Annual Report of the Director of Public Health Brighton and Hove 2011

Dr Tom Scanlon

Director of Public Health

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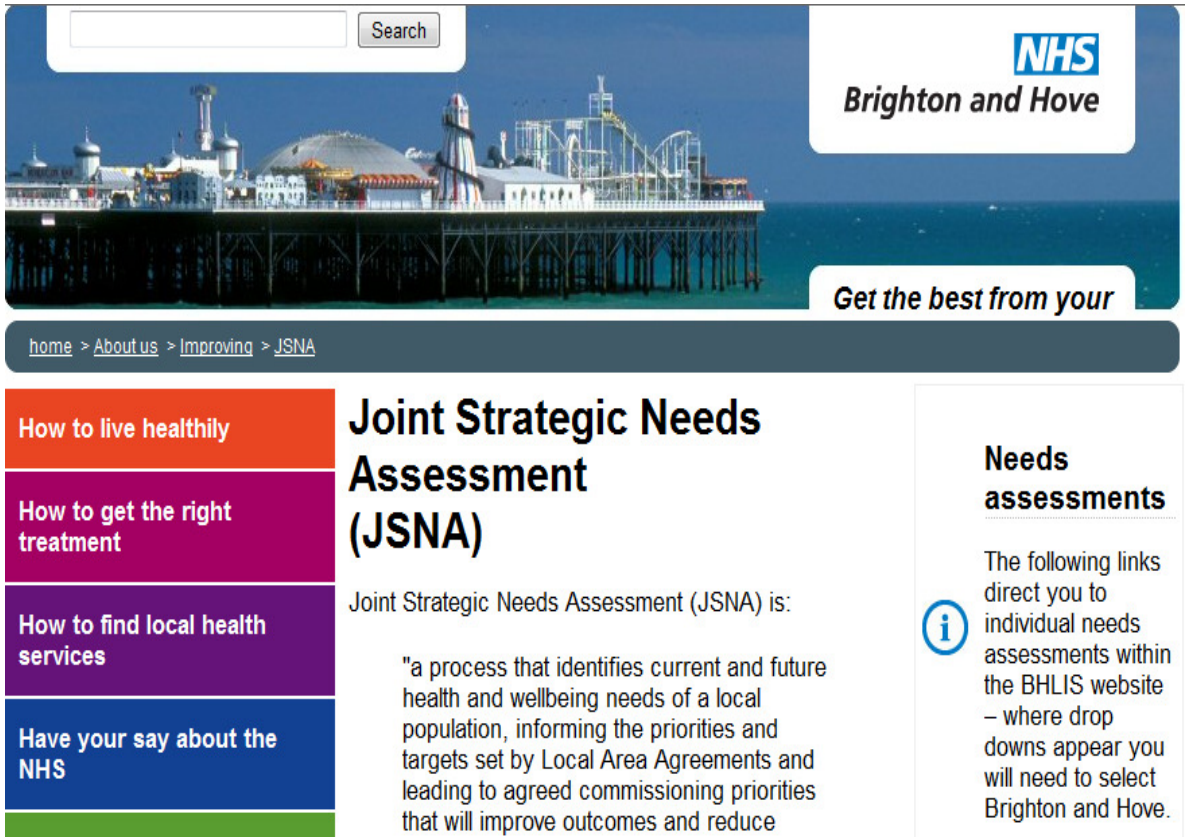
The current context of the Director of Public Health's Report

Not a joint strategic needs assessment summary

Added value – bring something new to the discussion

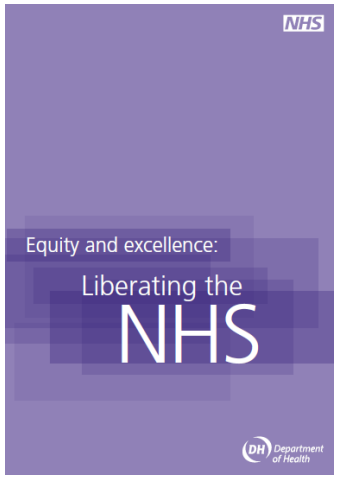
Engage a wide audience

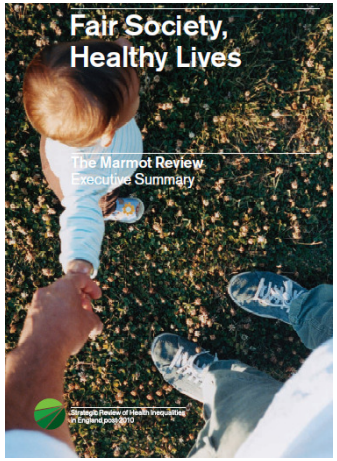


Bring new 'converts' into the Public Health realm

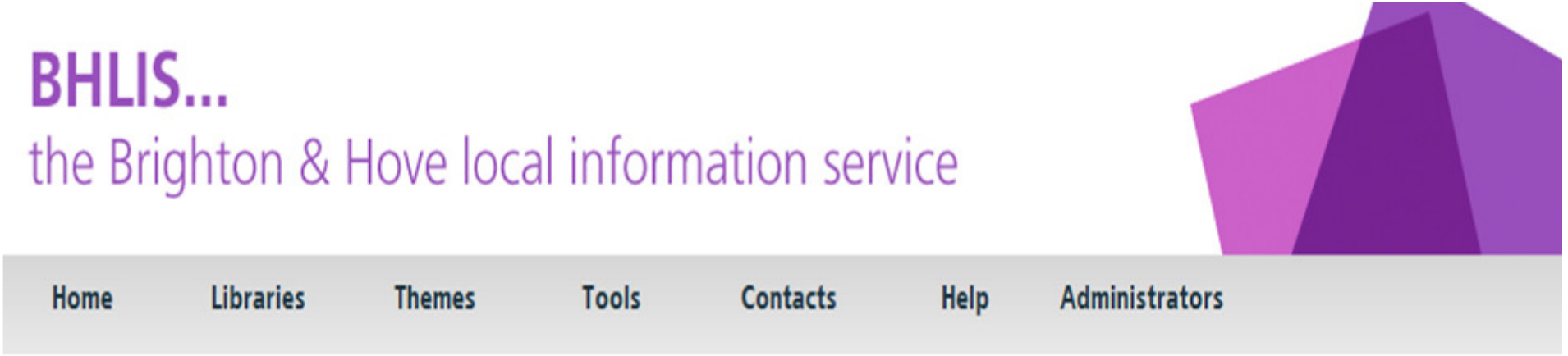
The current political context

- Establishment of clinical commissioning groups
- New collegiate primary care workforce
- Transfer of public health function to local authorities
- Increasing local political influence on health





The technology context



- Paper copy (low cost)
- e-version
- Interactive (BHLIS)
- Up-to-date

Vital

INCLUDES FEATURES ON

Annual Report of the Director of Public Health Brighton & Hove 2011

NHS Brighton and Hove

WHAT'S INSIDE

Annual Report of the Director of Public Health Brighton & Hove 2011

Vital

Closing the gap

269 lives lost needlessly each year in Brighton & Hove

Most people are familiar with improving life expectancy and falling mortality rates. We have come a long way in the last 100 years. However, whilst mortality rates are falling in all social groups, they are falling at a faster rate among the better off and so health inequalities are in fact widening. The latest analysis shows that men in particular in Brighton & Hove have some way to go.

