most of the disability as well as early death that people in Bristol experience.

4.4. Health is determined by a wide range of factors including genetics, social and economic factors (such as income and education), environmental factors (such as housing and transport), healthcare and lifestyle. The foundations for a healthy life start before birth. The lifestyle choices we make greatly affect our health and wellbeing. Smoking, alcohol consumption, physical inactivity and a poor diet are all unhealthy lifestyle behaviours that lead to ill health and premature death in Bristol. These four lifestyle behaviours lead to around 48% of premature deaths from these four diseases alone in Bristol, hence the 4:4:48 model.

4.5. These four lifestyle behaviours are not distributed evenly across Bristol and they are a major contributor to the health inequalities seen within Bristol. People in lower socioeconomic groups are five times as likely as higher socioeconomic groups to have a combination of three or four lifestyle risk factors and this clustering increases risk of poor health further. Differences in income, access to information, access to services, exposure to risk, lack of control over one's own life circumstances are directly linked with unhealthy lifestyle behaviours. These inequalities affect people's ability to withstand the biological, social, psychological and economic stress factors that can trigger ill health. They also affect a person's capacity to change their behaviour and to improve their health and wellbeing.

4.6. Smoking is increasingly concentrated in areas of deprivation and remains the biggest contributor to health inequalities. Almost 1 in 5 adults in Bristol smoke, but smoking rates in Hartcliffe and Withywood are five times those of Clifton Down. Smoking is estimated to cost the city around £111 million each year from costs to the local economy for smoking breaks, and costs to the NHS and social care. In addition, Bristol people spend £125 million on tobacco each year.

4.7. Around 27% of adults in Bristol consume alcohol at a level which could harm their health. The links between deprivation and alcohol consumption are not clear cut; but it is known that the actual impact of harmful drinking and alcohol dependence is much greater for those experiencing the highest levels of deprivation. Lawrence Hill has the highest rate of alcohol related admissions, and Henleaze the lowest. The Government Alcohol Strategy 2012 claimed that alcohol misuse cost

English society an estimated £21 billion a year, there are no local estimates.

4.8. There is a national recommendation of at least 150 minutes of moderate activity or 75 minutes vigorous activity per week for adults, and an hour per day for children, but nationally around half of women and a third of men do not meet these recommendations. In Bristol around 40% of people do not do enough physical activity and this, again, varies across the city with 80% of people in Hotwells and Harbourside ward but only 48% of those in Hartcliffe and Withywood reporting that they are physically active. 83% of 15 year olds in Bristol do not meet the recommendations. It is estimated that the NHS in Bristol spends over £3 million each year treating people for ill health caused by physical inactivity.

4.9. Many people are still consuming too much saturated fat, added sugars and salt and not enough fruit, vegetables, oily fish and fibre. These dietary factors combined are now causing levels of disability and death similar to smoking through increasing the risk of developing some cancers, cardiovascular disease and diabetes. People on low incomes spend proportionally more of the household budget on food than better off people and often have a poorer diet; choosing cheaper, less nutritious foods. In Bristol only half of adults and young people consume adequate fruit and vegetables and again this varies across wards with people in Westbury on Trym almost twice as likely to consume the recommended 5 portions of fruit and vegetables as those in Filwood. Poor diet and inadequate physical activity is reflected in obesity levels which again are unequally distributed across Bristol for both adults and children.

4.10. Whilst addressing lifestyle behaviours is essential for both improving healthy life expectancy and reducing the vast inequalities within Bristol, we also have a clear need to understand the drivers behind chosen lifestyles. Lifestyle behaviours often start young and are deeply embedded in people's social and material circumstances and cultural context. These conditions can prevent people from changing their behaviour and can reinforce behaviours that damage health.

4.11. Effective interventions to modify lifestyles recognise the values people use to guide their lives and behaviour and take into account a person's attitudes toward the behaviour without stigmatising individuals or groups. Promoting mental wellbeing, a positive attitude to health, teaching coping skills and building trust and personal value through friendships, family, community and faith networks, can all positively affect a person's lifestyle behaviour and ability to make better health choices throughout life.

4.12. There are a number of cost effective interventions to address the four main lifestyle behaviours that contribute to the four main diseases and lead to most of the early death seen in Bristol. Such interventions also impact on the levels of disability and years lived in poor health and pain experienced by so many, and the health inequalities experienced across the city. Investing in such prevention interventions would not only

pay health dividends for current and future generations but fewer people living with serious conditions would reduce costs to public services, families and carers. We increasingly understand the financial value of investing in these preventative interventions; investing £1 in smoking interventions could return £1.93 in 5 years; investing £1 in alcohol interventions could return £644 and investing £1 in physical activity could return £54 in 5 years.

