

# HEALTHY MANSFIELD



Committing to Change





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# Forward

from Les Marshall, Chairman of Healthy Mansfield Commission

At a time of challenging issues facing the country, to produce a report on the future of the health and wellbeing of Mansfield when the country is still trying understand the impact of Brexit, resources are still being withdrawn from the voluntary sector, local authorities and the NHS constantly trying to meet the aspirations of the public and politicians was a difficult challenge for the Healthy Mansfield Commission which we confronted head on with passion and belief that Mansfield cannot continue to overlook and do nothing about their communities' poor health.

Personally, once we started receiving evidence as the Healthy Mansfield commission, I was shocked to be made aware of the poor health that exists in the Mansfield area with poor health indices being some of the worst in the region and nationally.



It is clear that those members of the communities living in the poorest areas within the district such as Bellamy Road Estate, Oak Tree Lane Estate, Bull Farm Estate and Mansfield Town Centre will probably be faced with a shorter life expectancy, high levels of obesity, child health and alcohol related conditions along with very low academic achievement. Thus, that CHANGE must become a reality.

Major change is required in the way that people in Mansfield are supported to manage their health, and the way in which community services are delivered. At present, while we have some good services, they are too often fragmented, lacking integration across health, employment, social and voluntary agencies. What was evident is the need to be more holistic and committed to working together in their approach to those services that can change the health of people in Mansfield.

Commissioners were appointed based on their professionalism and experience. I am indebted for their willingness to work alongside me, working very hard and giving many hours of their time assisting the commission to review the existing evidence submitted along with their guidance and what needs to happen going forward if we are to improve the health of the people of Mansfield.

I would like to mention Dawn Jenkin of Nottingham County Council for her additional support and guidance during the work of the commission.

Lastly, can I personally thank the Executive Mayor, Kate Allsop for asking me to Chair the Healthy Mansfield Commission and produce the report which I genuinely hope will become the catalyst of change to the marked improvement to the health of Mansfield people in years come.



# Reasons to Change

## Best Start

Mansfield has one of the highest rates nationally for smoking during pregnancy. There is a low rate of mothers continuing to breastfeed their child after 6 weeks which can impact early development.



## Healthy Choices

There is a culture of alcohol and substance abuse in the town centre that negatively impacts health.

Low levels of physical activity coupled with poor nutrition has resulted in high levels of obesity in the area.

## Health & Work

Mansfield has a high number of people that are unemployed and unable to secure work. The average weekly earnings for an adult in Mansfield are just £350. This has resulted in nearly 20% living in an income deprived household.



## Ageing Well

There are significant health inequalities between those that live in different areas of the district. Men living in the most deprived areas are expected to die 10 years earlier than those in the more affluent areas.

Mansfield has a high rate of early preventable deaths from conditions such as cancer, stroke and respiratory disease.

## Healthy Places

There are three times as many premises that are licensed to sell alcohol per square kilometre in Mansfield than the national average.

High density of fast food outlets and easily accessible unhealthy food options has contributed to poor health outcomes.



# Purpose, Direction & Priorities of the Commission

## Purpose

For a number of years now, Mansfield has experienced high levels of poverty. A 2017 report conducted by Public Health England concluded that the district of Mansfield is among the 20% most deprived areas in the Country. The area performed particularly badly in a number of health indices including life expectancy, obesity, child health and alcohol related conditions among others. With funding becoming ever more scarce, there is a risk that if a clear strategy is not developed to tackle these issues now then the health of the people of Mansfield may continue to fall short of national standards.

The Healthy Mansfield Commission has been appointed by the Executive Mayor of Mansfield, Kate Allsop. The purpose of the Commission was to investigate the causes behind the poor health outcomes experienced by many in Mansfield and to determine how best to support and improve the health and well-being of the residents within the district.

In order to develop a clear understanding of the drivers behind these poor health outcomes, as well as recommending effective opportunities to address these issues, the Commission took the following approach:

1. Review the information behind poor health outcomes and their underlying causes in Mansfield.
2. Review the evidence of effective interventions and policies which are known to positively impact on these health outcomes.
3. Map existing work done by all local stakeholders to address these health outcomes in order to identify any gaps and opportunities to build on existing strengths.

The Commission encouraged participation from the public, private and voluntary sectors in order to give Healthy Mansfield the best chance at being successful and to ensure that there was representation from a wide range of stakeholders that work within the community. This report is the product of a lengthy consultation process and aims to recommend actions which will play a key role in improving the health and wellbeing of future generations.

## Direction & Priorities

Evidence that has been put forward to the Commission suggests that whilst the health of people in Mansfield is generally worse than the England average, there are particular areas of the district that are significantly worse.

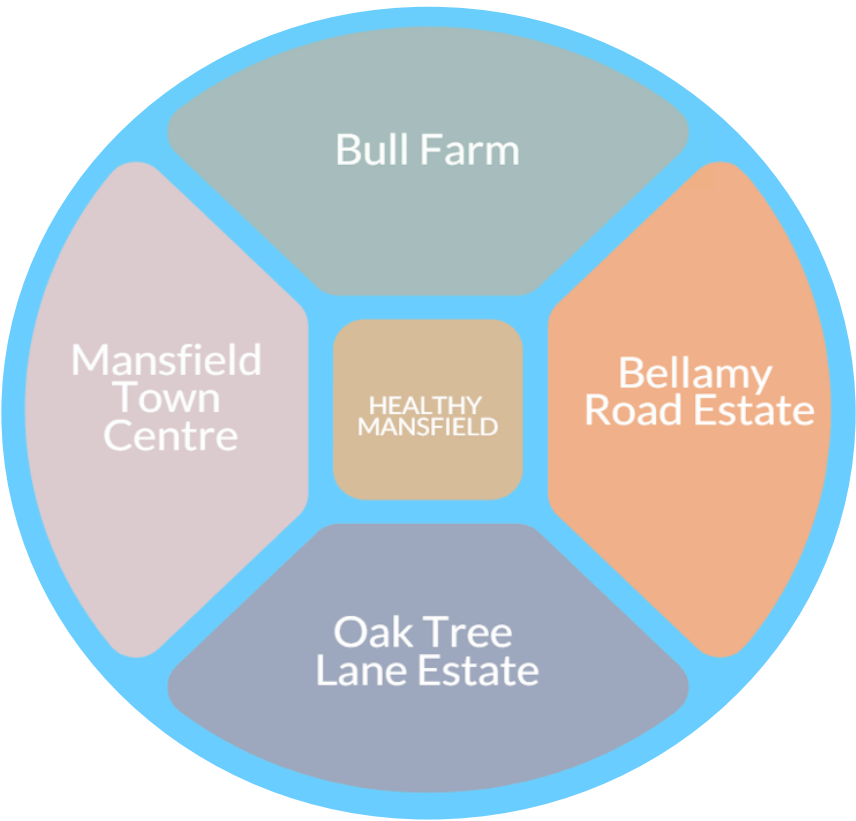


With this in mind, it was vital that the Commission acknowledged the health inequalities throughout the District and encouraged a specific emphasis in targeting the areas that experience the worst health outcomes.

The data suggested that the priority locations that are in most need are; Bellamy Road Estate, Bull Farm Estate, Oak Tree Lane Estate and Mansfield Town Centre. These neighbourhoods are some of the most deprived areas in the Country, not just locally. By focussing on these specific locations the Commission can help to address some of the imbalances within the district and ensure there is provision for all residents to access services. This will allow residents the best opportunity to achieve positive, long term health outcomes that will result in Mansfield becoming a healthier place.

