


PublicHealth

Annual Report 2013

*The science and art of preventing disease,
prolonging life and promoting health*



The 'bigger picture' around population health



A Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life



The focus of this year's annual report is around how local

government rises to the challenge of inequalities and an aging population. It describes the current health of the people of Torbay and the inequalities in health outcome experienced locally.

April 2013 saw responsibility for Public Health move from the NHS to local government. Torbay Council is now responsible for commissioning a wide range of local public health and health improvement services and receives a dedicated ring fenced budget to meet this new duty¹.

The national and local vision for Public Health² is 'to improve the health of the population and the health of the poorest, fastest'. This remains a challenge, but also an opportunity. Action to address health inequalities and improve health outcomes cannot be solved by NHS treatment alone, however excellent and well regarded the treatment is.

The evidence of the Marmot³ review is that 'the link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus.' In other words, action needs to be taken to improve the inequalities in social conditions within our area in order to improve the health of our population overall.

The opportunity is that by returning responsibility for Public Health to the council, we can now harness the wider services of the council to improve health, with a particular focus first and most in the areas of greatest disadvantage.

The areas of greatest disadvantage have significantly lower life expectancies compared to those living in the least disadvantaged. This gap in life expectancy has widened in recent years, and is now some 12 years for males and 8 years for females. The cause of this increase in gap is multifactorial; however mortalities from cancers and circulatory related diseases are the highest recorded causes of this gap. We need to look at the causes of these diseases in our disadvantaged areas.

The public health perspective is to prevent disease and ill health and promote health and wellbeing. Services commissioned across Torbay are preventative and are aimed at increasing life expectancy, and reducing the burden of disease on the population.

We have an older population in Torbay, one with experience, knowledge and skills. However, as we age, our health deteriorates. Our deteriorating health places significant pressures on the health and social care system.

We need to promote health across the population, today's middle aged population are tomorrows older population. Preventing tomorrow's ill health needs to be done today. Understanding how we can achieve this together is the theme of this report.

This report has set out to highlight the opportunities for council services to reduce social inequalities and improve health. It is my last one as Director of Public Health for Torbay. Whilst we still have some particular challenges locally, I feel that the enthusiasm and commitment of local councillors and council staff to focus services on improving health will make a real difference to the health of our local population.

Debbie Stark, Torbay Director of Public Health

Ageing population and life expectancy

Managing the ill health of an ageing population is a challenge for Torbay

We are lucky enough to live in a world where medical advances, improved understanding of illness and disease are contributing significantly to increasing our life expectancy. As a society, we are living longer than ever before. However as society ages, the volume of ill health that needs managing is also increasing. This places pressure on the health and social care system.

Age is arguably the biggest risk factor for health, as we age our chance of developing different long term conditions increases. The burden of ill health is generally higher in our poorer communities through an accumulation of inequalities.

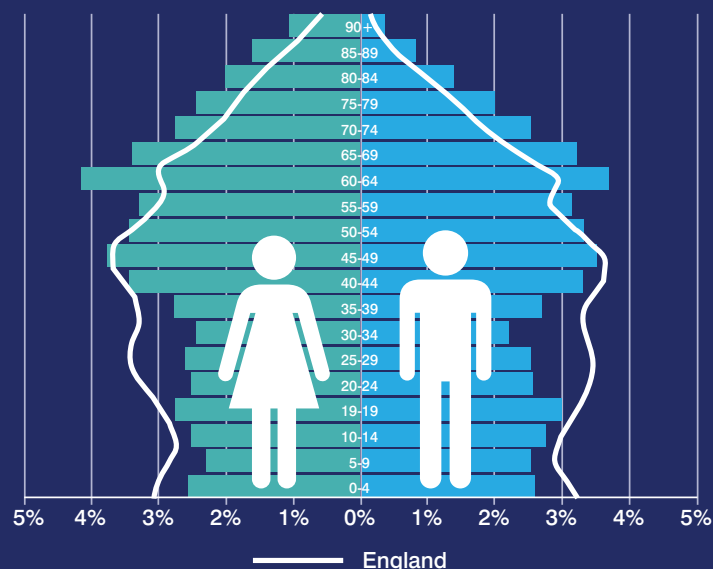
Torbay has a higher proportion of older people in the population compared with the national average. This higher proportion is expected to increase over the coming years⁴.

