**Name of meeting:** **Calderdale and Kirklees Joint Health Scrutiny Committee**
**Date:** **14th June 2016**
**Title of report:** **Public health in Calderdale**

## 1. Purpose of report

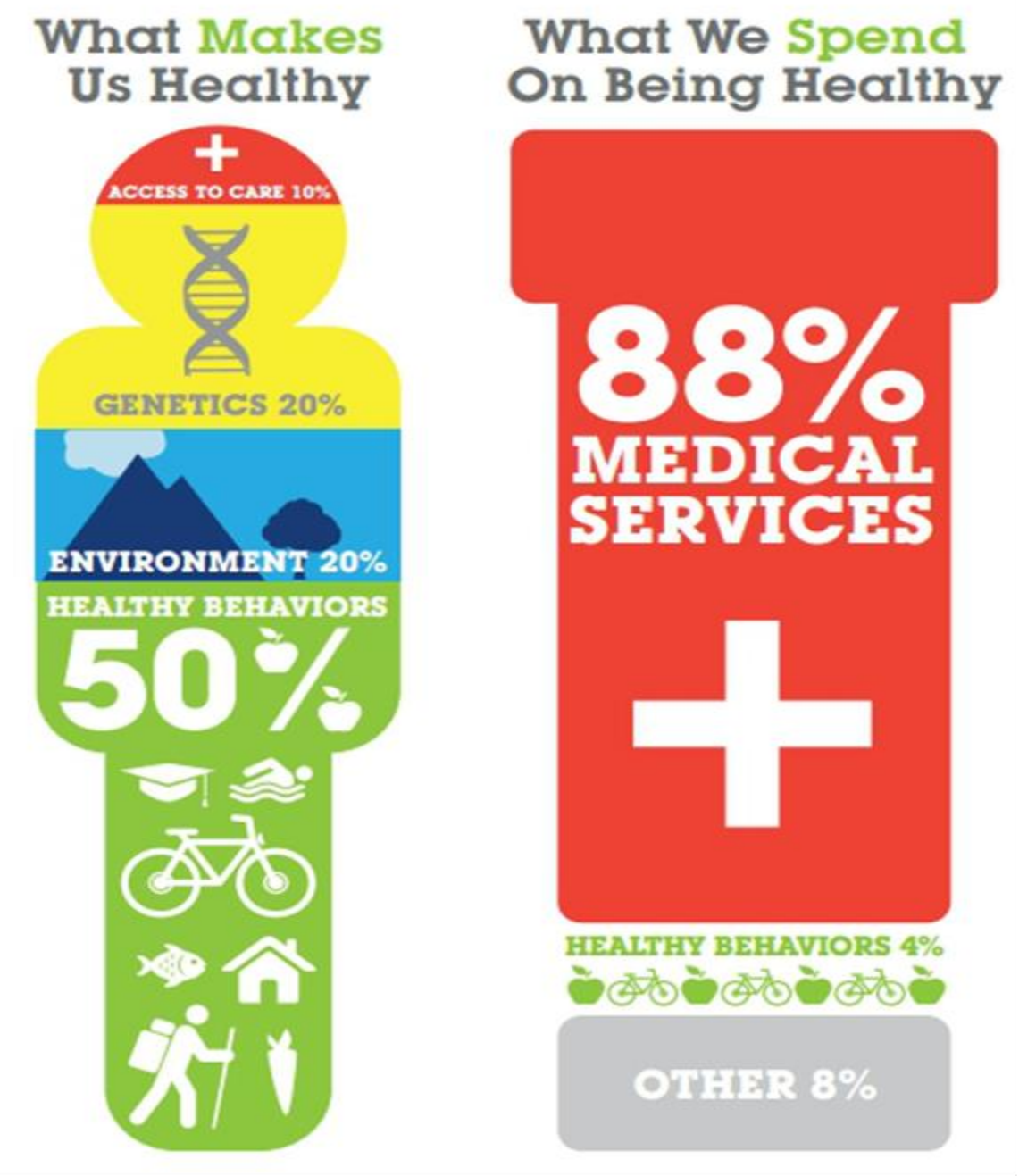
To provide the Panel with information to help them assess

1) The contribution of the hospital reconfiguration proposals to improving health outcomes people living in Calderdale
2) The contribution that public health initiatives will make to "taking demand out of the system"
3) The alignment of the hospital reconfiguration proposals with the Calderdale JSNA and the priorities identified in the Calderdale Wellbeing Strategy

### 1.1 The contribution of the hospital reconfiguration proposals to improving health outcomes people living in Calderdale

Calderdale CCG has fully engaged with the Council and its partners on these proposals to date and we expect this to continue through the implementation. Health indicators will need monitoring if the reconfiguration rolls out and plans will need to be adapted where necessary to ensure the best possible services for our population.