As well as the four priority locations, the Commission also prioritised five themes concerning specific health issues. By pursuing this direction, the Healthy Mansfield Commission can help recommend initiatives that tackle some of the biggest health problems facing the residents in the District.

## Four Priority Areas



Figures provided by Public Health England have suggested that there is strong evidence to claim that there are four areas of Mansfield that experience particularly bad health outcomes. As such the Commission has chosen to prioritise these areas in particular.



## **Priority 1: Best Start – giving every child the best chance for health throughout life**

There is overwhelming evidence that making healthier decisions early, from pregnancy, can influence someone's health throughout their life. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens in the early years of a child's life, starting in the womb, has a profound impact on a child's future, with life-long effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.

Mansfield has some of the poorest health outcomes for children in the country; young people in Mansfield are more likely to experience high levels of poverty, obesity and mortality.

The Commission has investigated reasons behind such outcomes and recommended actions that help address the issues and remove the barriers that stop children from having the 'Best Start'.

## **Priority 2: Healthy Choices – lifestyles, resilience and social connection**

The major causes of premature death in the UK – cancer, heart disease, stroke, respiratory disease and liver disease – are all linked to behavioural risk factors such as smoking, drinking too much alcohol, lack of physical activity, poor diet and being overweight. Community life, social connections and having a voice in local decisions are all factors that underpin good health, however inequalities persist and too many people experience the effects of social exclusion or lack social support.

The Commission has explored with stakeholders how we can support and enable individuals and communities in Mansfield to make the most of their health, through healthy choices and resilient, connected communities. This includes having considered how the frontline workforce in Mansfield can develop their skills working with individuals to prevent illness, protect health and promote wellbeing and self-care, through approaches such as Making Every Contact Count.

## **Priority 3: Health and work – improving access to work**

Employment can have both positive and negative impacts on health and wellbeing. Employment provides a source of income, which influences housing conditions, the food people eat, the activities they take part in, how they travel, the life choices they have and to some degree the hardships people face. Other characteristics of work – activity, social interaction and identity – are beneficial to our physical and mental health. Employment can however also have negative impacts on the health of employees, for example through physical health impacts from manual labour, or mental health implications of stressful work environments.



Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community.

The Healthy Mansfield Commission has analysed and assessed factors that prevent people from working, identified methods to support people back into work and recommended initiatives that ensure people are able to retain employment.

## **Priority 4: Ageing well – raising the Healthy Life Expectancy**

Whilst life expectancy in the UK has improved over recent decades, there is a gap between healthy life expectancy (years of life lived in good health) and life expectancy, meaning some people live many years in poor health, particularly those in the most deprived groups.

In Mansfield significantly more people than the England average die prematurely from causes considered preventable, including cancer and liver disease.

Prevention approaches are needed at all stages to keep people healthy, diagnose and treat long term conditions early and effectively, and help achieve the best level of health and quality of life whilst living with a long term condition.

Three key conditions drive inequalities in mortality – cardiovascular disease, cancers and respiratory disease. But there are some conditions that do not significantly affect overall length of life but that contribute significantly to chronic ill-health, such as mental health disorders, injuries and musculoskeletal diseases.

The Commission has examined recent, current and planned initiatives that have the aim of improving healthy life expectancy and then has made recommendations that help both residents and organisations to facilitate, encourage and promote long term health.

## **Priority 5: Healthy Places – promoting health through our built environment**

The physical environment and the conditions in which we live and work affect our health. This includes the built environment, housing, neighbourhoods and transport infrastructure as well as physical factors such as air and water quality.

Where we live is important for our health and wellbeing. Many of these factors are within the control of local authorities and communities to influence and shape. As such the Commission has considered the factors that can potentially encourage residents to use places within Mansfield that can promote healthy living and have made recommendations based on its findings.

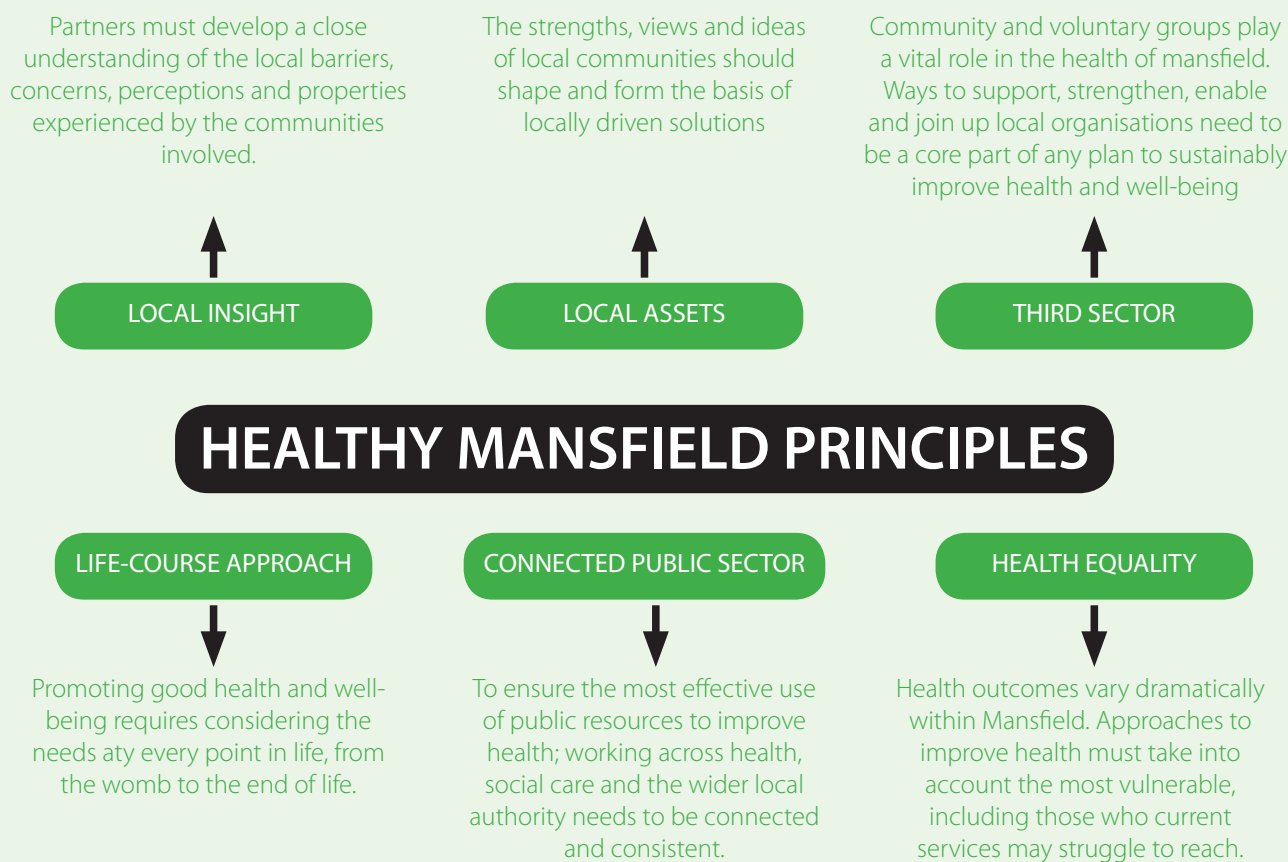
By investigating these key health priorities the Commission has explored what is currently being done to tackle major health problems that affect people in Mansfield across their entire life cycle; from conception all the way up until death and have seized the opportunity to make significant recommendations that will influence and improve the health of the people of Mansfield.