On our current trajectory, and assuming today's prices, we may expect the over 85 population to cost the NHS in Torbay (Hospital care) around £1m⁵ more in 2020 compared to today, based on demographic change alone.

We must ensure we have a local system in Torbay that is fit for our aging population. Across South Devon and Torbay, there is nationally recognised joined up care across the health and social care system to manage this pressure now, and as it increases over the coming future. The recent awarding of Pioneer Bid status to the local community builds on Torbay's historic integrated work, and as it increases over the coming future.



Population pyramid for Torbay compared to England, 2011 Census



Life expectancy lowest for the poorest in society

Life expectancy at birth is the average number of years a new born baby would survive if they experienced the age specific current mortality rates for that particular area and time period throughout their future life.

In Torbay, life expectancy at birth has generally increased overtime. However in recent years life expectancy for both males and females in the bay has increased slower than the national average. The latest estimates for 2009/11 show a significant gap between female life expectancy in Torbay compared to England. That is life expectancy for females in Torbay is significantly lower than the England average⁶.

2009/11 Life expectancy (years)

	Females	Males
England	82.9	78.9
South West	83.7	79.8
Torbay	82.2	78.4
Cornwall	83.3	79.2
Devon	84.0	80.3
Plymouth	82.1	78.0

Widening gap in life expectancy and premature mortality

Widening gap in life expectancy

Within Torbay, life expectancy at birth isn't evenly distributed across our population. Torbay's more deprived (lower income) communities live, on average, between around 8 (females) and 12 (males) years less than those in less deprived communities. Life expectancy at birth for those born between 2009 and 2011 is some 86.3 years for males born in Churston with Galmpton, compared to 74.6 years for males born in Roundham with Hyde. For females, this is some 87.8 years for those born in Goodrington with Roselands and 80.0 years for those born in St Mary's with Summercombe. Latest national estimates suggest an equivalent gap of around 8 years for males and 6 years for females.

Torbay life expectancy estimates at birth for 2009/11, by gender and deprivation quintile



The gap in life expectancy has widened in recent years. This widening of the gap is multifaceted and is the result of various factors; however diseases such as cancer and circulatory related diseases constitute a significant part of this increasing gap. More specifically, the big killers are lung cancer, prostate cancer in males and breast cancer in females, and circulatory diseases such as stroke, chronic ischaemic heart disease and acute myocardial infarction⁷.

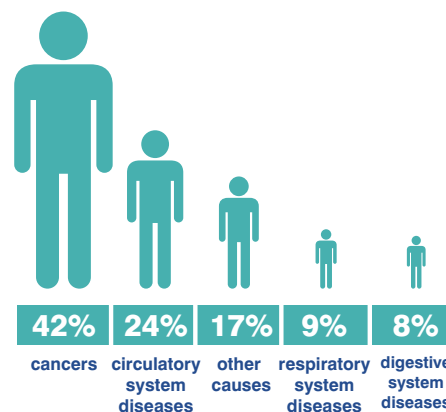


Cancers and circulatory diseases account for around two thirds of premature mortalities

On average, around 500 people die prematurely in Torbay per year. The burden of premature mortality is not equally distributed across the population. With almost 4 in 10 deaths in the more deprived communities being to people aged less than 75, compared to less than 2 in 10 in our least deprived communities.