Startling disparities in life expectancy within the city

The average woman in the city can expect to live five months longer than the average woman in England; 82.5 years compared to 82.1 years nationally. However, the average man in Brighton & Hove will live nearly one year less than his national counterpart, just 77.1 years compared to 78.0 years.

Within the city there are more startling disparities with a 7.0 year gap in life expectancy between the most and least deprived women and a staggering 10.1 years gap for men. But is this analysis fair? How do we fare when compared to 'people like us'?

The Office for National Statistics (ONS) compiles tables of so-called 'ONS peers'. These are primary care trusts and local authorities with similar socio-demographic characteristics. Our primary care trust peers are Bristol, Liverpool, Leeds, Newcastle, Plymouth, Portsmouth, Salford, Sheffield and Southampton. For women in Brighton & Hove the news is relatively good with local women having the lowest (all age, all cause) mortality within our peer group. For men it's different – with Brighton & Hove sitting mid table.

How many lives do we need to save to turn this inequality around, and why is it a problem of men?

To achieve the best rate among our peers we would have to save an additional 65 male lives per year and a further 5 (total of 70 additional lives saved) to achieve the England average. If we look at the causes of these deaths we can see that the big mortality areas are cancer and coronary heart disease in both men and women. But the areas where men stand out as different locally in terms of mortality are 'other' and 'external causes'.

continued on page 2

2003-2007 data: contribution of different diseases to gap in life expectancy between top and bottom deprivation quintiles in Brighton & Hove.

Source: London Health Observatory

Brighton & Hove Inequality gap:
Contribution of different diseases to inequalities in life expectancy.

Male Female

"...being average is not what we aim for in Brighton & Hove..."

Brighton & Hove City Council

NHS Sussex

Brighton & Hove City Council

Annual Report of the Director of Public Health Brighton and Hove 2011

Reaching Primary Care

- Interesting and entertaining
- Accessible / ‘readable’ at speed
- Relevant and practically engaging
- Rethink of text AND graphics
- Science / evidence based
- Incentives: CPD, green £s, patient care, curiosity, taking part

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New homeless service – the London Pathway Page 39

What benefit changes will mean for your patients Page 47

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Alcohol – our most popular drug Page 14

The shape of primary care to come Page 18

Avoidable cancer deaths Page 22

Suicide league table Page 29

CPD points

Preventable deaths and inequality audit – 10 CPD points Page 3

Retrospective cardiovascular disease mortality audit – 10 CPD points Page 9

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...being average is not what we aim for in Brighton & Hove...

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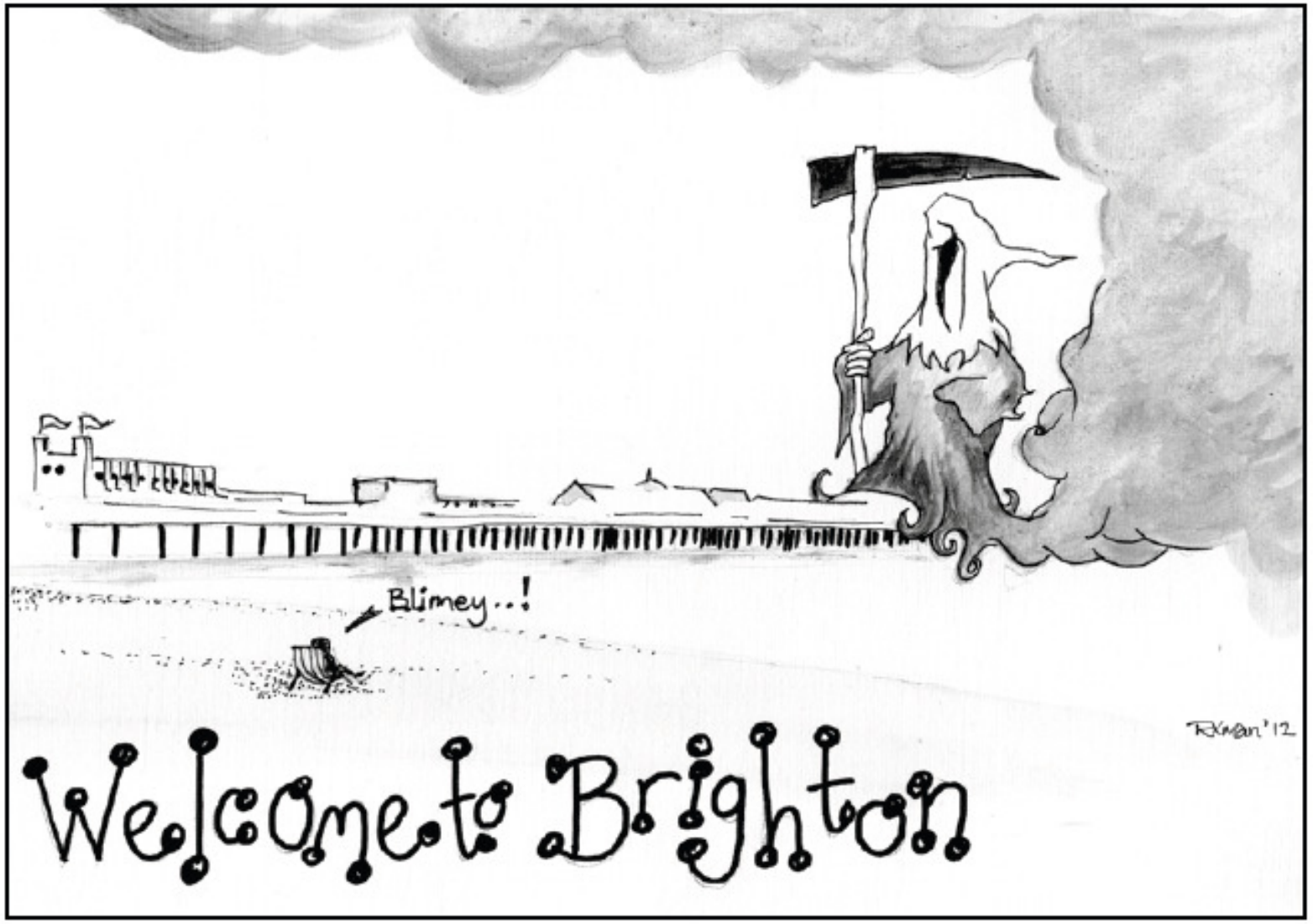
Male Female