It must be acknowledged that without substantial change in the methods of working and the attitudes of organisations and residents then health outcomes will continue to remain poor. With that said, the Commission has recognised that there is a great deal of willingness to implement a comprehensive and far-reaching plan that realises the necessary changes required in order to ensure that Mansfield can become a healthier place.

As well as pursuing the priorities listed above, the Commission has also ensured that it has followed a pre-determined and agreed set of principles:

## Commission Principles

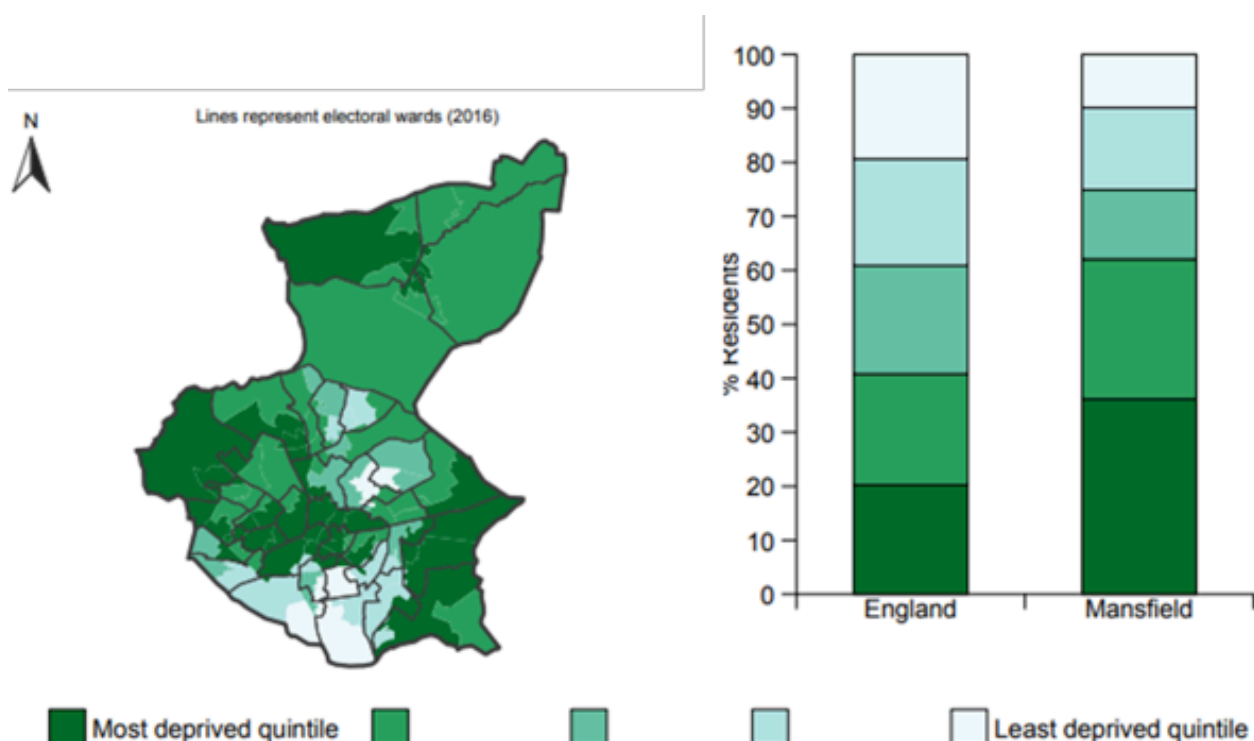
The Healthy Mansfield Commission has reviewed the health profile of Mansfield, with a particular focus on the areas where Mansfield achieves significantly worse health outcomes. The Commission notes that whilst healthcare makes an important and highly valued contribution to the well-being of individuals, only 10% of a population's health and well-being is linked to access to healthcare. Therefore, the wider drivers and causes impacting on health such as poverty, employment, housing and environment are firmly within the remit of the Commission's investigation. It is only through working jointly with all stakeholders who can influence these underlying causes of ill health that the Commission can make meaningful and high impact recommendations to improve health in Mansfield now and in generations to come. During this process, the Commission had identified some key principles which underpin efforts to improve health, and are seen to be critical to successful, long term change.





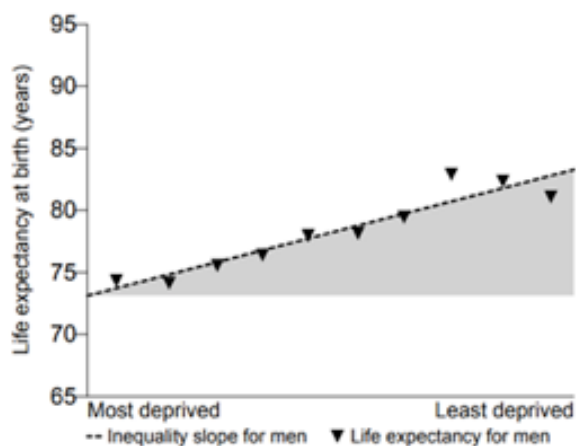
# Health in Mansfield – An Overview

- 1.1 The population of Mansfield needs to confront a number of significant challenges in the future in order to ensure that the current poor health outcomes that are experienced by many in the area do not persist. These challenges are substantial and wide ranging. Issues in the area include the social influences on health such as housing, to the strain on financial budgets and resources, to the fragmented structures of organisations that aim to help those most in need. There is increasing need for a comprehensive solution that tackles the main issues facing the population and encourages a more complete and interconnected approach to promoting and managing healthy living. This chapter aims to outline some of the biggest problems in Mansfield and provide a general background that will help understand the context in which the Commission has been working.
- 1.2 Mansfield currently has a population of approximately 107,000 people. The area as a whole has a higher average age compared to the national average. To add to this, as is the case in many other parts of the country, Mansfield has an ageing population which is likely to place further strain on the healthcare system. With that said, it is noteworthy that the four priority locations that the Commission has focussed on all have a higher number of younger people than the area average.
- 1.3 The 2015 Index of Multiple Deprivation helps illustrate the fact that Mansfield is home to some of the most deprived neighbourhoods in the country. The darkest green areas in figure 1 show some of the worst affected areas. The widespread and extensive level of deprivation is an extensive problem across large sections of the area and one which the Commission is acutely aware of and has looked to address.

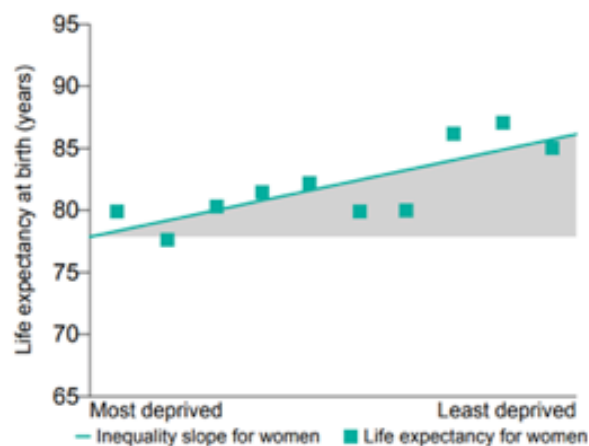


- 1.4 There are great inequalities concerning life expectancy within Mansfield. Men that live in the most deprived areas of the district die more than ten years earlier than those that live in the most affluent areas. Women in Mansfield suffer similar outcomes, although the variation is just over eight years. This statistic is unlikely to improve without substantial change being implemented.