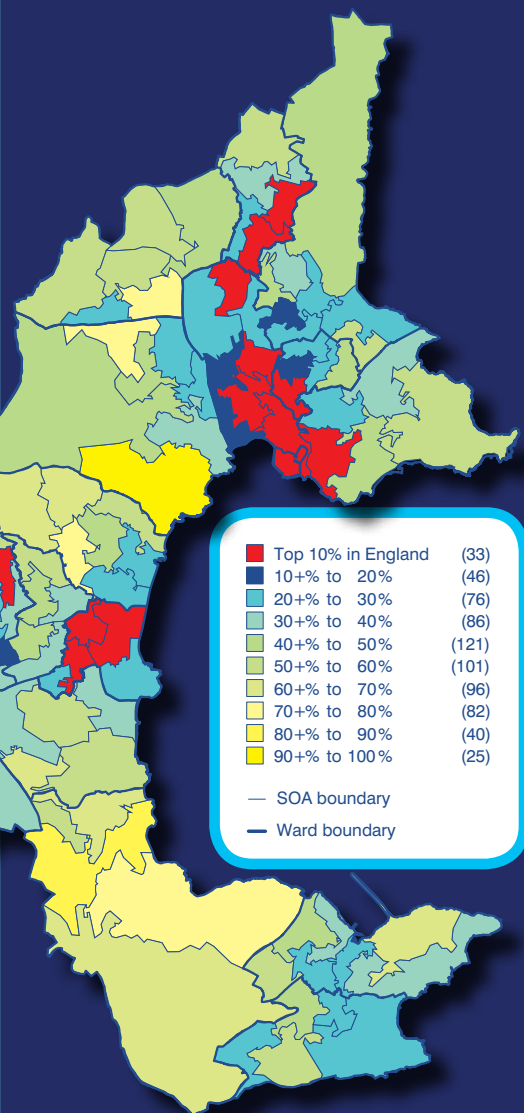
Two thirds of premature mortalities in Torbay are for cancer and circulatory related diseases of the circulatory system, that's around 190 people dying before their 75th birthday per year from cancer and around 110 people dying before their 75th birthday for circulatory related diseases⁷. To reduce premature mortality, we need to look at the causes of causes for these diseases in our disadvantaged areas. Moving 'upstream' to try and prevent the disease in the first place is better for both individuals and the tax payer than relying on treatment alone.

Torbay mortalities under 75 years proportion by disease in 2008/10



Understanding and tackling inequalities in the Bay

2010 Index of Multiple Deprivation (SOA Rank)



Inequalities remain a challenge for Torbay

Health inequalities are when different people experience different health outcomes. For example, higher rates of people dying prematurely in one community compared to another community. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (known collectively as 'health inequities') and can be avoided or mitigated, for example, risk taking behaviours such as smoking or excessive alcohol consumption, or a poor living environment or lack of access to open spaces.

The English Indices of Multiple Deprivation are a national set of indicators that model deprivation at both local authority level and also at small areas. The Index of Multiple Deprivation is constructed from a weighted model; the model is weighted in favour of income and employment.

Torbay's relative position within recent models of deprivation has shown a worsening situation. With an increasing population living in the top 10% most deprived in England.

Key findings:

- Torbay is within the top 20% most deprived local authority areas in England for the rank of average score and the rank of local concentration.
- Overall levels of relative deprivation have worsened in Torbay, with an estimated 21,000 residents living in areas considered in the top 10% most deprived in England, compared to an estimated 15,500 in 2007.

The map illustrates the geographical distribution of relative deprivation in Torbay for the Index of Multiple Deprivation⁸. The small coloured areas are known as LSOAs (Lower Super Output Areas), areas in red are areas considered within the top 10% most deprived in England. Torbay's electoral wards are shown with the slightly thicker lines.

Inequalities are multi-faceted, with complex relationships between individuals and areas. Understanding these relationships is important in attempting to reduce the overall picture of inequalities that exist in Torbay. Local authorities are uniquely placed to tackle health inequalities, as many of the social and economic determinants of health, and the services or activities which can make a difference, fall within their remit.

How do we improve Public Health in the Bay and reduce the gap in life expectancy?

The Health and Social care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Torbay's Health and Wellbeing Board became operational from the 1st April 2013, and includes elected members, the Director of Public Health, the South Devon NHS Clinical Commissioning Group (who buy our health care), Healthwatch, the Director of Adult Social Care and the Director of Children's Services.

