

Report to: **Shadow Health & Well Being Board**  
Date: **6 March 2012**  
Report by: **Director of Public Health and Medical Director**  
Title of report: **Annual Report of the Director of Public Health 2012**  
Purpose of report: **To inform those working to improve health and well-being and reduce inequalities in East Sussex**

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## RECOMMENDATIONS

### The Health & Well Being Board is asked to:

- **note:** the annual report of the Director of Public Health 2012.
  - **consider:** how its findings and recommendations can be used to inform the work of the Health & Well Being Board.
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## 1. Financial Appraisal

1.1 There are no direct financial implications outside of the existing Public Health budget as a result of the 2012 Director of Public Health Report. The recommendations within the report should influence commissioning budgets in ESCC and the NHS to improve the public's health. Future delivery of Public Health from 2013 is dependant on financial allocations which are yet to be determined.

## 2. Supporting Information

2.1 In order to improve the health and to reduce health inequalities in the population of East Sussex a clear understanding of the health needs of the population and a solid evidence base of what interventions and services are most effective is required.

2.2 Six key health priorities for East Sussex have been identified through the 2011 Health Needs Profiles, produced as part of the local Joint Strategic Needs Assessment Programme. The issues reflect areas where health inequalities are significant, effective health gain is achievable or where East Sussex is out of line with the national picture. These are the priority areas where action should be focused to improve health and reduce health inequalities in our population:

1. life expectancy and the wider determinants of health;
2. chronic disease, cancer and mental health;
3. improving and protecting health by encouraging healthy lifestyle;
4. older people;
5. accidents and falls;
6. end of life.

2.3 This report builds on our local evidence base particularly around encouraging healthy lifestyles. The 2011 Health and Lifestyle Survey provides new insight into current lifestyle behaviours of East Sussex residents and new, innovative approaches to targeting specific lifestyle and behaviour interventions based on health segmentation of the population to bring about behaviour change. Some of the key findings from this survey are:

- The percentage of people reporting 'good' to 'excellent' health in 2011 (78%) is statistically significantly lower than in 1992 (84%).
- Thirty three percent of East Sussex residents reported having a long-standing illness, disability or health problem, in 2011 compared to 28% in 1992, which is statistically significantly higher.

- Health status scores have changed little over 20 years.
- The percentage of people at risk of major depression has not changed over the last 20 years. It remains at 32%.
- In 1992, 26% of people in East Sussex were smokers and in 2011 this has statistically significantly decreased to 18%. Hastings (25%) and Eastbourne (20%) have the highest percentage of smokers.
- The percentage of people drinking alcohol has not increased between 1992 and 2011. However, the percentage of those that drink and are classified as 'increasing risk' or 'higher risk' has increased. So, drinkers are drinking more.
- Physical activity has increased. Compared to 2003, statistically significantly fewer people in East Sussex in 2011 never exercise/exercise less than one day a month. Both Lewes and Wealden have had a statistically significant increase in the percentage of people who exercise 5 or more days per week.
- Fruit and vegetable consumption has gone up since 2003, and the consumption of the recommended 5 or more portions of fruit and vegetables per day has statistically significantly increased at an East Sussex level.
- Compared to 2003 there has been a statistically significant increase in the percentage of people in East Sussex that think they are the right weight. However, 52% of people still think they are overweight.

2.4 The health promotion primary prevention and social care prevention evidence review provides a robust evidence base for commissioning clinically and cost effective services.

### **3. Conclusion and Reason for Recommendation**

3.1 The recommendations of this report are:

1. The Health & Well-being Board should ensure that local action is taken through the commissioning plans for health and social care services to tackle the six priority areas identified by the JSNA health profiles to improve health and reduce health inequalities in East Sussex.
2. The results from the health and lifestyle surveys should be used to:
  - Provide a baseline for monitoring the impact of interventions designed to improve health and well-being.
  - Provide information that could be used to plan new services.
  - Highlight areas to explore further, especially in terms of health inequalities.
  - Inform targeting of health and social care resources appropriately in order to improve the health of the population.
3. The Healthy Foundations Lifestyle Segmentation Model analysis should be used to tailor behaviour change interventions or services to particular population segments to improve their effectiveness and efficiency in changing behaviours.
4. The specific health improvement recommendations in each of the key health areas based on the health promotion evidence review should be implemented.

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 Local Members: None