Life expectancy gap for men: 10.1 years

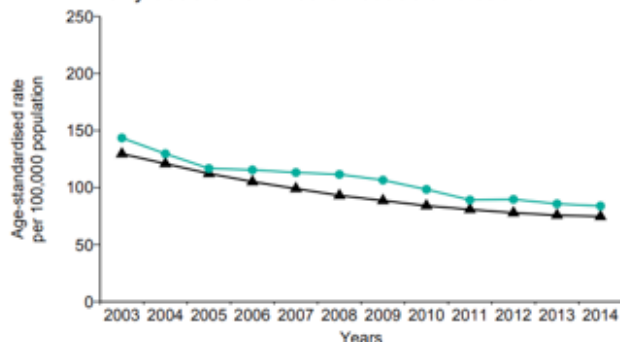


Life expectancy gap for women: 8.3 years

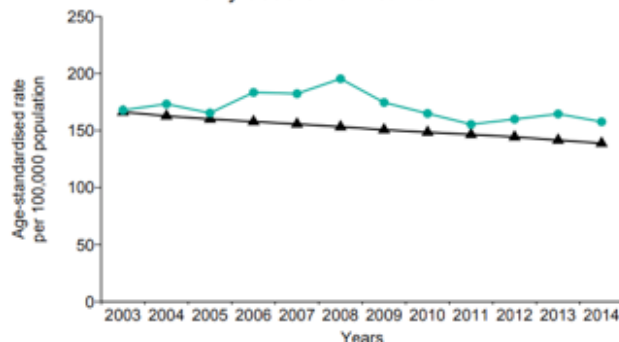


- 1.5 Rates of premature mortality considered preventable are significantly higher in Mansfield than the England average for conditions such as Cancer and respiratory disease. The high prevalence of such health issues has contributed to the high numbers of early deaths in the area.

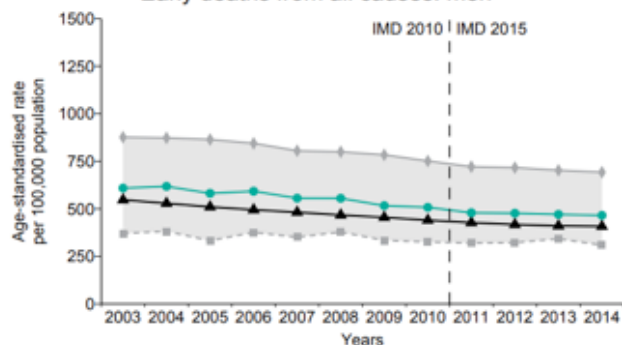
Early deaths from heart disease and stroke



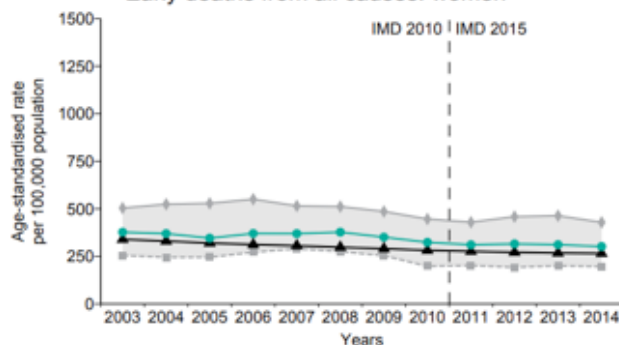
Early deaths from cancer



Early deaths from all causes: men



Early deaths from all causes: women



—▲— England average    —●— Local average    - - - - Local least deprived    —◆— Local most deprived    Local inequality





- 1.6 **Child Health** – Children in Mansfield experience poor health outcomes that often have a big impact on them in later life. One in five pregnant women in Mansfield is known to be smoking at the time of delivery – this is the third highest rate in the entire country and can have serious health implications for the child. The rate of infant mortality before the age of one in Mansfield is significantly higher than the national average and whilst nearly two thirds of mothers initiate breast feeding when the child is born, less than a third are still doing so when the child is six to eight weeks old.

The health outcomes experienced in Mansfield for young people under sixteen does not improve as they progress through their early years. Twenty percent of children are overweight when they enter reception. This figure rises to over thirty percent by the time the child reaches year six at school. Nearly twenty percent of children under sixteen are living in low income families. Furthermore, there are high levels of injuries and harm to young people in the district – this includes hospital admissions as a result of self-harm, and substance misuse. Children in Mansfield are also less likely to be successful in school – the district has low levels of achievement at GCSE and a high number of reported pupil absences.

There is clear evidence that pregnancy and the early year's development are crucial to the future health and well-being of both children and adults. With such poor outcomes for children it is vital that we, as a district, are committed to improving the health and well-being of young people by encouraging wide ranging change.

- 1.7 **Adult Health** – Once poor health outcomes are established during childhood, it becomes very difficult to reverse this trend in later life. It is no surprise then that adults in Mansfield also tend to experience poor levels of well-being according to a number of health indices. Over sixty three percent of adults in Mansfield are classed as either overweight or obese and over twenty seven percent are physically inactive. Furthermore, nearly half of all adults do not eat five portions of fruit or vegetables each day.

To add to this there is a high prevalence of smoking and alcohol consumption within the district which places further strain on the healthcare system. Indeed there are high levels of both acute and chronic harm due to alcohol misuse and one in every five adults in Mansfield are current smokers (Mansfield 20.9%, England 15.5%). As a consequence of this, death rates due to lung cancer and respiratory disease (COPD) are high. To compound this problem there was also a low number of organisations that provide smoking cessation support throughout the district.

The lifestyle choices that adults in Mansfield make contribute to the poor healthy life expectancy that many in the area experience. Statistics seem to back up the claim that health related quality of life is poor for those aged over 65. There were 385 emergency admissions due to falls aged +65 in 2016/17, with high rates of hip fracture. Similarly the area also saw high rates of back pain, and hip and knee osteoarthritis compared to the national average.

- 1.8 **Economic Context** – There are high levels of unemployment in Mansfield which is another factor that impacts the level of deprivation in the area. Nearly nine percent (8.9%) of the working age population claim employment support allowance – this is much higher than the national average (5.7%). To add to this, the rate of long term claimants of job seeker’s allowance is higher than the England average. This would therefore suggest that there are fewer jobs available than there are working age adults in the district. Additionally, Mansfield has higher rates of economic inactivity due to long term sickness when compared to the England average. It is clear that people in Mansfield struggle to both secure and retain employment for a prolonged period of time.

To add to this, those people that do secure a job are likely to receive low levels of pay. The average weekly earnings for an adult in Mansfield are just £350. This has resulted in nearly one in five (17.3%) of residents in Mansfield living in an income deprived household as well as 5,560 households (12.1%) living in fuel poverty.

The low levels of economic activity in the area influence the housing people live in, the diets they eat and the activities they take part in. Without the financial freedom to cover anything other than the necessities, many residents are likely to prioritise items that do not help contribute to a healthy lifestyle.