Brighton & Hove City Council

Reaching Primary Care
… and a bit of black humour



BHLIS...

the Brighton & Hove local information service

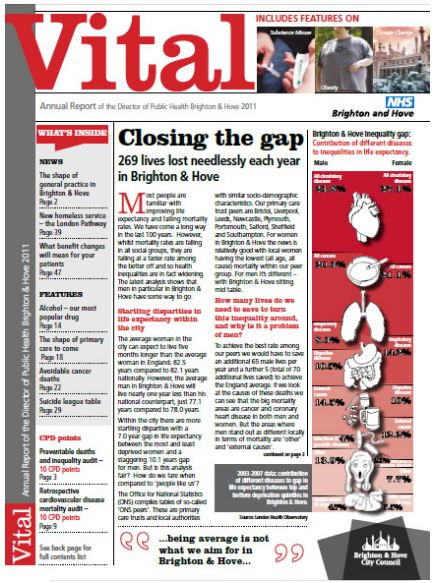
View Libraries

- Data & Maps
- Profiles
- Needs Assessments
- Surveys
- Reports
- Help

Public Health Annual Report 2011

This annual report of the Director of Public Health for Brighton and Hove brings together, for the first time in a publicly available document, public health and primary care data.

Some caution is required in interpretation and readers should avoid drawing over-simplistic conclusions. Please read the following:- Health warning (png, 186kb)



Additional Resouces

Admissions by practice

- Accidents
- All cancers
- CHD
- Mental health
- Stroke

Mortality by practice

BHLIS...

the Brighton & Hove local information service

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Admissions by practice

- Accidents
- All cancers
- CHD
- Mental health
- Stroke

Mortality by practice

- Smoking
- Mortality amenable to healthcare, under 75s

Other data by practice

- Chlamydia screening
- Flu uptake
- LES services
- Life expectancy
- Patient satisfaction

Deaths, Brighton & Hove

- Main causes of death, all ages
- Main causes of death, under 75s
- Main causes of death, over 75s

References

- Bibliography

Content

- **Taxonomy of general practice**
- **Opinion / Editorials / Quotes, Politicians' views**
- **Features**: Alcohol, shape of primary care to come, avoidable cancer, suicide league, smoking, obesity, financial incentives / QOF, killer diseases.
- **CPD**: inequality / preventable death audit, cardiovascular disease audit (learning from good practice).
- **News**: New homeless service, benefit changes, patient survey results, sustainability savings.
- **Clinical**: Diabetes, infection control, vaccination, substance misuse, benzodiazepines, sexual health, COPD, mental health.
- **Inequalities**: housing, education, disabilities.
- **Magazine**: Day in the life, outside interests, cartoons.

Taxonomy of general practice

NHS Sussex

Brighton & Hove City Council

Variables: **Age / ethnicity / deprivation / rural or urban**

- Deprivation score for practice population
- Whether the practice was in an urban area, town or urban fringe area or village, hamlet or isolated settlement
- Percentage of population from Asian ethnic groups
- Percentage of population from Black ethnic groups
- Percentage of population aged 0-4 years old
- Percentage of population aged 5-14 years old
- Percentage of population aged 65-84 years old
- Percentage of population aged 85 years or older

Taxonomy of general practice

NHS Sussex

Brighton & Hove City Council

Variables: **Age / ethnicity / deprivation / rural or urban**

Triangle

Practices with a high percentage of children (under 15 years old) and very high levels of deprivation.

Kite

Practices with large average list sizes, an average proportion of the population under 15 years old, a higher proportion aged 65 years and older, and low levels of deprivation.

Rectangle

Practices with a very low percentage of people under 15 years and a lower proportion of older people (65 years and older) and an above average proportion of the population from Asian and Black ethnic groups. Average levels of deprivation.

Oval

Practices with a higher percentage of older people (aged 65 years and older) with slightly higher levels of deprivation.

Octagon

Practices with a high percentage of the population aged 65 years and older and low levels of deprivation.

Pentagon

Practices with an average proportion of the population in younger and older age groups and generally low deprivation.

Taxonomy of general practice

Practice classifications for Brighton & Hove practices

Triangle

Practices with a high percentage of children (under 15 years old) and very high levels of deprivation.

Broadway Surgery; Park Crescent Health Centre; The Avenue Surgery; Willow Surgery; Whitehawk Medical Practice

Oval

Practices with a higher percentage of older people (aged 65 years and older) with slightly higher levels of deprivation.

Eaton Place Surgery; Ardingly Court Surgery; Sackville Road Surgery; St Peter's Medical Centre; Portslade Health Centre; Central Hove Surgery; School House Surgery; Links Road Surgery

Octagon

Practices with a high percentage of the population aged 65 years and older and low levels of deprivation.

Saltdean and Rottingdean Medical Practice; Wish Park Surgery; Burwash Road Surgery; St Luke's Surgery

Kite

Practices with large average list sizes, an average proportion of the population under 15 years old, a higher proportion aged 65 years and older, and low levels of deprivation.

Hove Medical Centre; Carden Surgery; Warmdene Surgery; Beaconsfield Surgery; Woodingdean Surgery; Hove Park Villas Surgery; Hangleton Manor Surgery

Rectangle

Practices with a very low percentage of people under 15 years and a lower proportion of older people (65 years and older) and an above average proportion of the population from Asian and Black ethnic groups. Average levels of deprivation.

Boots North Street Practice; Stanford Medical Centre; Montpelier Surgery; Seven Dials Medical Centre; Pavilion Surgery; Lewes Road Surgery; University of Sussex Health Centre; Albion Street Surgery; North Laine Medical Centre; Brunswick Surgery; Regency Surgery; Goodwood Court Medical Centre; BHH Morley Street; Ship Street Surgery

Pentagon

Practices with an average proportion of the population in younger and older age groups and generally low deprivation.

