



Portsmouth
CITY COUNCIL

Longer, healthier,
fairer lives



Longer lives

Four risk factors

Four main causes of death

Healthier lives

Long-term conditions

Mental health and wellbeing

Fairer lives

Reduce health inequalities

Address wider determinants

Build social capital

Spending and costs

In 2014/15 the Department of Health allocated £2.79 billion to local authorities in public health grants. These ranged from £185 per head to £22 per head.



4 main risk factors

- Tobacco
- Alcohol
- Poor diet
- Lack of physical activity

4 main causes of avoidable early deaths

- Cancer
- Cardiovascular disease
- Respiratory disease
- Liver disease

Contribution to reduction in life expectancy and health inequalities

64%

Long term Condition Pathways, Co-morbidity



Cancer. CVD, Stroke. Diabetes. COPD. Liver disease. Fragility, falls and fractures. Dementia Neurological

Mental health and wellbeing

Sexual Health , Community Safety . Drugs and Alcohol. Learning disabilities. Health Protection / Public Protection

Relationship problems & family breakdown

Domestic violence

Positive Family Futures
Troubled Families

Offender health

Safeguarding

Health inequalities

Marmot Principles, Fairer Society, Healthy Lives

Best start in life

Education
Parenting

Employment,
Skills, Training

Tackling Poverty
strategy

Workplace
health

Older people
Social isolation

Wider determinants of health

Sustainability

Housing

Transport

Planning

Economy

Arts & Culture

Building social capital

- Asset Based Community development, Rapid Participatory HNA
- Sharing data / intelligence in localities
- Developing Locality Profiles for JSNA
- Agreeing priorities for action, Targeting areas of need
- Multi-agency Locality working
- Development of the Third Sector
- Volunteer programme / Portsmouth Together

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Contribution to reduction in life expectancy and health inequalities

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36,700 adults
aged 18+ yrs smoke

138 early deaths
from cardiovascular
disease pa

Multiple unhealthy behaviours have a cumulative adverse effect on health.

8,300 adults
aged 18 to 64 yrs
alcohol dependent

219 early deaths
from cancer pa

A middle-aged person who smokes and drinks too much and isn't physically active and has a poor diet is **4 times more likely to die** in the next 10 years than a person who has a healthy lifestyle.

84,000 adults
aged 16+ yrs
physically active

54 early deaths
from respiratory
disease pa

98,000 adults
aged 16+ yrs
overweight/obese

28 early deaths
from liver disease pa

Red text = Portsmouth is significantly worse than England

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Contribution to reduction in life expectancy and health inequalities

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	How many people are affected?	Portsmouth compared to England	Yearly city action just to match England average
Obesity	84,000 adults aged 16+ yrs physically active 98,000 adults aged 16+ yrs overweight/obese 206 children 4/5 years (Year R) obese in 2013/14 206 children 10/11 years (Year 6) obese in 2013/14	Significantly lower No worse than England No worse than England	10,000 more active adults 9 fewer children obese 19 fewer children obese
Smoking	36,700 smokers aged 18+ yrs	Significantly higher. Ranked 123 rd worse of 150 LAs	6,400 fewer smokers
Alcohol	37,500 binge drinkers aged 16+ yrs 8,300 adults aged 18-64 yrs alcohol-dependent	Alcohol related admissions Links with domestic violence and children in care	3,500 fewer binge drinkers

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	How many people are affected?	Portsmouth compared to England	Yearly city action just to match England rate
Sexual health	24 teenage girls aged under 16 yrs becoming pregnant each year	Higher	4 fewer teenage girls becoming pregnant
	126 teenage girls aged under 18 yrs becoming pregnant each year	Significantly higher	22 fewer teenage girls becoming pregnant
	2,080 diagnoses of acute STI each year in people of all ages (NB a person could be diagnosed more than once each year)	Significantly higher	403 fewer diagnoses
Substance misuse	9 people aged 15+ yrs diagnosed 'late' with HIV	Significantly higher	2 fewer people diagnosed late
	Very few young people take drugs	NA	
	152 successful discharges from adult drug treatment	Lower than SE	26 more successful discharges

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	Economic costs	Yearly city action just to match England average	Value of investing in healthy lifestyles	2015/16 Funding Levels	
Obesity		10,000 more active adults	1 more child walking to school saves £768 in health costs £1 spent promoting activity in leisure centres etc saves £23	£276k	Integrated Wellbeing Service £1. 032m
Smoking	£58.3m to Portsmouth society	6,400 fewer smokers	£1 spent on smoking prevention programmes in schools saves £15	£366k	
Alcohol	£74m health, crime and absenteeism	3,500 fewer binge drinkers		£893k	