- 1.9 **Environment** – In Mansfield there are three times as many premises per square kilometre licensed to sell alcohol than the England average as well as a high volume of off-trade alcohol sales. With such a vast supply of alcohol available there is little surprise that alcohol related traffic accidents in the area are amongst highest in England. There is also a high density of fast food outlets in the town. The communities within Mansfield also experience high levels of violent crime, sexual offenses, and reoffending compared to Nottinghamshire and England. Furthermore, 5.4% of mortality in the district is attributable to man-made particulate air pollution according to figures provided by Public Health England. All these factors suggest Mansfield does not foster an environment that is conducive to healthy living.



# Recommendations of the Commission

- 1.1 It is important for the legacy of the commissions work to create a new body, a new approach to follow up the recommendations that encompass the founding messages that change is essential and this new body to be established no later than December 2019.

The establishment of the Mansfield Health Partnership Board will enable new insights and new solutions to long-standing causes of ill health in Mansfield. This will be achieved by bringing together senior representatives from the NHS, councils, voluntary sector and local businesses. The Board will tackle problems in our environment, lifestyles, emotional wellbeing, social lives and physical health by bringing together expertise and resources in Mansfield.

The remit of the Board will be to review the Commission's recommendations and determine how best to implement these. New approaches will be developed to target long-standing health problems through this new partnership across sectors.

The Board will work with the developing networks of GPs and health and care professionals across Mansfield (known as Primary Care Networks), so that interventions are designed with and within neighbourhoods. Work to implement the recommendations will be in line with the Nottinghamshire Health and Wellbeing Strategy, but with a particular focus on the needs of people who live in our target areas in Mansfield.

- 1.2 The creation of a new community movement in Mansfield to tackle obesity, with people in the Mansfield area getting active for their own benefit, trying to build a sense of pride around Mansfield aiming before 2021 to ensure the most deprived wards become the most active wards in the district and by 2024 the people of Mansfield becoming the most active district in England. Leading this through local authorities to deliver schemes to encourage mass participation in physical activity schemes, including supporting major events, ongoing programmes and a large-scale social marketing campaign to motivate and inspire people to get active.

- 1.3 Communities are vital building blocks for health and wellbeing. Confident and connected communities provide the social fabric that is necessary for people to flourish. That is why community empowerment has to be core to efforts to improve the Mansfield and reduce health inequalities. Local authorities and the new Health board should as a priority, re route financial resources to promote engagement interventions that are effective in improving health behaviours, health consequences, social support for the worst disadvantaged communities.

- 1.4 MDC introduce a long term culture change strategy to the town centre from a night life as drinking fuelled\drugs no go area in the evenings for majority of people to one that is a town

centre where people feel safe, family culture, fine food restaurants and responsible night life that enhances and supports a thriving day time town centre.

- 1.5 Local authorities along with appropriate partners produce an all-encompassing economic plan that will tackle the main issues facing the area to deliver high quality employment opportunities, understands and responds to the barriers to employment to those in the most deprived wards, utilises the assets of the local colleges and universities to develop an environment of lifelong learning and aspiration for all.

## Best Start

### 1.6

- Raise awareness among the public, pregnant women and professionals of the harm caused by smoking during pregnancy and how to get help to give up through a range of mediums;
- Use social media to communicate messages and signpost to high quality information such as the NHS site 'start4life', 'Healthy Families' website and Children's Centre websites.
- Led by CCG, develop information to go to GPs and Practice Nurses regarding smoking in pre-conception stage, during pregnancy and stop smoking support services, so they can advise and signpost appropriately.
- GPs, maternity and healthcare services to use mobile texting service to share health promotion messages, invitation to refer to smoking cessation services / online self – help with appointment reminders for ante-natal and other appointments.
- Work with the stop smoking service in Mansfield, Solutions for Health, to ensure that there is good publicity about support for giving up smoking, close to cigarette retailers and businesses. Engage businesses and retailers where possible.
- Establish 'No Smoke Zones' around places such as schools, nurseries and colleges.



### 1.7

- Encourage insight work that investigates why so many mothers in Mansfield give up breastfeeding before 6 weeks and investigate methods that would help change this.
- Ensure pregnant women, new mothers and fathers to be and are given clear, accurate, consistent information about feeding their babies, and know how to get help with breast



feeding if needed. Use social media, campaigns, leaflets, any opportunities to discuss.

- Maintain and develop further where possible, breast feeding support groups (for specific groups – e.g. young mums) and peer supporters networks, working with Children's Centres, health services, voluntary sector, communities.
- Encourage organisations and businesses, including cafes, Council buildings, health centres to sign up formally to the Breastfeeding Friendly Places Scheme as mothers tend to cite fear of breastfeeding in public as a barrier to continuing to breastfeed. It is important that mothers feel comfortable and welcome to breastfeed wherever they choose.

## Healthy Choices

### 1.8

- Use alcohol licensing policies to reduce prevalence of alcohol retailers in high harm areas and thus decrease access to alcohol.
- Explore introduction of lockout licences to the town centre.
- Explore how planning policies can reduce prevalence of alcohol retailers and improve street scene to discourage street drinking.
- Train the workforce who would have contact with people at risk of alcohol harm to be able to deliver alcohol Identification and Brief Advice, so that this can be systematically offered to reduce numbers drinking at high and increasing levels.



### 1.9

- Place an emphasis on private organisations to implement smoke free policies.
- Ensure our stop smoking services are targeted at and accessible to groups with highest need, such as targeting stop smoking service in Mansfield localities or to those in routine and manual occupations. Ensure partner organisations are aware of these and effectively signpost colleagues.
- Health Partnership to develop relationships with schools to educate young people regarding smoking – early intervention.
- Encourage stronger relationships between maternity and stop smoking services to be explored.

### 1.10

- Reduced prevalence of unhealthy options through planning restrictions in areas where there is already a density of fast food outlet or where populations are vulnerable such as near schools.
- Ensure sport and leisure opportunities are provided for both children and adults in leisure centres and the community.
- Continue to offer the healthy life exercise referral scheme and consider how access to this can be increased in areas of most need.

### 1.11

- Explore the introduction of town centre drug testing in the evenings of people entering their premises
- Review drug awareness education in secondary schools to ensure it is fit for purpose to deter drug use with young people
- Investigate new methods of substance control and establish a network of organisations the tackle drug use to share best practice.

## Health & Work

### 1.12

- Collaborate with and encourage organisations to promote disability confidence and access to work.
- Offer support to employers to ensure they have the leadership and management to best support employees with health issues.
- Mapping and understanding the skill needs of employers to identify shortages and develop programmes to fill these gaps.
- Campaign with Mansfield 20/20 to encourage employers to invest in providing one member of their staff with Mental Health first aid training and encourage employers to work towards or gain the Nottinghamshire Wellbeing at Work kite mark.
- Clearly identify the nature and geographic distribution of support needs in Mansfield, in order to make successful case for investment and bid for funding.



## Ageing Well

### 1.13

- Encourage a strong partnership with the Primary Care Networks or appropriate partnerships to bring cancer rates and respiratory disease in line with national averages.
- Explore possibilities such as drop-in health centres in isolated communities.
- Asset Building – Develop partnerships with organisations and campaigns such as 'Age Friendly Notts', 'Get up and Go' and 'Engage' that can help elderly and isolated residents.
- Use insight working to understand the needs of an area and ensure residents are signposted to organisations and service that will bring the most value.
- Recommend that the commercial sector is involved in the Health Partnership.