Preston Park Surgery; Charter Medical Centre; Mile Oak Medical Centre; Ridgeway Surgery; The Haven Practice; Portslade County Clinic; Matlock Road Surgery

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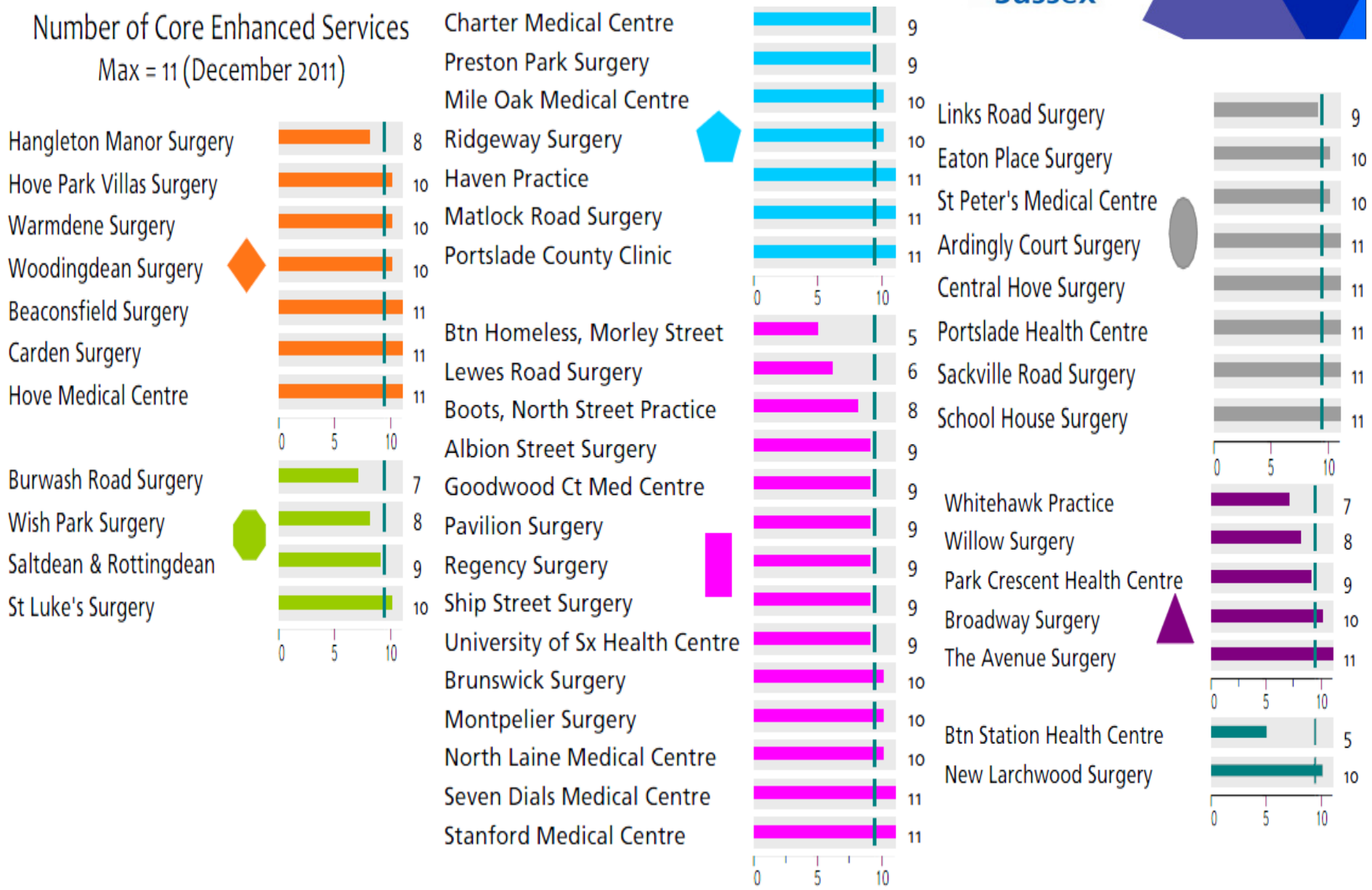
Brighton & Hove City Council



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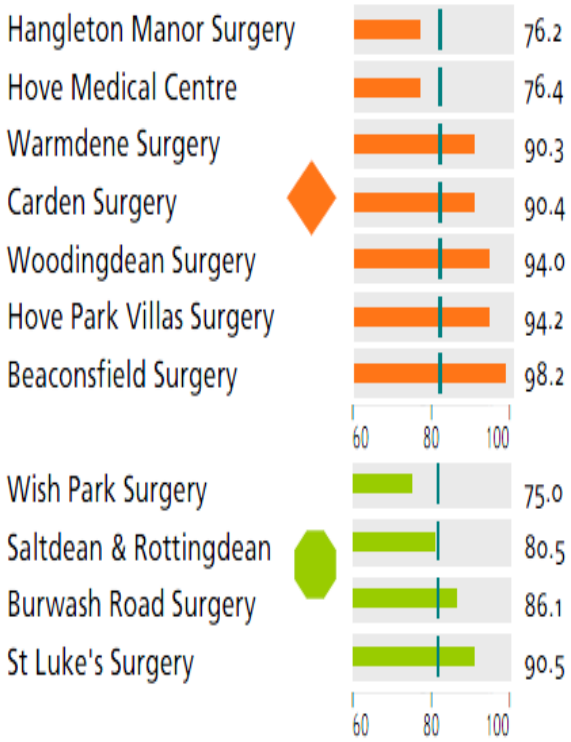
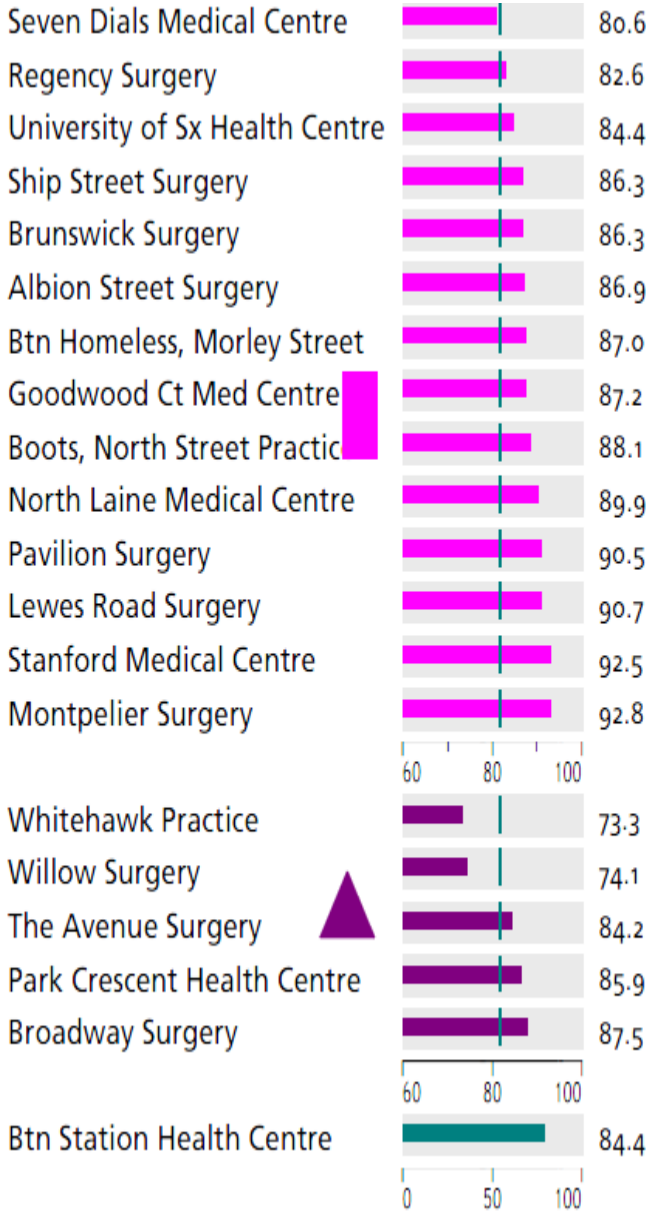
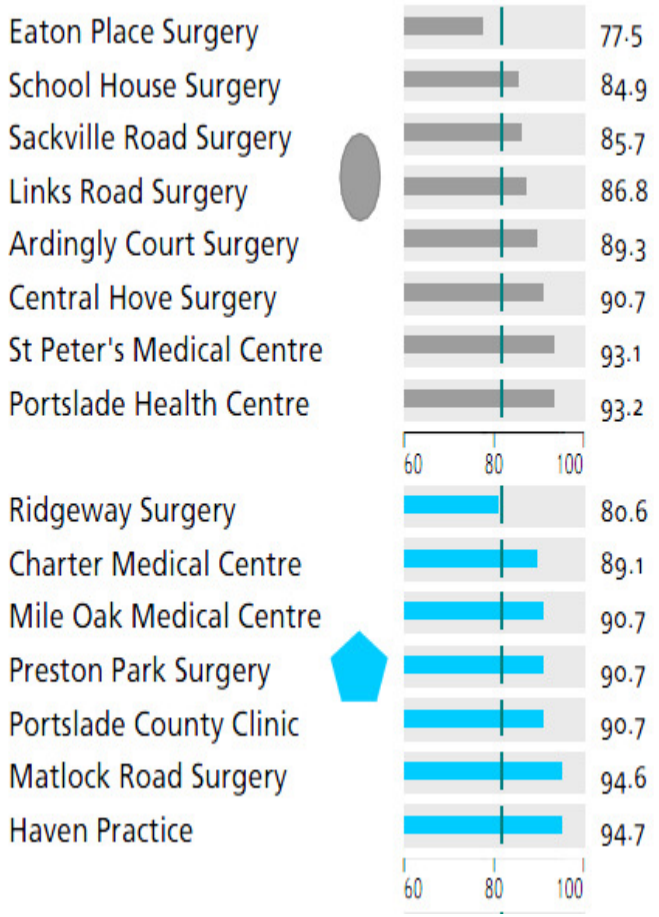
Patient Satisfaction Survey
(% very or fairly satisfied, 2010/11)



