REPORT TO:	**SCRUTINY COMMITTEE**
DATE:	**31 JANUARY 2017**
TITLE:	**HEALTH AND WELLBEING IN HARLOW - FINAL REPORT**
LEAD OFFICER(S):	**JANE GREER HEAD OF COMMUNITY WELLBEING (01279) 446406**
CONTRIBUTING OFFICER(S):	**MAUREEN PEARMAN COMMUNITY, LEISURE AND CULTURAL SERVICES MANAGER (01279) 446095**
	LOURDES MADIGASEKERA PUBLIC HEALTH IMPROVEMENT OFFICER (01279) 446438

RECOMMENDED that the Scrutiny Committee:

A Considers the evidence presented in this report.

B Recommend to Cabinet that the Council's Health and Wellbeing approach is referred to the Overview Working Group with a view to developing a Health and Wellbeing Strategy through the Council's Health and Wellbeing Board.

INTRODUCTION

1. Since 2013 Local authorities have been required to take on more responsibility for public health. There is a statutory duty under the Health and Social Care Act 2012 for upper tier councils and unitary authorities to establish Health and Wellbeing Boards, to create a more joined-up approach to health and wellbeing.

2. To ensure that the focus is on identified local needs, priorities for health and wellbeing in Harlow have been determined and influenced by a number of factors

3. Evidence based data for Harlow has been collated from a number of credible sources to provide a robust analysis. Sources include; Public Health Profile Harlow (Public Health England 2016); Local Authority Harlow Portrait Harlow (Essex County Council), the Joint Strategic Needs Assessment (JSNA) ECC Mental Health and Sport England. These are set out in appendices to the report.

4. The 'Marmot Review: Fair Society, Healthy Lives (2010)', considered the differences in health and wellbeing between social groups and provided evidence to demonstrate that health inequalities arise from a complex interaction of many factors such as housing, income, education, social isolation, disability, all of which are strongly affected by economic and social status.

5. While most people in Harlow enjoy healthy and active lives, there is evidence of the kind of inequality in health outcomes that is highlighted in the Marmot Review, especially in some of the town's more deprived areas.

KEY FINDINGS AND EVIDENCE

6. The statistical information available related to health and wellbeing in Harlow highlighted several areas with higher levels of poor health and unemployment. Reducing smoking, drinking, child and adult obesity and increasing levels of physical activity are all areas in need of improvement.

7. Harlow has the third highest rate of diabetes in Essex at 6.7 percent of the GP registered population. There was an increase in the number of recorded cases of diabetes in 2014/15, compared with the previous period, and the rate has been increasing over the last four years (as has the national figure). This may be due to higher levels of diabetes or improved detection by GPs. The rate for Harlow is slightly above the national average of 6.4 percent.

8. Life expectancy for men in Harlow is significantly worse than the national average, while life expectancy for women is similar to the national average. The charts on page 3 of Appendix A provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area.

9. In Harlow there are 980 people aged over 65 who are thought to have dementia and this number is expected to rise by 29 percent to 1,390 by 2030. This is the lowest expected percentage increase in the county.

10. 81.1 per 100,000 people (147 in total) died prematurely from cardiovascular disease (2012-2014), which is the highest rate in the county. 86 were preventable deaths from cardio vascular disease (CVD). One indication of preventable deaths from CVD is low alcohol consumption. Hospital admissions for alcohol-related cardiovascular disease conditions in Harlow are recognised as being high. http://www.phoutcomes.info/public-health-outcomes-framework#page/7/gid/1000044/pat/6/par/E12000006/ati/101/are/E07000073/iid/40402/age/163/sex/4 and http://www.phoutcomes.info/public-health-outcomes-framework#page/7/gid/1000042/pat/6/par/E12000006/ati/101/are/E07000073/iid/91414/age/1/sex/4

11. Other health indicators where Harlow scores above the national average include: children in low income families, long term unemployment, under 18 conception rates, hospital stays for alcohol related harm, new sexually transmitted infections and smoking related deaths. Smoking related deaths are calculated to be 331 per 100,000, which is worse than the national average

(page 4 of Appendix A). This represents 138 deaths per year.

12. Deprivation can often be an indicator of mental health needs, as it is related to many associated risks including housing, employment and poverty. Harlow was scored as the second most deprived area in Essex (The Essex County Council Mental Health JSNA March 2016). The map on Page 2 of Appendix A shows differences in deprivation in this area based on national comparisons.

13. A Harlow Health and Wellbeing Group was established as it was recognised that no positive outcomes could be achieved by any one organisation working alone, or even by several organisations working independently of each other. It was recognised that by partnership working, sharing of expertise and where appropriate the pooling of resources and joint commissioning the health and wellbeing improvements could be delivered.

SUMMARY OF FINDINGS

14. As shown in Appendix A, Harlow scores below the national average for the following health indicators:

    a) Smoking and smoking related deaths.

    b) Alcohol and substance misuse.

    c) Diabetes.

    d) Obesity.

    e) Dementia.

    f) Hip Fractures.

    g) Homelessness.

    h) Life expectancy for men.

    i) Cardio Vascular Diseases.

    j) Children from low income families (which has got worse over time).

    k) Long term unemployment (which has got worse over time).

    l) Under 18 conception rates and sexually transmitted diseases.

    In addition, high levels of deprivation in some wards indicate that there is a high prevalence of poor mental health.

CONCLUSION

15. A strategic approach to Health and Wellbeing in Harlow needs to be adopted in order to address the health inequalities that exist and to focus efforts on early intervention. This will allow the council to fulfil its Corporate priorities in regards to:

    a) Harlow residents to have good health and wellbeing, with the Council playing a leading role in tackling the underlying root causes of poor health and the issues that affect wellbeing.

    b) Harlow to be a great place to grow older with people living happy, healthy and independent lives.

    c) Wellbeing and social inclusion - working with partners to support people living happy healthy lives, and getting along with one another.

IMPLICATIONS

Place (includes Sustainability)
Contained within the report.
Author: **Graeme Bloomer, Head of Place**

Finance (Includes ICT)
There are no identified financial implications at this stage.
Author: **Simon Freeman, Head of Finance**

Housing
The health and wellbeing impact of poor housing is well evidenced. Identifying appropriate interventions as part of a wide ranging strategy helps to allocate resources to priorities.
Author: **Andrew Murray, Head of Housing**

Community Wellbeing (includes Equalities and Social Inclusion)
Included within the report.
Author: **Jane Greer, Head of Community Wellbeing**

Governance (includes HR)
There are no legal implications in producing a strategy that promotes the health and wellbeing of the community.
Author: **Brian Keane, Head of Governance**

Appendices

Appendix A – Public Health England Harlow District Health Profile 2016

Appendix B – Evidence Base for Addressing Health Inequalities in Harlow

Background Papers
[These are papers referred to in the preparation of the report that are not attached as appendices but that are available for public or Councillor study.]

Marmot Review: Fair Society, Healthy Lives (2010)