## Healthy Places

### 1.14

- To encourage a more diverse housing policy that brings about a wider demographic within the target areas.
- Review of MDC council house allocations policy to introduce a percentage of the vacant council houses to a local district council housing policy.
- Develop local plans that embed and promote a healthy community – change will be a generational thing and the local plans should aim to raise aspirations of those growing up in these areas.
- Challenge local licensing policies to restrict the excess number of premises that sell alcohol in the area.





# Appendices



## Obesity – Public Health Profile

**Prevalence** - Adults- Almost two thirds of adults in Mansfield are overweight or obese (64%), this equates to approximately 55,000 people . This figure has decreased over the last year from 67%, however is still slightly higher than national.

**Prevalence** - Children-23% of children in reception are overweight or obese, almost 300 individuals. This then increases to 35% for year 6 children, this is similar to nationally. However, overweight and obesity at Year 6 is higher in Mansfield than the Nottinghamshire average.

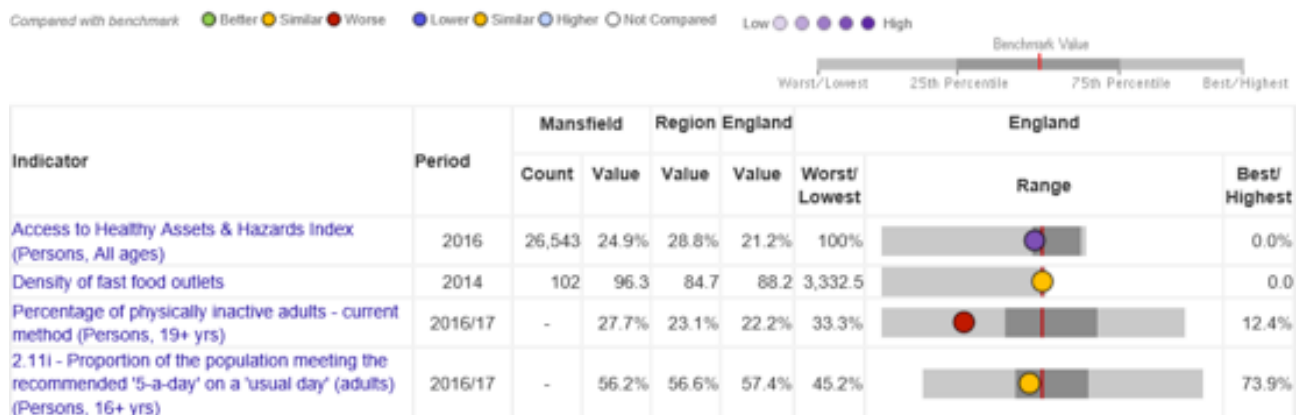
**Availability of healthy assets** - A quarter of Mansfield has poor access to 'Healthy Assets'. This is measured as the amount of areas where access to retail, health and physical environment (green spaces) is in the poorest 20%.

**Availability of unhealthy assets** - There is a significantly higher density of fast food outlets in Mansfield compared to England and Regional averages, 96 outlets per 100,000 people, approximately 102 outlets. This contributes to an environment which makes unhealthy choices easier.

1. Calculated using PHOF prevalence of obesity and overweight on NOMIS population estimates.
2. Lower Super Output Areas

**Physical activity** - More than a quarter of adults are physically inactive (28%), this is around 24,000 people .

**Nutrition** - Just over half of all adults meet the recommended 'five a day' on a 'usual day' (56%). In turn this means that almost half do not have enough fruits and vegetables. This is similar to the national picture.



**Deprivation** - Obesity is more common in areas of deprivation, Mansfield is 56th most deprived area in the country (of 326 local authorities). Women in particular are more likely to be overweight or obese linked to deprivation.

**Deprivation and childhood obesity** - There is a strong correlation between deprivation and childhood obesity.

### Summary statistics -

Mansfield	Time period	Numbers
Adults overweight or obese	16/17	55134
Reception children overweight or obese	16/17	297
Year 6 children overweight or obese	16/17	370
Number of premises selling fast food	2014	102

3. Calculated using PHOF prevalence of physical inactivity on NOMIS population estimates.

Physically inactive adults	16/17	24121
Number of adults meeting the recommended '5 a day'	16/17	48414

### For more Information –

- Physical Activity Profile: <https://fingertips.phe.org.uk/profile/physical-activity>
- NCMP and Child Obesity Profile: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>
- Public Health England Local Health: <http://www.localhealth.org.uk>



## Smoking – Public Health Profile

### What does smoking look like in Mansfield?

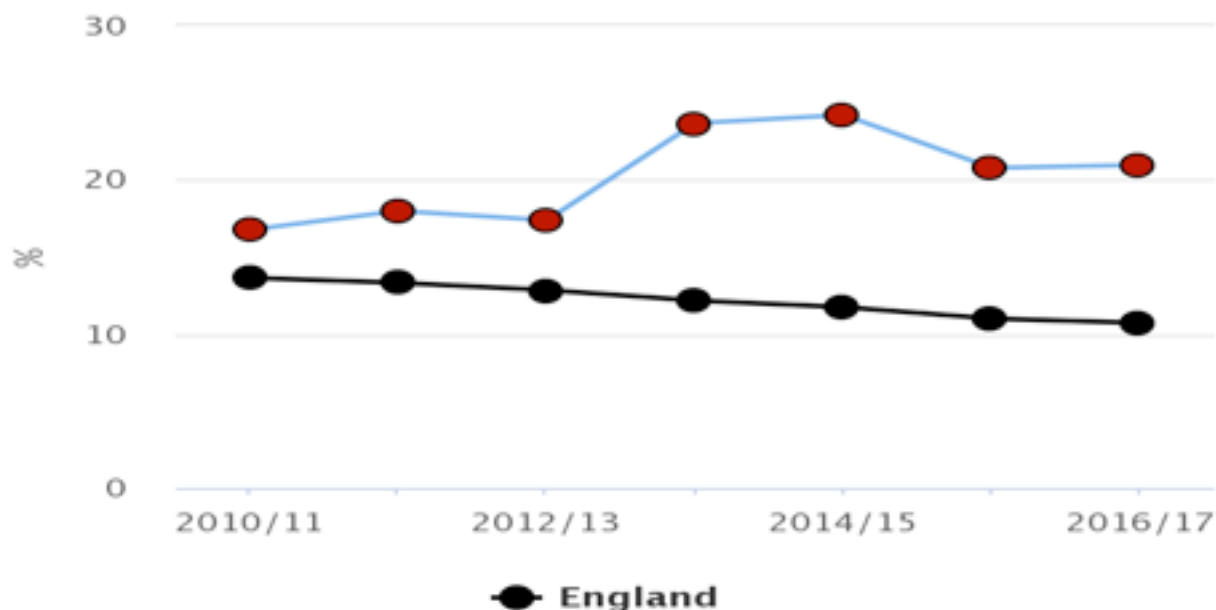
**Prevalence** - There are higher levels of smoking prevalence in Mansfield than the region and nationally, 18.6% of the population smoke, approximately 15,950 people. A further 27% are ex-smokers, this means 45.6% of the population are either smokers or ex-smokers.

**Prevalence - Occupation** - Those in routine and manual occupations in Mansfield are almost twice as likely to smoke than those in other occupations.

**Smoking in pregnancy** - Mansfield has significantly high rates of women smoking at the time they give birth, more than one in five mothers smoke at the time of delivery (21%). This is almost double the national rate (10.7%) and significantly higher than the regional rate (13.3%). This is also increasing in Mansfield against the backdrop of a decrease in rates nationally.