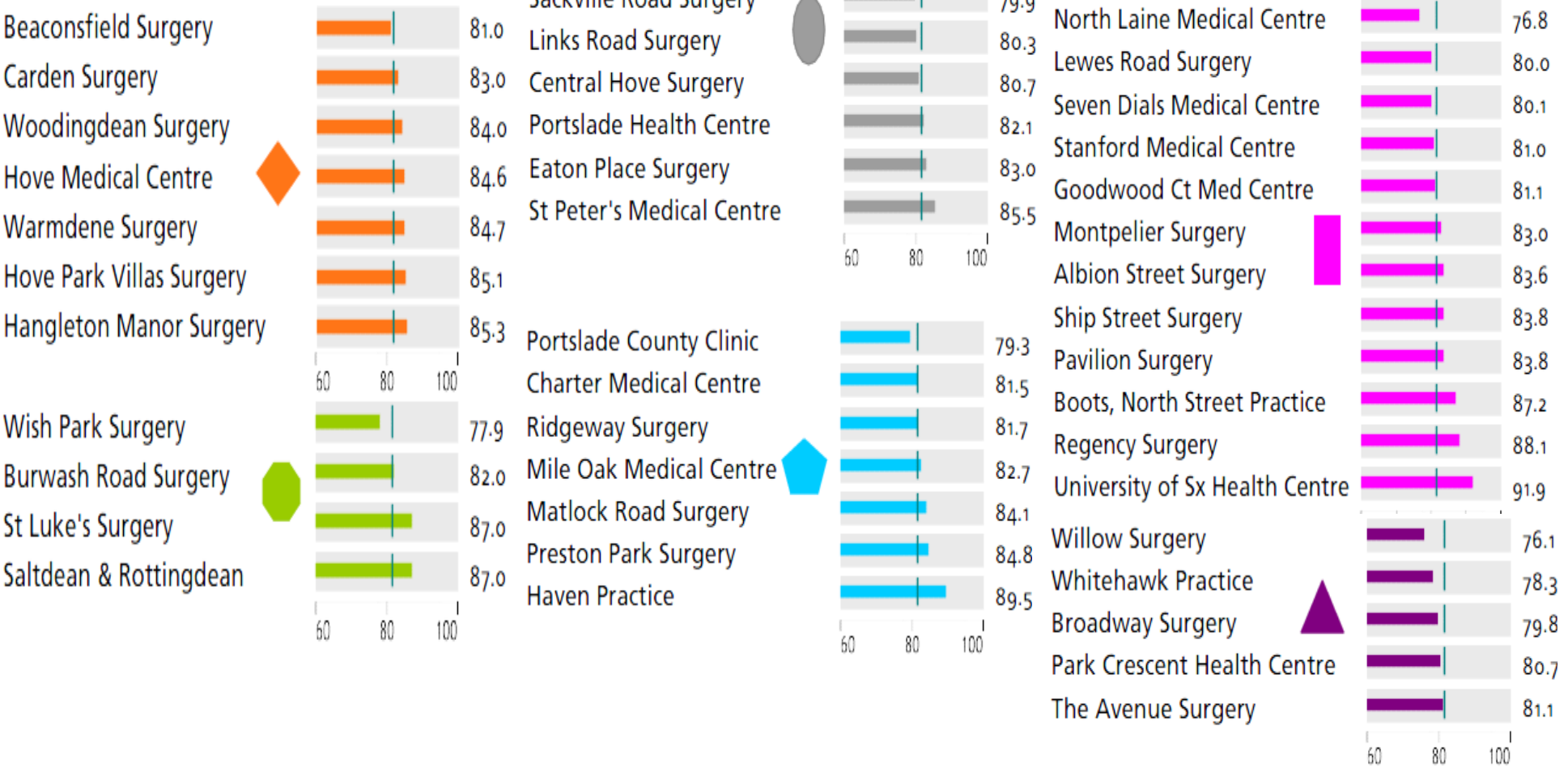




NHS Sussex

Brighton & Hove City Council

Life Expectancy At Birth (2008-2010)