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	Economic costs	Yearly city action just to match England average	Value of investing in healthy lifestyles	2015/16 PCC Funding Levels
Sexual health	e.g NHS, education, welfare system, housing, absenteeism	4 fewer under 16s and 22 fewer under 18s becoming pregnant 403 fewer STI diagnoses 2 fewer people diagnosed late with HIV	£1 spent on contraception saves the NHS at least £11 Early HIV diagnosis costs £12,600 pa. Late diagnosis costs £23,442pa	£3.259M
Substance misuse	e.g crime, NHS, children in care	26 more successful discharges from drug treatment	£1 spent on drug treatment saves £2.50 in NHS, social care and crime	£3.118M

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Long term conditions, Pathways, Co-maturity



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Mental health and wellbeing

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Relationship problems & family breakdown

Domestic violence

Positive Family Futures Programme

Offender health

Safeguarding adults & children

9,678 people

aged 17+ yrs with diabetes

Long term conditions, Pathways, Co-maturity



Diabetes. CVD, Stroke. COPD. Liver disease. Cancer. Fragility, falls and fractures. Neuro

3,281 people

have had a stroke

3,878 people

live with cancer

348 people

aged 50+ yrs have osteoporosis

6,321 people

have CHD

73.8% 25-64 yr old screened for cervical cancer

250 people

aged 65+ yrs injured due to falls pa

4,123 people

have COPD

73.5% 53-70 yr old screened for breast cancer

Red text = Portsmouth is significantly worse than England
Significance not calculated in GP Profiles for other conditions

Fewer young people smoke or have had a whole alcoholic drink

u18 yrs **teenage conception rate** declining

Improving alcohol related hospital admissions rate

Mental health and wellbeing

Sexual Health , Community Safety . Drugs and Alcohol. Learning Disabilities. Health Protection / Public Protection

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Positive Future Families Programme

Offenders' health

Safeguarding adults & children

9,948 people aged 18+ yrs with depression

728 people aged 18+ yrs with a learning disability

53% of people with substance dependency issues who had not previously received treatment

1,941 people with a mental health problem

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Longer

Healthier

Fairer



Spend £1 on	Save	Benefits
Teenage Sexual Health Prevention & Education	£11	Teenage pregnancy health costs
Smoking prevention programmes in schools	£15	Long term health and economic benefits due to reduction in smoking prevalence
Parenting programmes to prevent conduct disorder	£8	Over six yrs
Improving homes	£70	Health costs over 10 yrs
Disadvantaged groups into work	£3	Homelessness, crime, benefits, health care
Befriending	£3.75	Mental health services
Motivational interviewing and supportive networks for people with alcohol or drug addiction	£5	Health care, social care, criminal justice
Drugs treatment	£2.50	Health care, social care, crime

Source: King's Fund. Local Government Association

Wider determinants of health

£1.47m

Health inequalities

Marmot Principles, Fairer Society, Healthy Lives

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Arts & Culture

Building social capital

- Working with the Third Sector
- Sharing data / intelligence in localities
- Multidisciplinary working / multidisciplinary teams / integrated working
- Targeting areas of need / priorities / Locality Profiles
- Volunteer programme / Portsmouth Together
- Community development

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City-wide Alliances

Tobacco alliance and tobacco strategy
 Alcohol alliance and alcohol strategy
 Food partnership and food charter
 Physical activity strategy

Long term conditions, Pathways, Co-maturity

Primary prevention alliances	Integrated healthy lifestyle hubs	Primary Care development	Integrated locality teams	Better Care Fund	Specialist outreach care
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Mental Health and Wellbeing

Mental health and wellbeing strategy
 Mental health commissioning plan
 Sexual health commissioning plan
 Drug and alcohol commissioning plan

Domestic violence strategy
 Positive Family Futures
 Offender health
 Safeguarding Boards

Community Safety strategy
 Health protection and public protection
 Dementia strategy

Health inequalities – Marmot Life course approach

Healthy Child Programme	Integrated Early Years	Healthy School Programme	Employment and Health programme	Tackling Poverty Strategy	Healthy Workplace Charter	Older people and social isolation
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Wider determinants of health

Seminars cross directorate	Work stream cross directorate	Renewal of existing plans & provision	Integrated working
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Building social capital