Mansfield	Time period	Numbers
Number of smokers	2017	15950
Number of ex-smokers	2017	23311
Numbers of women who smoke in pregnancy	2016/17	251
Premature births	2014-16	331
Lung cancer registrations	2014-16	302
Oral cancer registrations	2014-16	42
Oesophageal cancer registrations	2014-16	61
Number of deaths from lung cancer	2014-16	223

### Smoking status at time of delivery (current method) – Mansfield

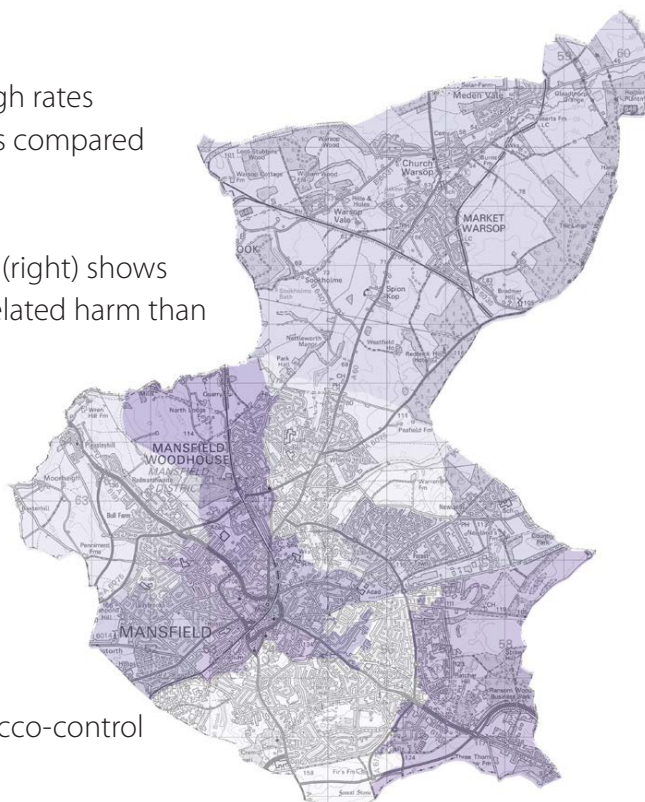


4. All stats are from PHOF Local Tobacco Control Profiles

**Mortality** - There are higher rates of smoking-related mortality in Mansfield compared to regionally and nationally. In particular deaths from lung cancer have been increasing locally since 2012-14 whilst nationally they are decreasing.

**Smoking related conditions** - Mansfield has high rates of premature births and lung cancer registrations compared to nationally and regionally .

**Locality and smoking related harm** - The map (right) shows that some areas are more affected by smoking related harm than others. This map shows deaths for respiratory disease and new cases of lung cancer. Mansfield Woodhouse, Mansfield Town and Ransom Wood areas appear most affected.



For more Information –

- **Local Tobacco Control Profiles:**  
<https://fingertips.phe.org.uk/profile/tobacco-control>
- **Public Health England Local Health:**  
<http://www.localhealth.org.uk>

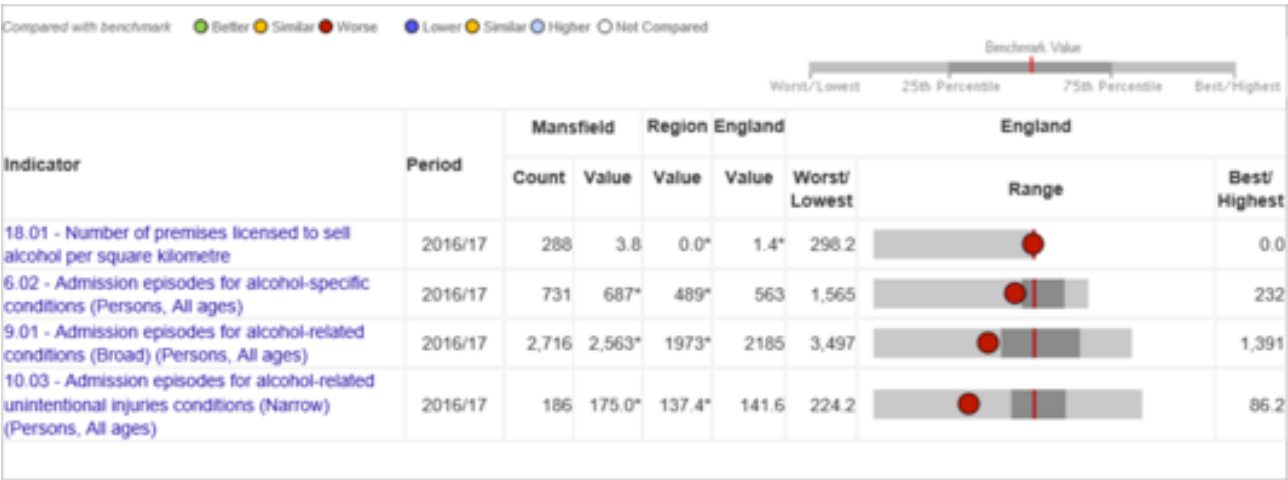


# Alcohol – Public Health Profile

**Prevalence** - There are around 21,500 people in Mansfield drinking at levels that harm their health. 30% of these are drinking at higher risk levels of harm . Increasing risk drinking is over 14 units per week, anything over 35 units for women and 50 for men counts as higher risk drinking. The proportion who drink at these increasing and higher risk levels in Mansfield is estimated to be higher than that for the region.

**Availability** - Mansfield has more than two and a half times the concentration of premises selling alcohol per square kilometre than the national average. Mansfield also sells higher volumes of alcohol than England and Regional averages.