Note: | *= Brighton & Hove average*

Feature: Killer diseases

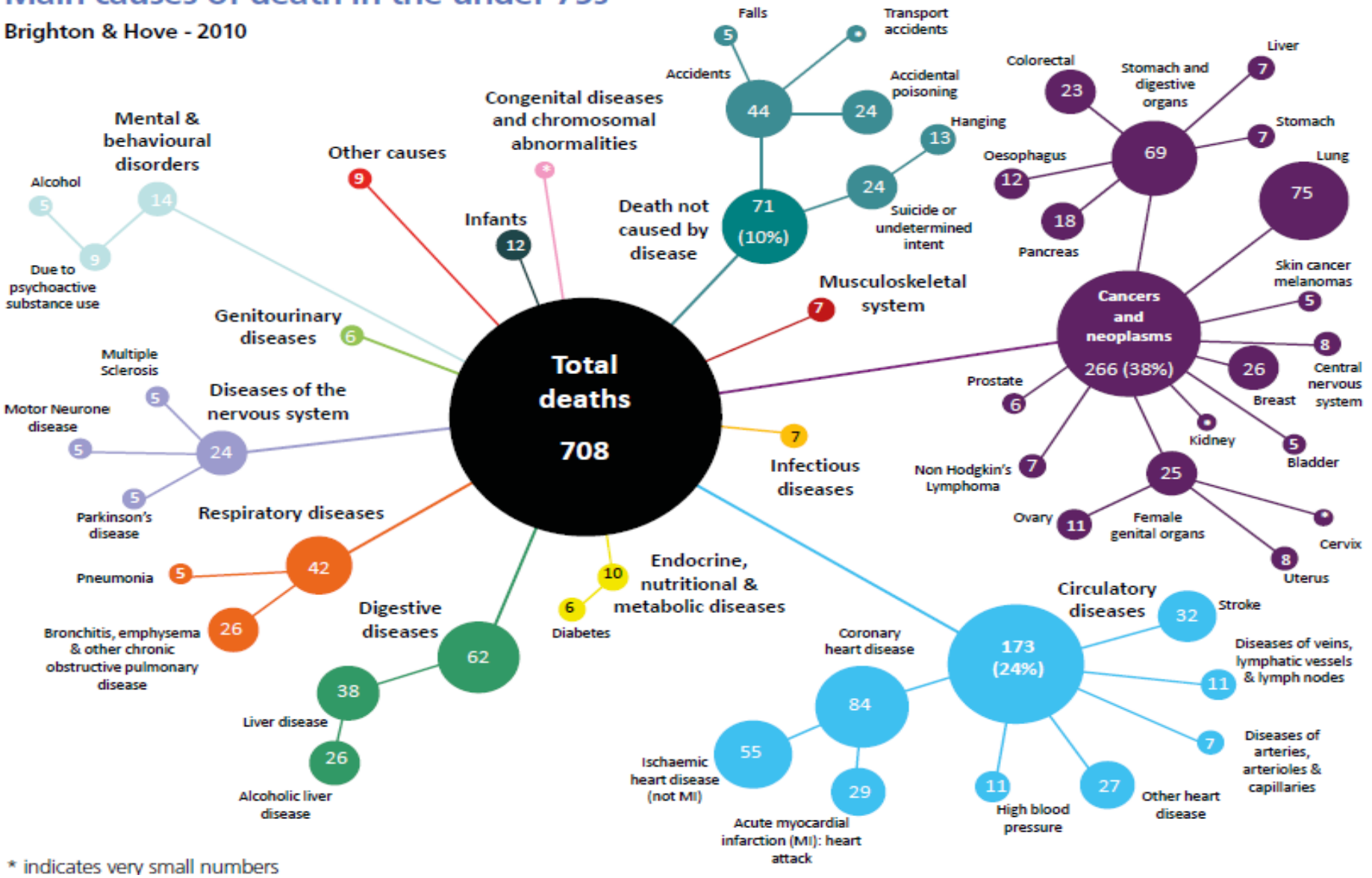
KATE GILCHRIST
HEAD OF PUBLIC HEALTH INTELLIGENCE

NHS Sussex

Brighton & Hove City Council

Main causes of death in the under 75s

Brighton & Hove - 2010

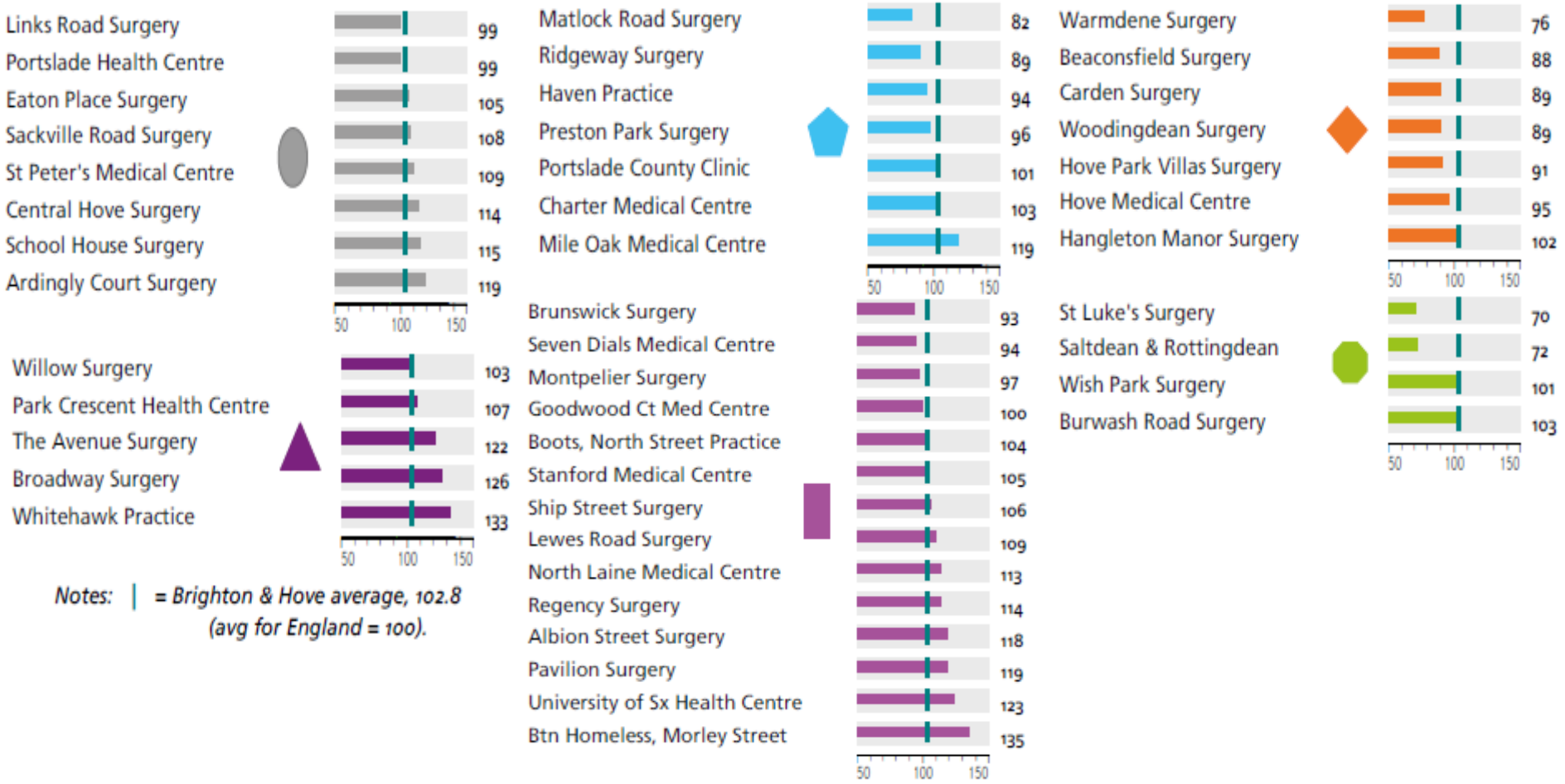


* indicates very small numbers

Interpretation at general practice level

Mortality from causes amenable to healthcare

Standardised mortality ratio
(under 75s, 2003-2005)



Notes: | = Brighton & Hove average, 102.8 (avg for England = 100).

Mortality 'amenable' to: prevention (e.g. smoking cessation), early detection and treatment, better chronic disease management.

This prompt the questions

THE BIG QUESTIONS

Are our services much more accessible to certain groups?

Are the biggest gains to be made in prevention or in primary care or in secondary services?

Should we be targeting funds differently?

Are there inequalities in availability of services?

What more can we do for the population of the triangle practices to ensure we deliver healthcare that responds to their needs as effectively as possible?

Provide examples of good practice

"Liverpool and Islington point the way forward"

Cardiovascular deaths audit in Islington

- 31% of patients who died were not on the disease register
- 17% of those who died in Islington received no treatment for cholesterol of BP in the 15/12 prior to death
- 43% of those who died also had mental health issues

Provide examples of good practice

“Liverpool and Islington point the way forward”

Cardiovascular deaths audit in Liverpool

- 24% of patients who died were not on the disease register
- 33% of those who died in Liverpool received no treatment for cholesterol of BP in the 15/12 prior to death

Provide opportunities for improving local practice

“Liverpool and Islington point the way forward”

Cardiovascular deaths audit in Brighton and Hove?

- Match practice data to public health mortality files and look at four risk factors:

- Blood pressure control
- Cholesterol
- Smoking
- BMI

Ten CPD credits: contract Terry.blair-stevens@nhs.net

Show examples of good local practice

The 'deprivation life cycle'

East Brighton GP, and governor at Whitehawk Primary School, Dr Anita Amin reflects on how GPs can tackle health inequalities.