The reality of the impact of hospital reconfiguration on the health of the population is expected to be small. The academic research indicates that health services only contribute between 10-20% of health outcomes in our population. The key determinants of the health of our population are mainly located within environmental and health behaviour domains.




**1.2 The contribution that public health initiatives will make to "taking demand out of the system"**

The first argument in the NHS 5 year Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health.** Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS and social care is on the hook for the consequences.

The reality is that public health budgets - currently the only dedicated resource for prevention - has and will continue to be reduced over the next few years.

Efficiencies in public health spend have been realised recently as more rigorous approaches to procurement and service specifications have been implemented. However the majority of the resources in public health continue to be spent on treatment services. i.e. alcohol and drug services , sexual health services .

System wide public health interventions have demonstrated success in reducing demand. The teenage conception strategy has shown a 50% reduction in teenage conceptions over the past 10 years or so. Smoke-free legislation in public and work places has been associated with reduced acute myocardiaI infarction (heart attack) occurrence by 13% on average from international evidence. (1)

There is a great deal more that can be done. For example, the Chief Medical Officer believes that - like the smoking ban - minimum unit pricing of alcoholic drinks would save lives within a year. According to estimates in a Government consultation paper, a 45p minimum unit price would result in a reduction in consumption across all product types of 3.3%, leading to 5,240 fewer crimes per year, a reduction in 24,600 alcohol-related hospital admissions and 714 fewer deaths per year after ten years. (2)

At a more local level oral health continues to cause both pain and distress amongst children. The NHS routinely collects data on tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under. There were 306 admissions between 2011/12 and 2014/15 (so approx. 77 per year) with a rate of 1052.4 per 100,000. Better dental hygiene, the consumption of less sugar and fluoridation of water supplies would all impact on these preventable causes of admission.

Specific public health initiatives that contribute to “taking demand out of the system” include:

**Demand caused by obesity, alcohol, smoking** – public health commission a range of programmes to help people tackle behaviours that contribute to poor health and increase the likelihood of needing services. A “wellness” model has been re-procured that will deal holistically with a range of lifestyle choices that impact on health and wellbeing rather than traditional single issue services allowing us to support people with a range of issues in one place and make more efficient use of resources as well as increase the chances of helping individuals achieve real change.

**Social isolation and loneliness** – Calderdale CCG and Calderdale Council have embarked on a major intervention to reduce the harm caused by social isolation. Various estimates have put the health harm of isolation at the same level of risk as smoking 15 cigarettes per day. The programme is being evaluated by the University of Lincoln and is due to report within the next two months. Moves to strengthen community services will support broader ranging interventions which reduce population health harm.

**Active Borough Calderdale**, the Council in partnership with public voluntary and private sector partners has embarked on a major programme to increase levels of physical activity across the borough. If 40- 79 year olds undertook the levels of activity needed for health then the benefits would include; approximately 160 premature deaths per years would be avoided; there would be 25 fewer new cases of breast cancer; and 17 fewer new cases of colorectal cancer. (3) In the long term there be a large reduction in dementia cases and costs borne by social care would be dramatically reduced.

The paper submitted to the Joint Committee by Kirklees outlines the case for work on ambulatory care sensitive conditions (ACSCs) which are conditions where effective community care and case management can help prevent the need for hospital admission.

### 1.3 The alignment of the hospital reconfiguration proposals with the Calderdale JSNA and the priorities identified in the Calderdale Wellbeing Strategy

The Calderdale Wellbeing Strategy sets out the outcomes needed for wellbeing across our population. Calderdale Health and Wellbeing Board is in the process of revising the Strategy in the light of new guidance, the introduction of Sustainable Transformation Plans and the clear direction of travel to have more integrated commissioning and delivery of health, social care and public health.

The Wellbeing Strategy sets out a range of outcomes, the reconfiguration proposals may help deliver these and has a particularly important role in relation to

- Having the best possible start in life
- Development of positive health behaviours and good health
- Enhancing self-care and resilience

The most recent update of the JSNA (see www.calderdale.gov.uk/jsna ) highlights increasing life expectancy and increasing healthy life expectancy for some, but significant inequalities in health outcomes are increasing. Inequalities in health are demonstrated by the differential rates of use of hospital services. Strengthening community-based early intervention and preventative services will support a reduction in inequalities.

Paul Butcher
Director of Public Health

References

**1 The effects of smoke-free legislation on acute myocardial infarction: a systematic review and meta-analysis**

BMC Public Health BMC series 2013 **13**:529

**2** Home Office, A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour, November 2012, chapter 5

3 Public Health England Health Impact of Physical Inactivity 2013