4.13. Effective smoking cessation services, smoke free environments and supportive social networks are all necessary to increase people's chances of quitting smoking. Cost effective smoking cessation interventions include mass media campaigns, brief advice from health professionals and specialist smoking cessation services in the community, workplaces and secondary care. In recent years, e cigarettes have become popular amongst smokers to support quitting and research around cost effectiveness is awaited.

4.14. Reducing access to cheap alcohol through pricing mechanisms and advertising bans is seen as essential to protect the most vulnerable from the harms from alcohol and need to be driven at a national level. Cost effective interventions to reduce consumption include brief advice from healthcare professionals within primary care, hospital wards and accident and emergency. Alcohol treatment from specialist teams and on-line cognitive behavioural therapy are cost effective in treating dependency. Alcohol care teams in acute hospitals delivering brief interventions, detoxification support, and co-ordinating community based specialist treatment have also been shown to be cost effective.

4.15. Cost effective interventions to improve physical activity include improvements to the built environment to promote physical activity such as cycling and walking. Multicomponent programmes within schools and workplace settings to promote physical activity and active travel to schools and work have shown success. Primary care practitioners (such as GPs and pharmacists) can identify inactive people and offer brief advice and information about local opportunities to be physically active.

4.16. There are a number of interventions to improve population diet that need to be actioned by central government, such as restrictions on advertising of unhealthy foods, better food labelling and a tax on high sugar products. Locally, there are a number of effective interventions that we can take; increase the procurement of healthier food and drinks within public settings; implement national campaigns such as Change 4 Life to increase awareness and understanding of what constitutes a healthy diet; deliver healthy diet training to those who have opportunities to influence food choices in the catering, fitness and leisure sectors; and deliver multicomponent programmes around healthy eating in schools and workplaces.

4.17. Since lifestyles are often clustered, a more integrated approach to behaviour change has been recommended. The Making Every Contact Count (MECC) programme is about front line workers across the public

and voluntary sector having brief, opportunistic chats with the people they support, and signposting them to appropriate services.

4.18. The MECC approach is also an important part of the approach towards making health everyone's business. Strong partnership working results in limited resources being used efficiently and effectively for the benefit of the population. By working together and sharing expertise, experience and commitment to achieving better outcomes we can achieve more than if we work alone. Health therefore needs to be an integral part of policy and practice across all sectors of the city.

4.19. Smoking, alcohol, physical inactivity and poor diet are important contributors to both early death and to disability. They are a major driver of the health inequalities observed within Bristol and have a significant financial impact on individuals, families and society. A number of cost effective interventions have been outlined, which if implemented at scale, could have a demonstrable impact on the health and inequalities within the city. However, it is important also to appreciate that the lifestyles people adopt are affected by multiple factors: the physical environment, socio economic conditions, social norms and networks and mental wellbeing. Therefore the solutions to addressing these lifestyles need also to take into account these drivers of poor lifestyles. This requires a holistic, whole city approach and for health to become everyone's business.

Proposal – DPH Report 2016 recommendations

1. The Director of Public Health should work through Bristol Health and Wellbeing Board and other stakeholders to implement the 4:4:48 prevention model to address modifiable unhealthy lifestyle behaviours (including smoking and tobacco, alcohol misuse, poor diet and lack of physical activity) and put 'Health in All Policies'.
2. The Health and Wellbeing Board should oversee an audit of current prevention and early intervention programmes against the evidence based interventions set out in this report and identifies any gaps.
3. The Bristol Children and Families Partnership Board should seek to strengthen cost effective public health programmes aimed at children and their families to give them a better and healthier start in life (specifically targeting those who experience the greatest disadvantage).
4. Bristol City Council's Public Health Team should coordinate the roll out of a 'Making Every Contact Count' training programme for multidisciplinary front line staff to improve health and wellbeing.
5. The Director of Public Health will work with the emerging Mayor's City Office, other city partnerships, the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan and the West of England devolution deal to find ways to strengthen and consolidate public health effort.

Other Options Considered

5. None

Risk Assessment

6. If prevention and early intervention measures are not put in place then more people will become ill and face an early death. The cost of treating and caring for ill people will continue to rise putting more stress on overstretched public funds.

Public Sector Equality Duties

8a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following "protected characteristics": age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
- tackle prejudice; and
- promote understanding.

8b) Public Health produce health needs assessments of the lifestyle behaviours identified in this report and equalities data is an integral part

of those documents. Actions to target the lifestyles and diseases identified in this report are informed by health needs assessment equalities analysis.

Legal and Resource Implications

Legal

<Consult Legal Division - relevant solicitor will provide a view which should be typed in here>

(Legal advice provided by *<Insert name and job title>*)

Financial

(a) Revenue

<Consult Finance Division>

(b) Capital

<Consult Finance Division>

(Financial advice provided by *<Insert name and job title>*)

Land

Not applicable

Personnel

Not applicable

Appendices:
None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:

The Director of Public Health Annual Report 2016 is available at:
https://www.bristol.gov.uk/policies-plans-strategies/director-of-public-health-annual-report