Health inequality is part of what I call the deprivation life cycle. It starts in the womb with poor maternal diet and smoking, and by the time deprived children start school, they are already two years behind their peers. Add in factors like child abuse (one in five children at our practice is on the child protection register) and you get a self perpetuating cycle of teenage pregnancy, deprivation and poor health outcomes.

My number one priority in East Brighton is contraception for teenage girls. So often young mothers tell me about how they wish they had had a chance to study and how they feel they don't have a full life. If we can reduce teenage pregnancy we stand a better chance of stopping the deprivation life cycle.

We have identified a number of actions in our practice:

1. Improve teenage sexual health and contraception uptake. We provide a drop-in service but uptake is poor. We hope to bring in youth centre workers to improve uptake.
2. Work more with health visitors on children at risk. I personally think we need to fund health visitors directly so they are in a better position to meet up with us.
3. Liaise fortnightly with the long term conditions nurses to make sure that patients get regular checks, and some health promotion.
4. Increase healthy living referrals particularly for advice on food and exercise.
5. Screen adults for hypertension, diabetes and coronary heart disease and offer healthy living and smoking cessation advice at screening.

Feature:

DR KATIE STEAD
GP, PUBLIC HEALTH
PRIMARY CARE LEAD

The shape of primary care to come

NHS

Brighton & Hove City Council

Having visited places like the Bromley by Bow Centre, where ideas were generated in the community, we thought we could learn from their experience. We have been planning a new shared building with the library in Woodingdean. This is an excellent opportunity to link education with health in the community. Dr Darren Emilianus, GP

BUNNY HILL – everything including the kitchen sink

The proposed Woodingdean site

Bromley by Bow

WOODINGDEAN – a local vision for co-located services

A VERY 'BRIGHTON' INITIATIVE?

THE BROMLEY BY BOW CENTRE – re-skilling communities

Future health artwork

News: New homeless service

Brighton Homeless Healthcare

- Coronary heart disease 12 times higher than the second placed practice in Brighton & Hove
- If replicated across the city would be equivalent to 5,200 CHD deaths
- Research suggests possible link to alcohol
- Low QOF scores (46% vs. 95%), high A&E and emergency hospital admissions, low planned admissions
- London Pathway to be piloted in Brighton & Hove