- Rapid Participatory HNA, Asset Based Community Development
- Sharing data and intelligence
- Development of Locality based JSNA profiles
- Agreeing shared priorities and actions
- Multiagency teams, linking services at Locality level
- Development of the Third Sector
- Volunteering Programme - Portsmouth Together

Building social capital

Outcomes for social capital and community development:

- Community Development approaches integrated into mainstream delivery and development to:
 - Build resilient communities
 - Reduce reliance on services
 - Achieve sustainable behaviour change
 - Empowerment
- Build a strong voluntary and community sector that is utilised effectively to support the wellbeing of communities

Building Social Capital and working with Communities - what does this look like in Portsmouth:

Learning from Pilots and previous approaches such as:

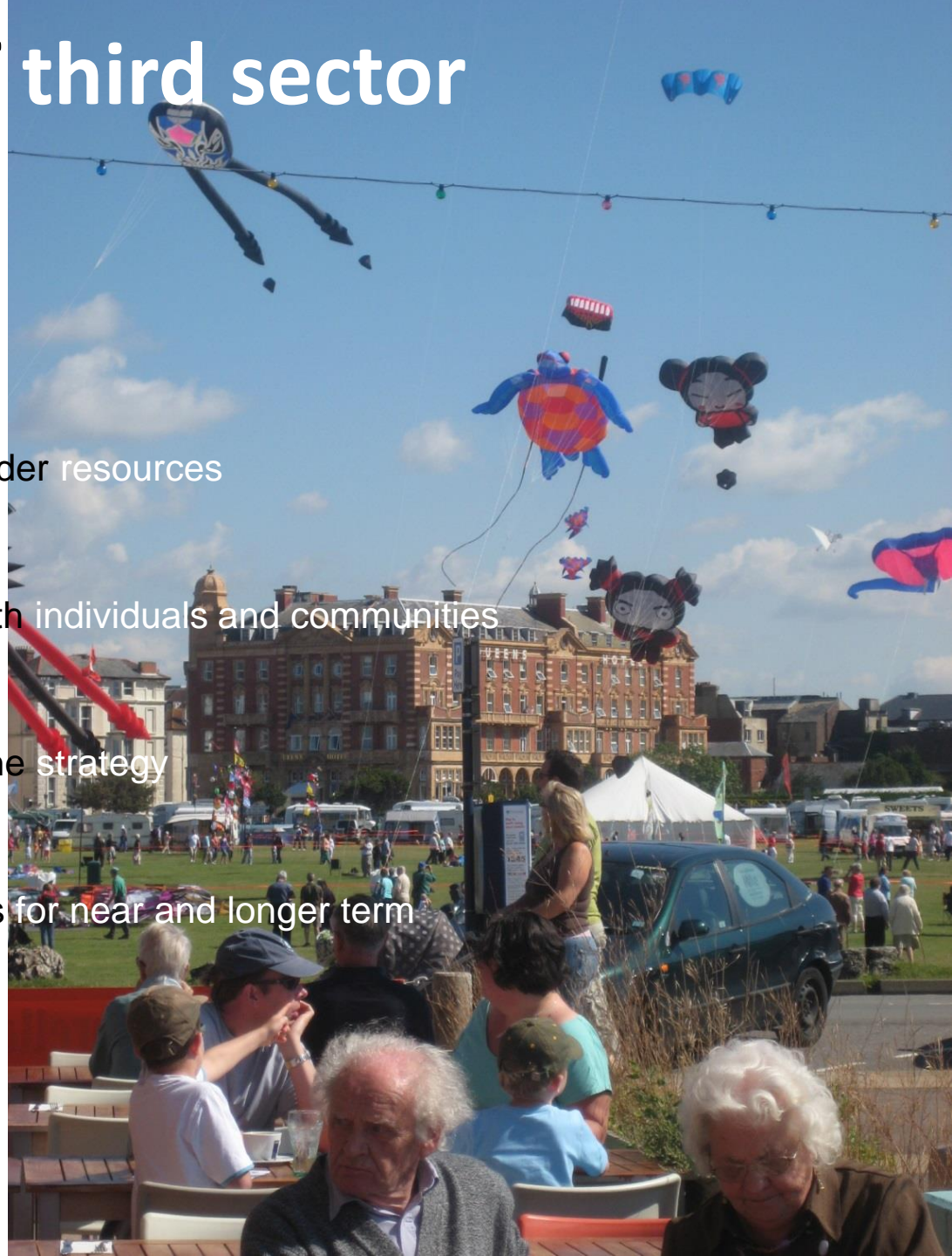
- Locality and neighbourhood working - Sommerstown Health and Well Being Programme Pilot (funded by the CCG)
- Healthy Towns Programme
- Gateway Portsmouth Project - European funded project - integrating migrant women - peer supporters for their communities and capacity building individuals

