

Rotherham Health and Wellbeing Board
Wednesday 11th January 2017, Aim 4: Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing



Ratcliffe, Consultant Public Health RMBC
lie Kitlowski, Chair Rotherham CCG

Big hearts, big changes

Aim 4: Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing

- Reduce the number of early deaths from cardiovascular disease and cancer
- Improve support for people with long term health and disability needs to live healthier lives
- Increase the opportunities for participation in physical activity
- Reduce levels of alcohol-related harm
- Reduce levels of tobacco use

JSNA Inequalities – Why an issue?

- Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are seen as being unfair.
- The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they've had as well as their lifestyle choices and constitution.
- People from more deprived backgrounds appear to bear the brunt of inequalities.
- Inequalities can exist when comparing Rotherham with the England average and also within the borough.

JSNA – Local Picture

- Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer.
- Within Rotherham, there is a slope of inequality between the most and least deprived parts of the borough.
- The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham.

Public Health Outcomes Framework (PHOF) November 2016 Data

- Gap in life expectancy at birth between each LA and England as a whole (M 36/150; F 17/150) and worsening
- Healthy life expectancy at birth (M 58.9, 28/150 and improving; F 58.7, 21/150 and worsening; Eng. Av. 63.4; Reg. Av. 61.4)
- Slope index inequality in life expectancy at birth within Eng. LAs, based on local deprivation deciles (M 9.5, 50/149; F 7.0, 57/149)

Workshop

- Held 16th March; 17 Attendees
- 1. Workplace Health & Wellbeing
- 2. Community Assets & Health Champions
- 3. Making Every Contact Count (MECC) or 'Healthy Conversations'
- 4. Targeting Communities of Disadvantage (e.g. Health Checks; Equity Audit)
- 5. Self-Care

Focus on MECC

- 16th December: Meeting of Chief Officers/Nominated Leads
- National PHE re-launch: dedicated website; regional network; resources in development (Apps, online training, videos, etc)
- Suggested Themes:
 - Alcohol
 - Healthy weight (Physical activity +/- Diet)
 - Smoking?
 - Mental Health (Loneliness/Isolation?)

MECC Continued...

- Recognition that not making the most of existing opportunities: Directory of Services; One You (not on front pages of all partner websites/points of access); PH TV
- Services (providers & commissioners) will need to plan for increased activity
- Needs to ensure a targeted approach in terms of localities & patient/service user groups
- Organisations need to determine what methods of roll-out will work for them
- Wider than just 'professionals', e.g. community members, hairdressers, taxi drivers, local people.

MECC

- Pilot area for saturation & evaluation purposes e.g. Maltby
- Requires similar messages to be delivered to next generation via schools – focus on big health issues
- Will require both online and train-the-trainer models of delivery
- Resourcing will be a challenge for all organisations, especially to deliver at scale and pace – training requirements considerable
- Budget – investment vs return

Last 12 Months

- PH Equity Audit underway – All PH commissioned services
- NHS Health checks
- Social Prescribing Service – MH Pilot
- Fully integrated Rotherham community model of care-continued progress
- Active for Health – 1st Year of Delivery
- Successful NHS Diabetes Prevention Programme Wave 2 bid
- Care Home Liaison Service
- £4.7m Work & Health SY Funding – Planning
- Integrated Re-ablement Village

Plans for the future

- MECC/Healthy Conversations: training; targeting localities; Secondary Care;
- Share PH Equity Audit findings – widen to other LA/CCG provided/commissioned services
- NHS Diabetes Prevention Programme – focussed on areas deprivation
- Integrated Wellbeing & Behaviour Change Service
- Work & Health Implementation
- Health In All Policies
- Right Care First Time - Respiratory
- STP
- Integrated IT

Recommendations for the board

- Board to consider the approach to themes and give a steer as to the preferred priorities
- Board to endorse the approach that each organisation to be responsible for internal implementation and training (using common resources and methods)
- Board to endorse the suggested approaches of pilot area, locality and service user targeting etc.

Contact details:

Giles.Ratliffe@rotherham.gov.uk