Torbay's Health and Wellbeing Strategy is focused on three principles for improving our collective health⁹:

First & Most - Focusing attention and effort to address the wider health and wellbeing inequalities that exist between communities within the Torbay

Early intervention - Improving overall outcomes and ultimately reducing cost with a focus on prevention rather treatment

Integrated and joined up approach - Joining up planning, commissioning and delivery at a local level

Risk taking behaviours

higher in Torbay

A risk taking behaviour is one that places individuals at an increased risk of poorer health outcomes. Risk taking behaviours are generally started, and are higher, through adolescence and continue into adulthood. Risk taking behaviours are also strongly linked to our more deprived communities.

Smoking, a big risk factor for premature mortality

Smoking is by far the most important preventable cause of premature mortality for cancer, and circulatory related diseases across our population.

In Torbay 1 in 5 adults is a smoker. Children born in our more deprived communities have a higher chance of being born to mothers who smoke.

Around 1 in 3 mothers in our more deprived communities smoke during pregnancy, compared to around 1 in 20 in our least deprived.



Stop smoking services helped people quit smoking in Torbay last year

Sexual health

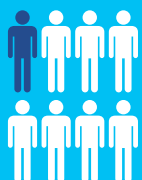
Good sexual health is important for all. It is important to have the right support and services to promote good sexual health for all people of all ages.

Sexual Health services are available for all people in Torbay, although there is an additional focus on young people under the age of 25.

There is an increased degree of risk taking behaviour in the under 25 sexually active population in Torbay – this is evidenced by an increase in acute sexually transmitted infections between 2009 and 2012. Chlamydia remains the most prevalent of these infections, and has been targeted accordingly for screening (testing and treatment) through several settings including acute care, general practice, young person's outreach services and pharmacies.

In Torbay these services are based on need and includes sexual and reproductive sexual health services

1 in 8 young people tested in Torbay have Chlamydia.



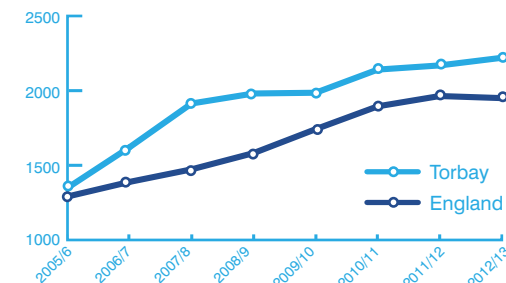
and activities aimed at reducing the number of unplanned pregnancies and the overall number of young people who become pregnant

High levels of premature mortality from liver disease

Most people who have alcohol-related health problems are simply people who have regularly consumed more than the recommended levels for some years. Over time, this can cause serious health problems, such as liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack.

There has been a gentle decline in the numbers requiring alcohol treatment over the past 12 months and we have witnessed an increase in the proportion who exited treatment successfully.

Although rates have been increasing nationwide, alcohol-related hospital admissions are significantly higher in Torbay than the national average.



Directly standardised rate per 100,000 for alcohol-related hospital admissions over time

Successful drug treatment, but legal highs becoming an increasing challenge

Torbay has above average proportions of clients successfully leaving treatment drug free, most of whom are maintaining their recovery in the community and not re-presenting back into treatment having relapsed.

In 2012/13 there were 660 adults in drug treatment, or which 560 were opiate and or crack users.

There is also the emerging theme of novel psychoactive drugs, otherwise known as 'legal highs' – These drugs mimic, or claim to mimic, the effects of illegal drugs. Although these drugs are marketed as legal substances, this does not mean they are safe or approved for people to use - it just means they have not been declared illegal to use and possess. This presents a challenge to services given the ever changing nature of them.

Preventing long term conditions to reduce future burden of ill health

Mental Health

Our health is about more than just the absence of disease. Our mental wellbeing is just as important. Around 1 in 4 people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. This includes depressions, anxiety and wider diseases such as dementia¹⁰.

The number of people with dementia is increasing. In Torbay there are around 1,250 registered patients on the dementia disease register (just under 4% of the over 65 population). However, population level prevalence estimates suggests the number of persons with dementia is nearer 2,500 (around 7.5% of the over 65 population). As society ages, the number of people with dementia is expected to increase.

Is the rise in obesity due to how we live our lives?

