

Office of the Director of
Public Health Annual Report

Cabinet

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Director of Public Health for Plymouth
Annual Report 2013 - 2014

Local Government Local Public Health

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Office of the Director of Public Health
Plymouth City Council

Plymouth Health Profile 2013

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	67150	26.2	20.3	83.7		0.0
	2 Proportion of children in poverty	10190	22.6	21.1	45.9		6.2
	3 Statutory homelessness	221	2.0	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1650	57.5	59.0	31.9		81.0
	5 Violent crime	5548	21.4	13.6	32.7		4.2
	6 Long term unemployment	1561	9.2	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy †	612	18.7	13.3	30.0		2.9
	8 Starting breast feeding †	2322	70.1	74.8	41.8		96.0
	9 Obese Children (Year 6) †	413	19.6	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	46	92.0	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) †	189	44.6	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	22.1	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	23.4	22.3	25.1		15.7
	14 Healthy eating adults	n/a	24.9	28.7	19.3		47.8
	15 Physically active adults	n/a	59.2	56.0	43.8		68.5
	16 Obese adults †	n/a	24.6	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	48	19.1	14.5	28.8		3.2
	18 Hospital stays for self-harm	662	261.9	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm †	6638	2265	1895	3276		910
	20 Drug misuse	2372	13.9	8.6	26.3		0.8
	21 People diagnosed with diabetes	11784	5.3	5.8	8.4		3.4
	22 New cases of tuberculosis	13	5.2	15.4	137.0		0.0
	23 Acute sexually transmitted infections	2281	889	804	3210		162
	24 Hip fracture in 65s and over	227	402	457	621		327
Life expectancy and causes of death	25 Excess winter deaths †	151	20.7	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.0	78.9	73.8		83.0
	27 Life expectancy – female	n/a	82.1	82.9	79.3		86.4
	28 Infant deaths	16	5.0	4.3	8.0		1.1
	29 Smoking related deaths	430	230	201	356		122
	30 Early deaths: heart disease and stroke	181	66.1	60.9	113.3		29.2
	31 Early deaths: cancer	329	120.1	108.1	153.2		77.7
	32 Road injuries and deaths	60	23.5	41.9	125.1		13.1

Introduction

Determinants where local government makes a difference to people's health and wellbeing.



Chapter 1

What makes people healthy or unhealthy in Plymouth?

Six themes are briefly considered in relation to the question, 'What makes people healthy or unhealthy in Plymouth?'

- People
 - Gender & Age
 - Ethnicity
- Health and lifestyle issues
 - Smoking
 - Alcohol
 - Self-reported general health
- Local economy
 - Deprivation
 - Employment
 - Pay
 - Productivity
- Built environment
- Natural environment
- Global ecosystem

Chapter 2

People-centred public health

Three areas concerning people-centred public health are considered:

- Homes and health in Plymouth
- Improving quality in dementia services
- Health improvement including NHS Health Checks

“Money spent on dealing with poor housing is money invested in health – when local authorities act to improve housing conditions, there is a resulting financial benefit to the health sector”

Warwick Law School with the Building Research Establishment (2010).

Chapter 2

People-centred public health

Improving quality in dementia services

People aged 65 and over predicted to have dementia in Plymouth, projected to 2020
(Source: www.poppi.org.uk version 8.0)

	2012	2014	2016	2018	2020
Aged 65-69	168	175	173	156	151
Aged 70-74	267	288	312	352	355
Aged 75-79	481	493	504	521	561
Aged 80-84	744	754	778	801	835
Aged 85-89	728	767	822	861	900
Aged 90 and over	659	689	748	807	865
Total population aged 65 and over	3,047	3,166	3,337	3,498	3,667

Chapter 2

People-centred public health

Health improvement including NHS Health Checks

The programme focuses on early detection of cardiovascular disease through screening the target population every five years.

It will promote opportunities for health improvement and early access to treatment where necessary. In Plymouth 39 of the 41 GP practices are engaged in the NHS Health Checks Programme.

Chapter 3

Healthy places

The Marmot Review shows that socio-economic inequalities, including the built environment, have clear effects on the health outcomes of the population.

Further work by the Marmot Review Team's 'Implications for spatial planning report' highlights the links between the 'place' and the public's health.

The report identified a number of factors where the evidence of the relationship with health was particularly strong. These include:

- Pollution
- Green/Open space
- Transport
- Housing
- Community participation and social isolation

Chapter 4

Public health intelligence

Local government must use the best available intelligence to effectively deliver its new public health responsibilities. This requires access to appropriate information and a wide range of evidence from a number of sources. The Council's public health intelligence function underpins the delivery of public health practice across all three of the domains of public health practice:

Health protection
Health improvement
Healthcare public health

- The Public Health Outcomes Framework
- Area profiles
- 'Healthy Smiles' evaluation
- 'Hearty Lives' evaluation
- Survey of health visitor caseloads
- National Child Measurement Programme
- Suicide audit
- Joint Strategic Needs Assessment Steering Group
- Plymouth Fairness Commission

Chapter 5

The enforcement role of Local Government

The Public Protection Service (PPS) delivers more than 30 functions, which have a fundamental impact on the health of people in the city.

Regulation is used where there is an established link between individual or organisational behavior and environmental conditions and health.

- Vulnerable people
- 'Buy with Confidence' and 'Support with Confidence'
- Doorstep crime and scams
- Noise nuisance
- Filthy and verminous premises
- Infectious disease
- Pest control
- Animals and animal welfare
- Street waste
- Food safety and standards
- Serious accidents
- Alcohol and tobacco
- Air pollution

Conclusion

There is much to do to share the opportunities for health and wellbeing equally for all, across Plymouth's neighbourhoods.

This remains the city's greatest public health challenge.

Key priorities to be taken forward in the coming year include:

- Building on the 'LoveLIFE' campaign, the launch of a 'Healthy Plymouth' campaign to address the poor health outcomes experienced by many of the city's residents
- Taking further action across the life course to reduce rates of smoking, alcohol consumption and obesity in the city
- Raising the awareness of and providing a coordinated approach to the promotion of mental health and wellbeing, helping to build resilience in our local people and communities and to tackle the stigma that surrounds mental health