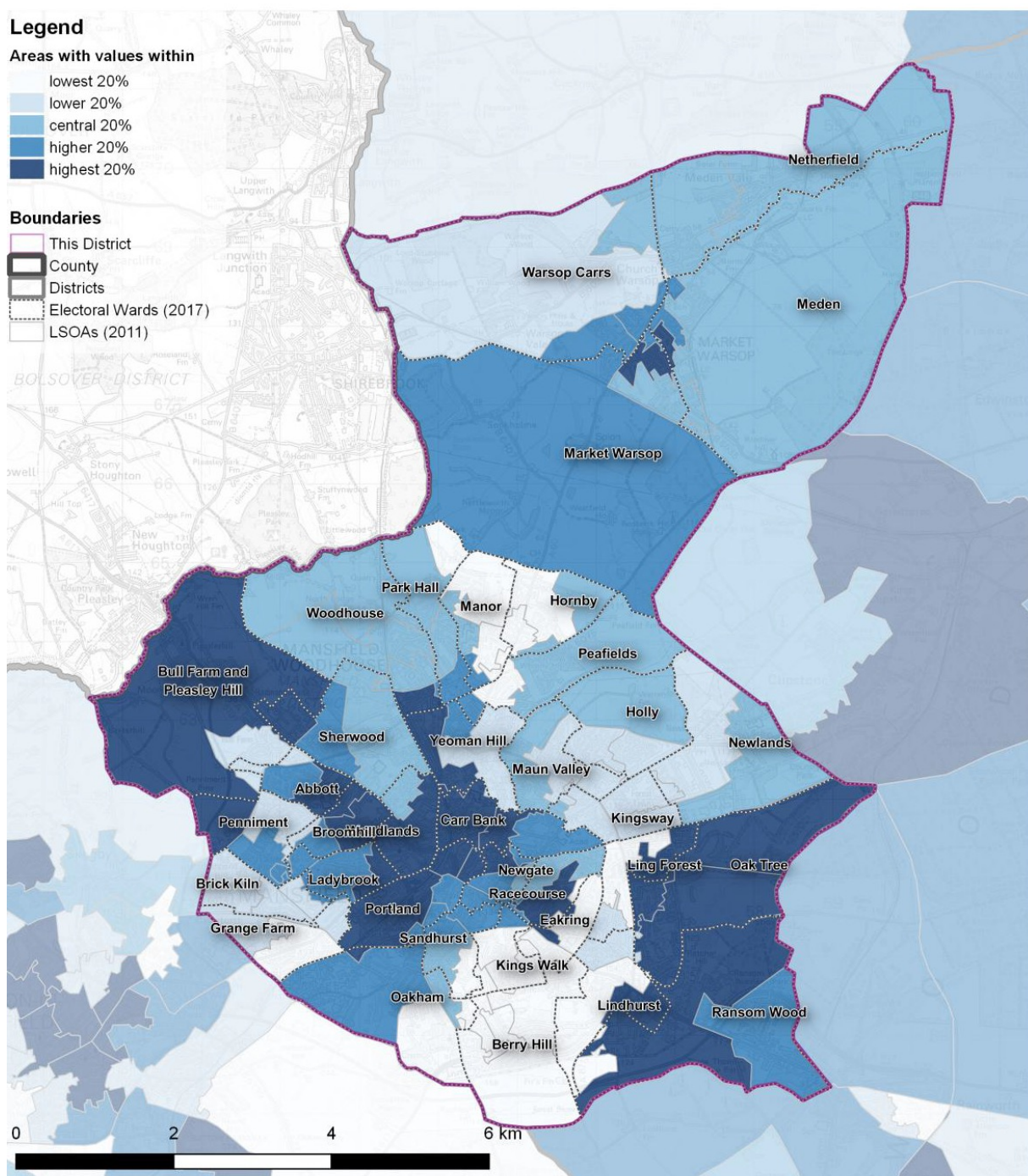
**Alcohol harm locally - Hospital admissions** - Mansfield has higher rates of admissions to hospital for both alcohol specific and alcohol related conditions, this is particularly the case in men. Mansfield also has particularly high rates of hospital admissions due to alcohol related unintentional injuries compared to the East Midlands, with 186 people going to hospital as a result of this in 2016/17.



**Alcohol harm locally - Morbidity and mortality** - Deaths due to alcohol-specific conditions are occurring at a higher rate than regionally and nationally. There were 48 deaths over 2 years due to chronic liver disease and 137 hospital admissions due to alcoholic liver disease, all are increasing over time.

**Safety** - There are slightly higher levels of alcohol related road traffic accidents in Mansfield than England, 32 per 100,000 compared to 26 per 100,000 England rate. Mansfield’s rate is the same as in Nottinghamshire.

**Welfare** - There are approximately 100 people claiming benefits due to an alcohol related condition in Mansfield, a higher rate than regionally, nationally and that for Nottinghamshire.



Sources: Combined from multiple sources

5. Calculated from applying estimates of drinkers to local population data.

#### For more Information –

- Local Alcohol Profiles For England: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- Liver Disease Profiles: <https://fingertips.phe.org.uk/profile/liver-disease>
- Public Health England Local Health: <http://www.localhealth.org.uk>





## Drugs – Public Health Profile

**Drug misuse treatment** - On average there are 471 people in structured drug misuse treatment in Mansfield at any one time.

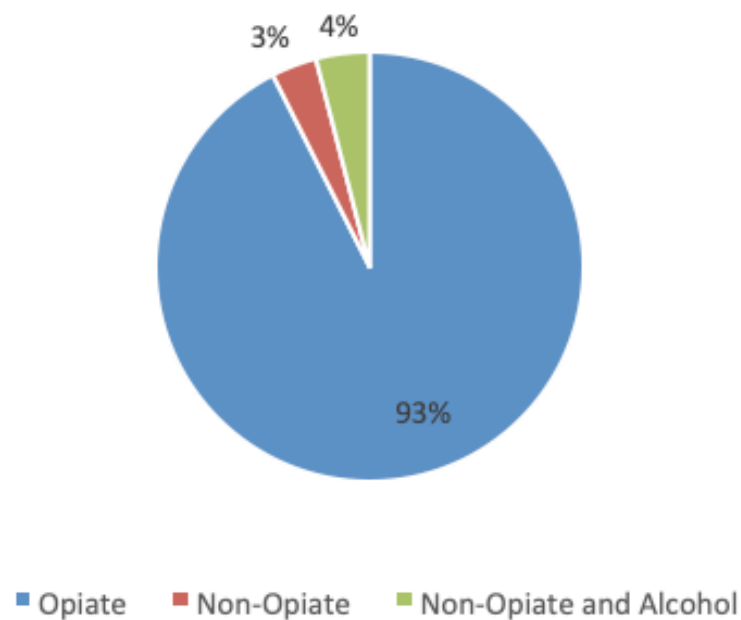
**Type of drugs used by those in treatment** - Of those in structured treatment, 93% were being treated for opiate use, 4% for non-opiate use and 3% for non-opiate and alcohol use.

**Injecting drug misuse** - Two thirds of those in treatment from Mansfield were current or previously injecting drug misusers at assessment.

**Discharges** - On average there are 17 successful completions of Mansfield citizens from structured drug treatment services in a month.

**Deaths from drug misuse** - There were 11 deaths from drug misuse over 2 years in Mansfield , the rate of deaths from drug misuse (3.4 per 100,000) is similar to the East Midlands region, but higher than the Nottinghamshire average (2.6 per 100,000).

## Type of drug misuse of those in treatment



### Summary statistics-

Mansfield	Time period	Numbers		
In structured drug misuse treatment	At any one time	471		
Current/previous injecting drug misusers in treatment	At any one time	374		
Successful completions	Monthly	17		
Deaths from drug misuse	2015-17	11		

6. This data is from the Public Health Outcomes Framework data, which is all deaths from drug misuse, regardless of whether in treatment or not.



# Healthy Mansfield Commission

## Chairman

- Les Marshall

## Mansfield District Leisure Trust

- Anna Barrett (Trustee and former NHS Executive Director of Nursing)
- 01623 650343
- annabarrett@live.co.uk

## Mansfield, Ashfield & Newark CCG

- Amanda Sullivan (Chief Operating Officer)
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## Citizens' Advice Bureau

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## Nottinghamshire County Council Public Health

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## Mansfield District Council

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## Mansfield District Council

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## Mansfield District Council

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## Sherwood Forest Hospitals Trust

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- Richard.Mitchell@sfh-tr.nhs.uk

## Active Notts/Derbyshire

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## Nottinghamshire County Council Adult Social Care

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## Together Everyone Achieves More (TEAM)

- Ian Marshall – contactable through Simon Hartley-Jones
- simon.hartleyjones@mansfieldcab.org.uk

## Feelgood Gardens

- Clare Heyting (Director) – also involved with Jigsaw; CAB
- 07866 364400
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## General Practice

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## Mansfield, Ashfield & Newark CCG

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## Mansfield District Council

- Anne Callaghan (Specialist Parenting Practitioner)
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## Scout Commissioner

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## Place Department, Nottinghamshire County Council

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