Approaches to be rolled out:

- Rapid Participatory Health Needs Assessments. Community Asset mapping using tools. Engaging communities to develop community led approaches using existing assets -people, places etc
- Three localities with key neighbourhoods (initial Sommerstown, Fratton and Paulsgrove)
- Voluntary and Community Sector Health and Well Being Capacity Building Programme - in-depth organisational development, consortium development, addressing diversity - providers and communities. Cities of Service
- Commissioning for Social Capital - building into commissioning process and training with workshop in April to take learning from work with New Economics Foundation - extend invite to CCG/other partners
- Peer support development - MECC training for communities and workforce in localities
- Model for working with the wider workforce in localities and neighbourhoods - links with housing offices key and other locality staff
- Community led groups and initiatives eg. Womens groups in Somerstown, building social capital and addressing the democratic deficit

Development of third sector

- Developing capacity in the sector
- Ability of third sector to bring in wider resources
- Ability of sector to work closely with individuals and communities
- Third sector involved in shaping the strategy
- Develop commissioning strategies for near and longer term
- Ensure longer term planning



Alignment with national and local priorities and plans

Alignment with PHE Priorities and strategy

Starting well, Living well, Ageing well

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with **smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol**

2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including **dementia, anxiety, depression and drug dependency.**

3. Protecting the country from **infectious diseases and environmental hazards**, including the growing problem of infections that resist treatment with antibiotics

4. Supporting families to give children and young people the **best start in life.** through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme

5. Improving **health in the workplace** by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives



Links with Faculty of Public Health

12 point plan- Start Well, Live Better



Give children the best start in life

- Implement the recommendations of the 1002 Critical Days cross party report
- Make personal, social, health and economic, and sex and relationship education a statutory duty in all schools
- Reinstate at least two hours per week of physical activity in schools

Help people live healthier lives

- Give everyone in paid employment and training a living wage
- Reaffirm commitment to a universal healthcare system, free at the point of use, funded through general taxation

Introduce good laws to prevent bad health and save lives

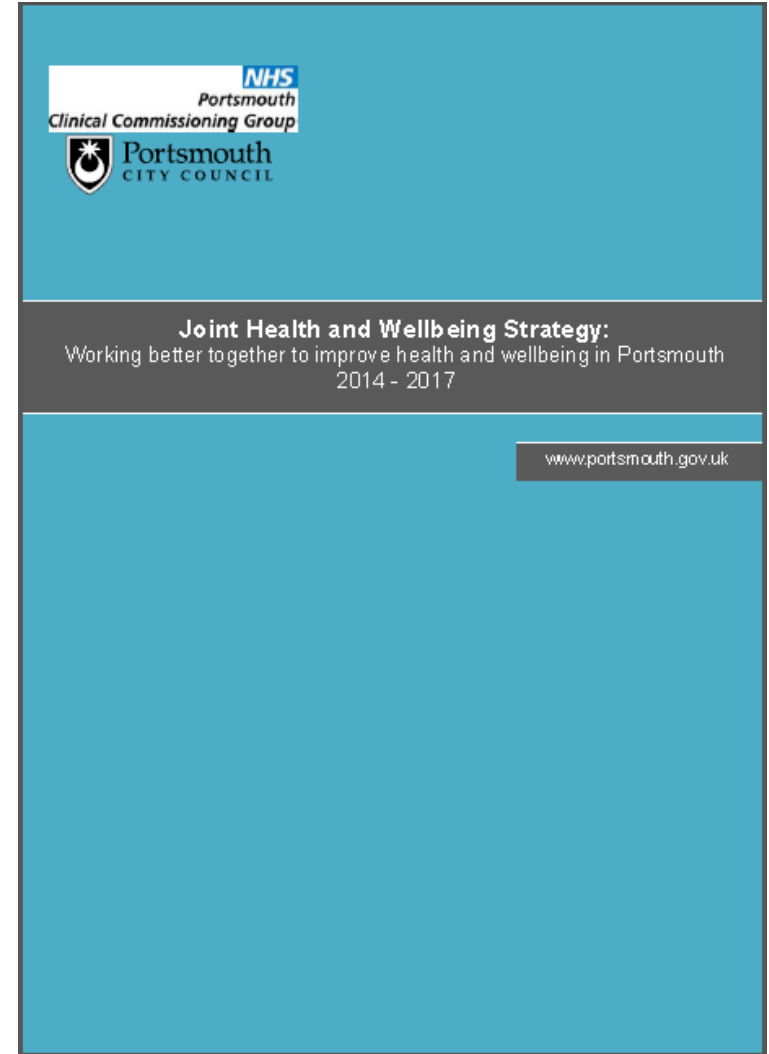
- Stop the marketing of foods high in sugar, fat and salt before the 9pm watershed on TV, and tighten online marketing restrictions
- Introduce a 20% duty (per litre) on sugar sweetened beverages
- Introduce a minimum unit price for alcohol of at least 50p per unit of alcohol sold
- Implement standardised tobacco packaging
- Set 20mph as the maximum speed limit in built up areas

