

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 29th March 2017

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WARD(S): All

PART I **FOR DISCUSSION**

STRATEGIC DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2016-17

1. **Purpose of Report**

This report is the annual independent report from the Strategic Director of Public Health. It focuses on the causes of early deaths (<75 years) which lead to inequalities in outcomes for our communities. It summarises improvements made in reducing infant mortality and focuses on the preventable lifestyle risk factors which require further improvement to reduce health inequalities in adults.

2. **Recommendation(s)/Proposed Action**

The Board is requested to:

- 1) Note the reduction in infant mortality and in early deaths from cardiovascular disease (although the latter remains above the England average);
- 2) Debate the current partnership actions underway to address the lifestyle factors that are amenable to change; and
- 3) Approve the draft annual report (at Appendix A).

3. **The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the Joint Needs Assessment (JSNA) and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities**

The annual report directly reflects the Slough Joint Wellbeing Strategy's (SJWS's) priority of increasing life expectancy by focusing on inequalities. More broadly, this report and the work conducted under the Public Health Grant, support the SJWS priorities in the following ways:

- Vulnerable children through the universal and targeted 0-19/25 programme
- Health – supporting the emotional and physical health of children, young people and adults to encourage healthy eating, safe alcohol consumption and tackle poor cardiovascular health
- Safer Communities – supporting the Safer Slough Partnership through the work of the drug and alcohol team's commissioned services

3b. The JSNA

The JSNA highlights the importance of lifestyle factors on health, and the rising rates of cardiovascular disease and diabetes in Slough which impact on premature death rates.

3c. Five Year Plan Outcomes

The annual report outlines the impact of premature deaths in Slough. Actions to tackle these issues, and the Public Health Grant more broadly, supports the following outcomes of the Slough Borough Council's Five Year Plan:

- More people will take responsibility and manage their own health, care and support needs
- Children and Young People in Slough will be healthy, resilient and have positive life chances

4. Other Implications

(a) Financial - None

(b) Risk Management - None

(c) Human Rights Act and Other Legal Implications - There are no Human Rights Act implications to the proposed action.

(d) Equalities Impact Assessment (EIA) - Not required. The key theme of the report is early deaths under the age of 75 years. The inequalities in terms of lifespan begin at birth and are affected by the medical provision in the person's country of origin as well as the risk factors shown here.

5. Summary

- The Director of Public Health's annual report is a professional statement about the health of local communities, based on sound epidemiological evidence, which is interpreted objectively.
- It focuses on tackling premature mortality, deaths that occur before 75 years (avoidable deaths) and highlights how this is a key driver for improving life expectancy and reducing health inequalities.
- It also briefly shows how major improvements would be achieved through systematically and visibly addressing preventable causes of death.

6. Supporting Information

6.1 There is a statutory requirement for the Director of Public Health to produce a publically available annual report that:

- Contributes to improving the health and well-being of local populations, and tackling health inequalities
- Promotes action for better health, through measuring progress towards health targets.
- Assists with the planning and monitoring of local programmes and services that impact on health over time.

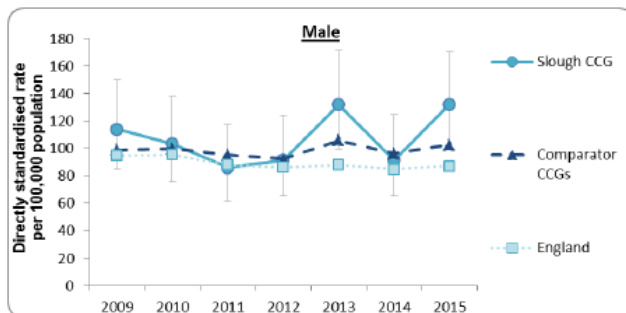
Aims of the 2016-17 Annual Report

6.2 Tackling premature mortality, deaths that occur before 75 years (avoidable deaths) is a key driver for improving life expectancy and reducing health inequalities. Avoidable deaths include those categorised as: *amenable deaths*, those driven by problems/reduced access to health care and *preventable deaths*, those driven by wider public health issues.

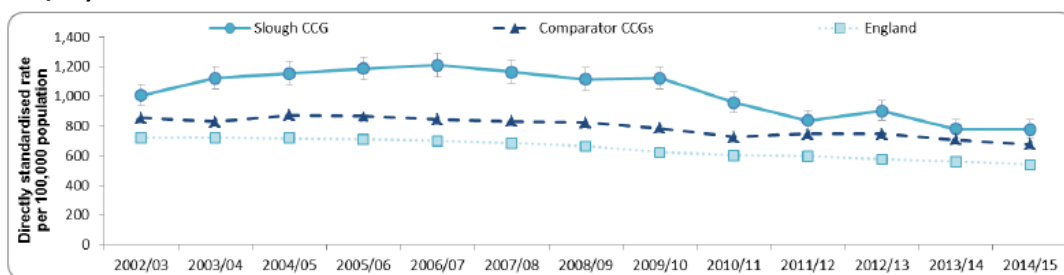
6.3 In Slough, mortality rate from causes considered preventable are increasing in males and higher than England average, while for females they are decreasing and similar to England average. Preventable deaths are more common in men.

6.4 The annual report briefly shows how major improvements would be achieved through systematically and visibly addressing preventable causes of death. Ischaemic heart disease is the single disease where prevention would have the biggest impact. Unsurprisingly, the prime causes of avoidable deaths also cause significant number of hospital admissions.