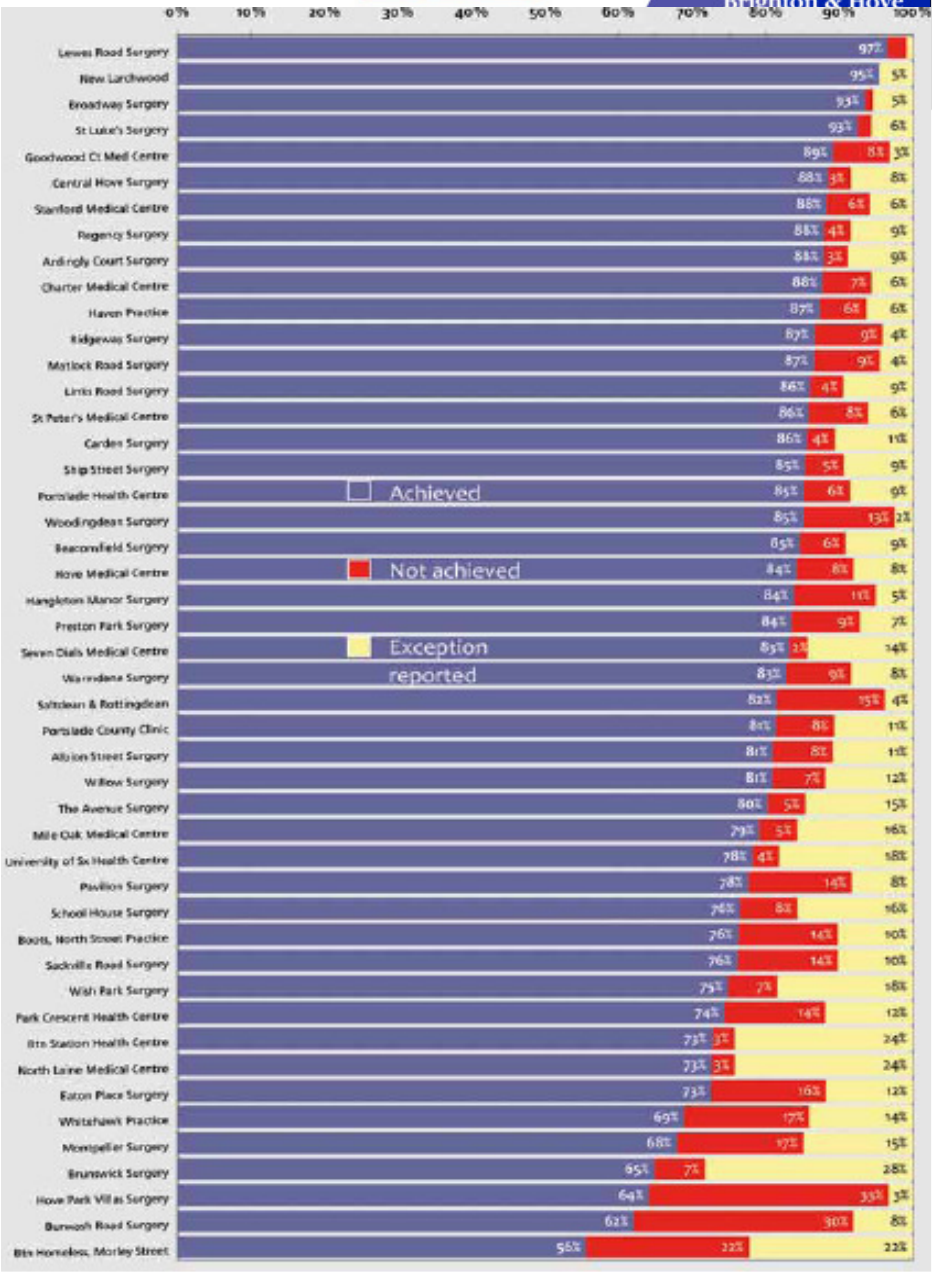
Returning to the city as part of this initiative, Dr Chris Sargeant is all too aware of the problems faced by homeless people.

"The Pathway project at BSUH should improve discharge planning with better communication across medical, housing and support services for homeless people. Research shows that hospital readmissions of homeless people are common, traumatic for patients and costly for hospitals. The Pathway project in Brighton should improve the care experience for homeless people admitted to hospital, reduce readmission rates and make financial savings for the NHS."

DR CHRIS SARGEANT

Clinical: Diabetes foot checks

- Diabetic foot disease admissions (254 patients in 2 years) in Brighton & Hove 13% higher than England.
- Equivalent to 31 above ankle amputations that might have been avoided.
- 82.1% of Brighton & Hove diabetic patients receive an annual foot check versus 86% in England.
- Half of those who did not receive a foot check were 'exception reported' and so did not show up on QOF.
- "*In my experience feet are not checked because healthcare professionals lack confidence*" Anne Smith, practice nurse



‘Out of hours GPs...

NHS Sussex

Brighton & Hove City Council

Reborn to run

Dr Jim Graham, GP

Dr Xavier Nalletamby –

Riding the waves

Dr Alex Mancey-Barratt & Lulu at the allotment –

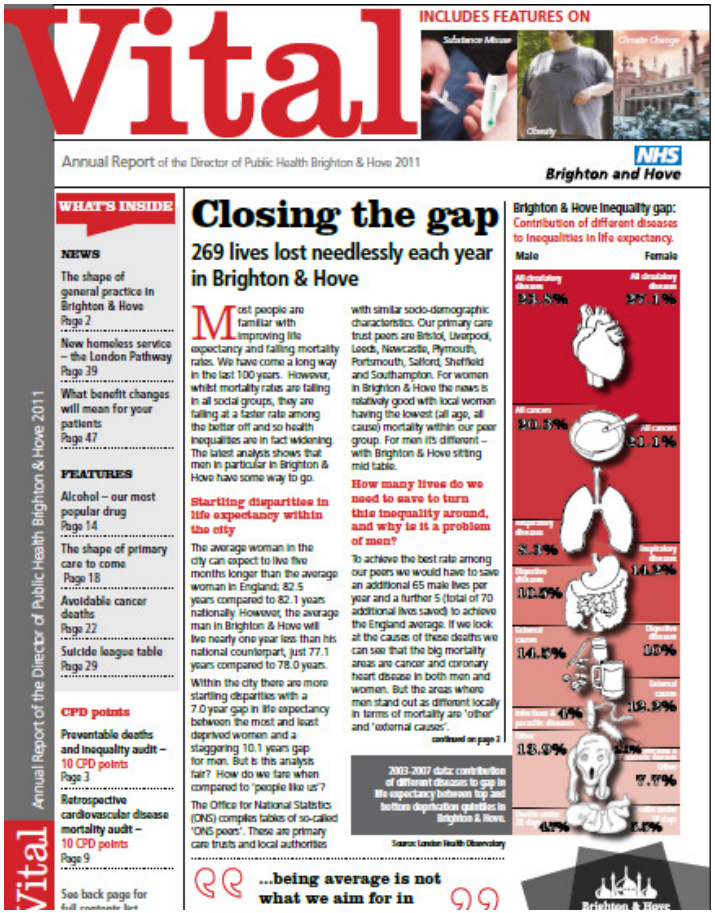
Dr Christine Habgood with one of the Mile Oak practice’s electric bikes.

Park running in Hove

Dr Anne Miners, GP

Does it refresh the parts other Reports have failed to reach?

- Primary care is a big public health challenge but also a big opportunity
- Never been a better time
- Good ground-work already laid
- Public health will continue to provide support and a challenge
- Proof will be evidenced over the next few years



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continued on page 2

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Source: London Health Observatory

...being average is not what we aim for in

Brighton & Hove Inequality gap: Contribution of different diseases to inequalities in life expectancy.

Male Female

25.5% 27.1%

20.3% 20.1%

8.3% 14.9%

12.5% 8%

14.1% 13.2%

13.2% 7.7%

4% 4.4%

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Thank you

Dr Tom Scanlon

Director of Public Health

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tom.scanlon@brighton-hove.gov.uk

Don’t forget the caption competition…