Take national action to tackle a global problem

- Invest in public transport and active transport
- Implement a cross-national approach to meet climate change targets including a rapid move to 100% renewables and a zero-carbon energy system.

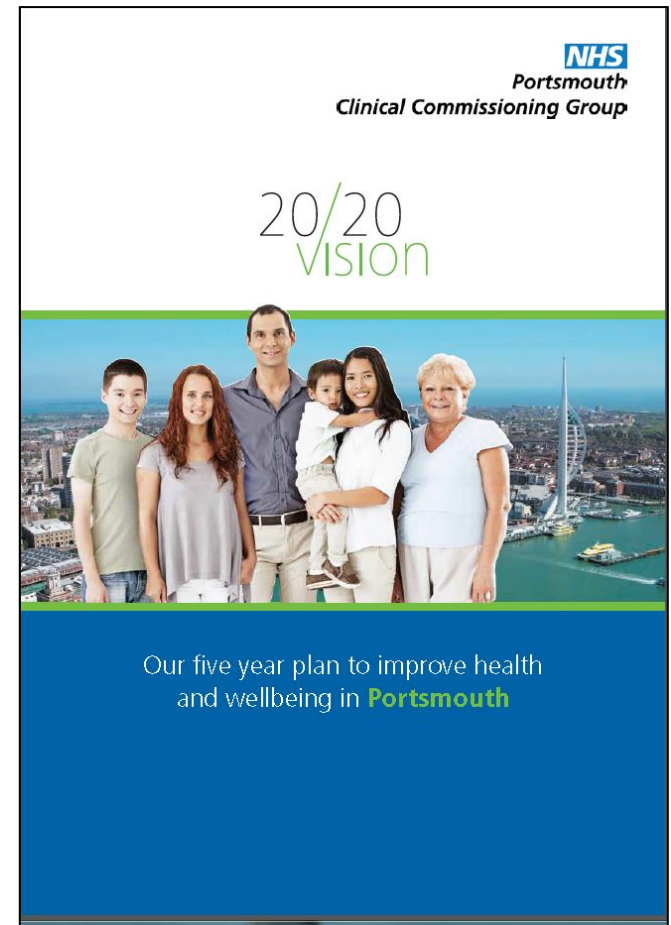
Links to Joint Health and Wellbeing Strategy

1. Best Start in Life
 - Healthy Child Programme / integrated 0-5
 - Emotional wellbeing of Young People
 - Health Schools to support educational achievement
 - Eating healthily/breastfeeding
2. Promoting Prevention
 - Physical activity strategy
 - Smoking, Alcohol, Substance misuse
 - Mental Health and Wellbeing
3. Supporting Independence
 - LTC prevention
 - Integrated Health and Wellbeing Strategy
 - Volunteering
4. Intervening Earlier
 - Multi-agency Teams/Safeguarding
 - Preventing LTC/Better Care Fund
 - Dementia Support and Community Support
5. Reducing Health Inequalities
 - Employment support
 - Focus on men's health



Links to CCG Strategy

- Healthy Child Programme 0-5 yrs
- Improve community based services
- Dementia support
- Right diagnosis, right place, right time
- Equality of treatment
- Better continuation of care
- Focus on long term conditions - prevention, self-care, early diagnosis, improve mental health and CTC, use of technology, community support, community cohesion, reduction in alcohol admissions.



Links across council

Transport and Health
Active Travel

Planning and Health
Creating a Healthy Environment (food, transport, energy, green infrastructure)

Sustainability and Health
Sustainable lifestyle + Healthier Lifestyle (food, transport, energy, greener places)

Housing and Health
Support for physical/mental health (to sustain house tenure/ improve quality of housing, energy use, food processes)

Economy and Health
Better Support (Education and skills in work, generates healthy workforce)

Sources

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Questions