Obesity is a term used to describe somebody who is very overweight with a high percent of body fat. Being obese increases your risk of developing a number of serious and potentially life-threatening diseases, such as:

- type 2 diabetes
- heart disease
- some types of cancer, such as breast cancer and colon cancer
- stroke

In addition, obesity can damage your quality of life and can also trigger depression.

Most cases of obesity are caused by eating too much and moving too little. Consuming high amounts of energy in your diet without burning off the energy through exercise and physical activity, the surplus energy is turned into fat.

Children in Torbay are, on average, less obese than the national average. However there has been an increase in the proportion of children considered as overweight in the bay¹¹.

Modelled estimates, using the Health Survey for England 2008 suggest that more adults in Torbay are obese, 27.6% compared to the England average of 24.2%.

Vaccinations, immunisations and screening programmes

help prevent ill health and protect the population

MMR is a safe and effective combined vaccine that protects against three separate illnesses - measles, mumps and rubella (German measles) - in a single injection. The full course of MMR vaccination requires two doses. The percentage of children receiving both the 1st and second dose by their 5th birthday in 2012-13 was slightly lower in Torbay, at 86.4%, compared to 87.7% for England.

The annual seasonal flu vaccine campaign last winter saw a lower proportion of under 65's receiving their vaccine in Torbay. The percentage of persons aged 65 and over immunised against Influenza (seasonal flu) in Torbay was 69.7% compared to 73.4% across England.

The proportion of women being screened for both breast and cervical cancer is slightly higher than the national average, with 77.1% being screened for breast, and 79.5% for cervical compared to 75.4% and 78.3% for England respectively.

The NHS health check is aimed at those aged 40 to 74 and who are at risk of developing heart disease, stroke, type 2 diabetes or kidney disease. From the 1st April 2013, Torbay Council undertook the commissioning of this through GP's across Torbay. Since the 1st April some 34.1% of those offered a health check have taken it up.



The challenges and opportunities going forward



Torbay's demographic profile is one with more older people and higher levels of inequalities. Having an older population isn't necessarily a challenge, but having an aging population in ill health will present a challenge to the health & social care system.

There is also a widening gap in inequalities in the bay, with children born in some communities expected to live significantly shorter lives than children born into other communities. The outcomes across the life course for individuals in our more deprived communities tend, on average to be worse.

Preventing the burden of ill health in tomorrow's older population needs to be considered today to reduce future pressures on the health and social care system.

Most effective actions to reduce health inequalities will come through action to tackle the social determinants of health. To date, attempts to reduce health inequalities have not, according to Marmot³, systematically addressed the background causes of the social determinants and ill health and have tended to rely on tackling lifestyle causes (such as smoking), through behaviour change programmes.

Health inequalities are likely to persist between socioeconomic³ groups, even if lifestyle factors (such as smoking) are equalised across socioeconomic groups, if we don't address the fundamental causes of inequality. Reducing health inequalities requires significant changes to investment patterns, but, even without considering the moral and social justice case, the financial costs of doing nothing about health inequalities will be even more significant.

The poster (over leaf) presents an opportunity to understand how some of the services provided and commissioned by the local authority can influence the people of Torbay's health and wellbeing.

There are three opportunities going forward:

1. Principles such as '**first and most**' are a key approach to reduce the scale of inequalities across Torbay. Focusing solely on the most disadvantaged in Torbay will not reduce health inequalities sufficiently. To reduce the gap in inequalities, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage i.e. our more disadvantaged communities are targeted first and most.
2. **Pioneer bid** status will bring organisations together to support integrated care across the health and social care system for the population of Torbay and Southern Devon. It will be important for the NHS (Hospital and commissioners) as well as the Council to try to prevent ill health to reduce future pressures on demand.
3. **Focus on determinants** such as parks, green spaces, housing, employment and education. Torbay Council commissions services to directly improve the population's health such as smoking cessation, drug and alcohol support and NHS health checks through the local authority public health grant. However there are wider opportunities for the Council to indirectly improve Torbay's health; such as promoting a healthy community through the local plan, making the healthy option the easy option, improving the standard of housing in the bay, lifting individuals and families out of poverty.

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