Rates of early death from cardiovascular disease in Slough CCG



Emergency admissions for cardiovascular disease per 100000 population directly standardised rate (2010/11-2015/16)



Source: Public Health England (2016); Cardiovascular Disease Profiles

6.5 The annual report summarises the key public health issues that impact on preventable deaths. It highlights the impact that lifestyle factors have on the health of our residents. The STP in Frimley has identified those approaches from national evidence that will make an impact on health outcomes and care over the next 5 years.

6.6 It presents more fully the evidence behind these lifestyle factors, the impact that these factors have on the individual in terms of health risks and the impact these factors have in driving demand for care.

6.7 It also presents some of the evidence for action. Hopefully the annual report will provide professionals with new information on lifestyle factors and a different perspective on drivers for increasing demand that will change the nature of the conversation about prevention and self care.

6.8 If we are to make a difference to our health and our subsequent need for health care then we need to make a radical change in how we as individuals and communities

take responsibility for our own health but also as professionals support individuals and communities in addressing quite entrenched habits and lifestyles.

Children and Avoidable Deaths

6.9 Whilst the annual report is focussed on adults, where lifestyle factors have measurable impact, there are still avoidable deaths in children.

6.10 In 2014, just under a third of deaths (32% or 1,443 out of 4,571) in children and young people aged 0 to 19 years in England and Wales were from causes considered avoidable through good quality healthcare (amenable) and wider public health interventions (preventable).

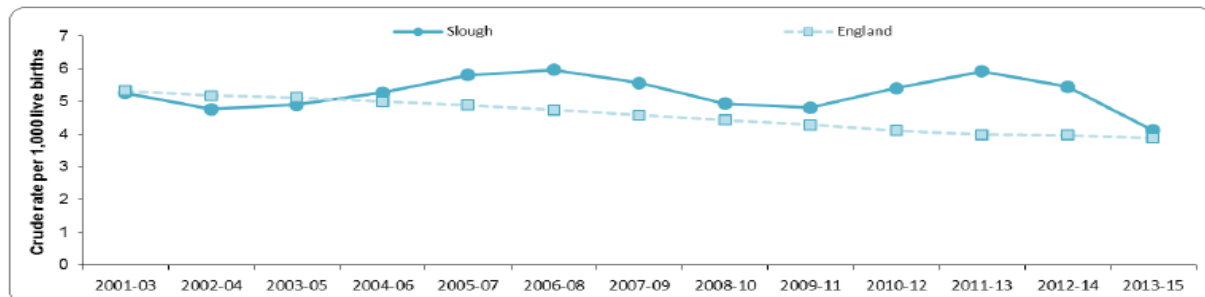
6.11 Avoidable deaths in children and young people made up 1% of all avoidable deaths in 2014. Similarly to adults, males aged 0 to 19 years were more likely to die from avoidable causes than females. Male deaths accounted for around 63% (911 out 1,443) of avoidable deaths in children and young people.

6.12 Nationally the single cause with the highest number of avoidable deaths in children and young people was accidental injuries (195 deaths; 14% of all avoidable deaths in this age group). This was followed by complications during the perinatal period (childbirth), suicides and self-inflicted injuries, transport accidents and congenital malformations of the heart.

6.13 The Child Death Overview Panel continues its work to review each child's death within Berkshire and to identify and take action on any emerging underlying themes. The trend for reducing number of child deaths continued during 2015/16. In Slough the majority of child deaths under the age of 1 year are due to low birth weights, congenital anomalies and are avoidable through continued work on smoking cessation in pregnancy, foetal monitoring, genetic counselling and high quality obstetric care.

6.14 Injuries which are the prime cause of avoidable deaths in children also cause a significant number of admissions nationally, whereas admissions for children from Slough are now significantly better than the England average.

Rate of deaths in infants aged under 1 year in Slough and England (2001-03 to 2013-15)



Source: Public Health England, Public Health Outcomes Framework (2016)

Update on last year's SDPH annual report (2015-16)

6.15 Last year's annual report focussed on children and the major causes of ill health, but also on how education and life chances had complex but interlinked relationships with health. It stated that the transfer of health visiting services into local authority commissioning was an opportunity to link all early year's services and maximise the support given to all families through the mandated services but also to pay close attention to those families with more vulnerability. The new specification for 0-19/25y services makes those links.

6.16 With regard the wider determinants of health and its impact on children, last year we noted the key role education plays in promoting good health. This year Slough remains the similar to, or better than, England average on all Public Health Outcome Framework education-related indicators, from school readiness at the end of Reception to attainment of 5 GCSEs (A*-C).

6.17 In last year's report we also noted that children are high users of services, sometimes for conditions that could be prevented. With regards to hospital admissions, admission for lower respiratory tract infection and overall admissions from epilepsy, asthma and diabetes have both reduced in Slough following peaks in 2014/15.

7. **Comments of Other Committees**

7.1 The annual report has not been considered by any other Committees.

8. **Conclusion**

8.1 This year's annual report allows for a debate on the work underway across organisations, communities and individuals to:

- Tackle the risk factors that drive ill health
- Promote action currently underway and planned; and
- Generate a new momentum to tackle these risk factors

9. **Appendices**

A - Annual Strategic Director of Public Health's Report 2016-17

10. **Background Papers**

Slough Clinical Commissioning Group (CCG) locality profile 2016

<http://www.slough.gov.uk/council/joint-strategic-needs-assessment/jsna-summary-and-why-we-need-it.aspx>

Public Health Outcomes Framework <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000049/pat/6/par/E12000008/ati/102/are/E06000039>