Director of Public Health

Annual Report

2014 – 2015

www.southglos.gov.uk

South Gloucestershire Council

Contents

1. Welcome

Welcome to the Director of Public Health Annual Report for South Gloucestershire 2015. I am very grateful to the many colleagues who have helped to put it together.

This last year has been one of consolidation for the public health and wellbeing division. We are now well established in the council and have increasingly strong relationships with other council departments. A good example of the new opportunities available to public health departments is the multi-agency work we are leading to reduce the harm caused by alcohol . Another area of fruitful collaborative work for us this year has been around the built environment. We have appointed a partnership officer to work with transport & planning to ensure that public health considerations are part of strategic decisions in these areas.

Last year we reviewed public health issues in South Gloucestershire in some detail. South Gloucestershire is one of the healthiest places to live in the country with excellent outcomes in many areas including some of the longest lifespans in England. However, it is important that we do not become complacent. We must continue to work to address the challenges we all face such as an ageing population and to dig beneath the surface to discover and address the issues that result in inequalities in health.

In this year's report we want to introduce you to the team and the priorities we have set out for the next 2 years. Contact details are given and I would encourage you to get in touch if you have questions, are interested or wish to get involved in the work we do. It is only by working together that we can ensure that South Gloucestershire remains a great place to live and work.

Dr Mark Pietroni

Director of Public Health, South Gloucestershire Council

Mark.pietroni@southglos.gov.uk

2. The South Gloucestershire Public Health and Wellbeing Division

2.1 The role of public health

Public health looks at the big picture of what can make a difference to people's health. It involves advocacy and action to promote healthy lifestyles, reduce health inequalities, prevent disease, protect health and improve healthcare services. As a society we need to make sure the physical and social environment supports everyone's health and wellbeing in order to minimise ill-health as well as treating people who are sick. We want everyone to be able to make healthier choices that lead to healthier lives, both mentally and physically, regardless of circumstances.

Public health applies in three broad areas: health protection, health improvement and health services. Public health staff monitor population health data, identify health needs, help develop appropriate services and evaluate health programmes.

Some of the main challenges facing public health in South Gloucestershire are population growth, ageing and health outcomes in Priority Neighbourhoods.

2.2 The public health and wellbeing division and our principles

The public health and wellbeing division is led by the Director of Public Health, Dr Mark Pietroni. The structure of the division and the leading staff are shown in Figure 1.

The principles of the team in terms of purpose, vision and values are defined below.

Our purpose

To promote and protect the health of the population of South Gloucestershire and to advocate for those whose voice is seldom heard.

Our vision

To improve healthy life expectancy and reduce health inequalities in South Gloucestershire.

Our values

- we have a culture of excellence
- our work is evidence based and outcome focused
- we are outward looking and client centred
- we are a learning Division who reflect and evaluate
- we are creative, innovative and dynamic
- we are open, trusting and work in partnership

Our priorities for the next two years

- mental health & wellbeing
- childhood poverty
- alcohol harm reduction
- health in schools programme
- childhood obesity
- domestic abuse
- preventing young people starting to smoke
- partnership working across South Gloucestershire Council and with the Clinical Commissioning Group
- commissioning for the health visitor transfer in to the council
- commissioning of sexual health services

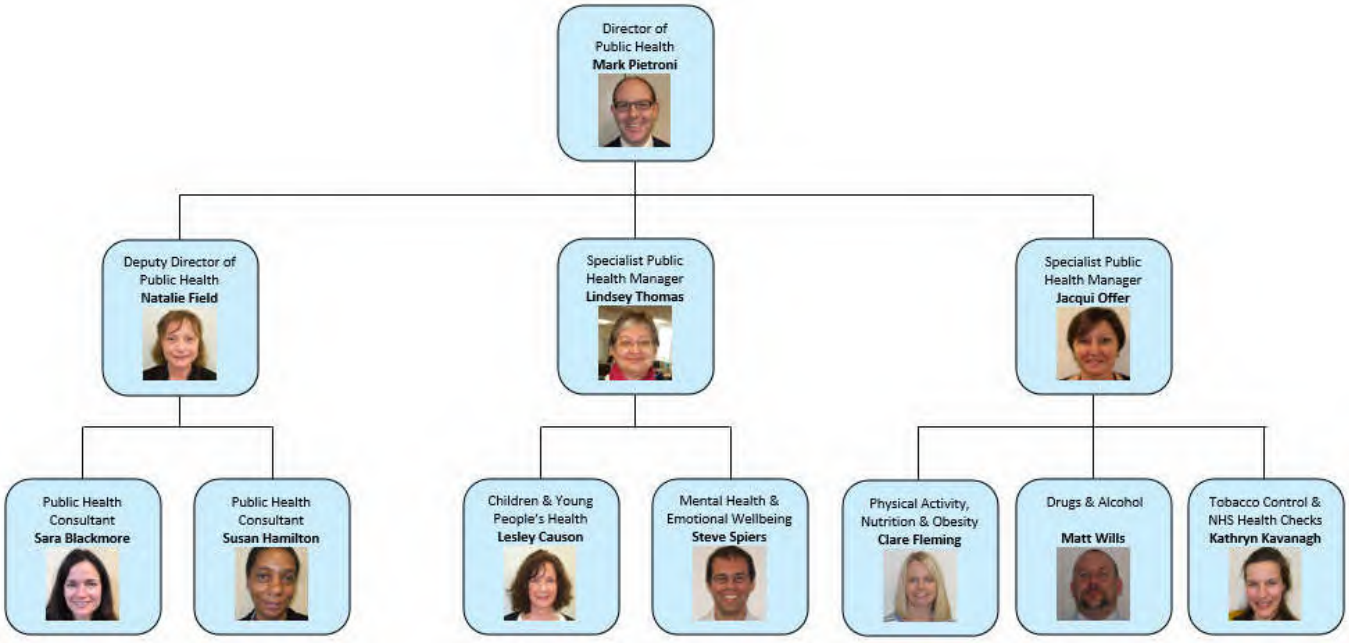


Figure 1. Public Health & Wellbeing Division Management Team and Programme Leads

Health Protection	Public Health Intelligence	Young People Drug & Alcohol Services (YPDAS) Early Years National Child Measurement Programme (NCMP) Breast Feeding Health in Schools	Breakthrough Choices 4 U Health Champions	Healthy Eating Lifeshape Built Environment Walking for Health	Drugs & Alcohol Support to services in community & prison NPS Pilot Alcohol Support Nurse	Stop Smoking Tobacco Control NHS Health checks

3. The case for public health

The financial and social costs of premature deaths and preventable illness are considerable. Costs relate not only to the treatment and care provided by health and social services, but also to the impacts in other sectors such as education, criminal justice, and the workplace.

Preventing ill-health is beneficial for individuals and makes financial sense. Studies have shown that investment in public health programmes and interventions can save money over time. A significant return on investment from public health interventions is seen in many different areas. Figure 2 illustrates the return on investment for active travel intervention.

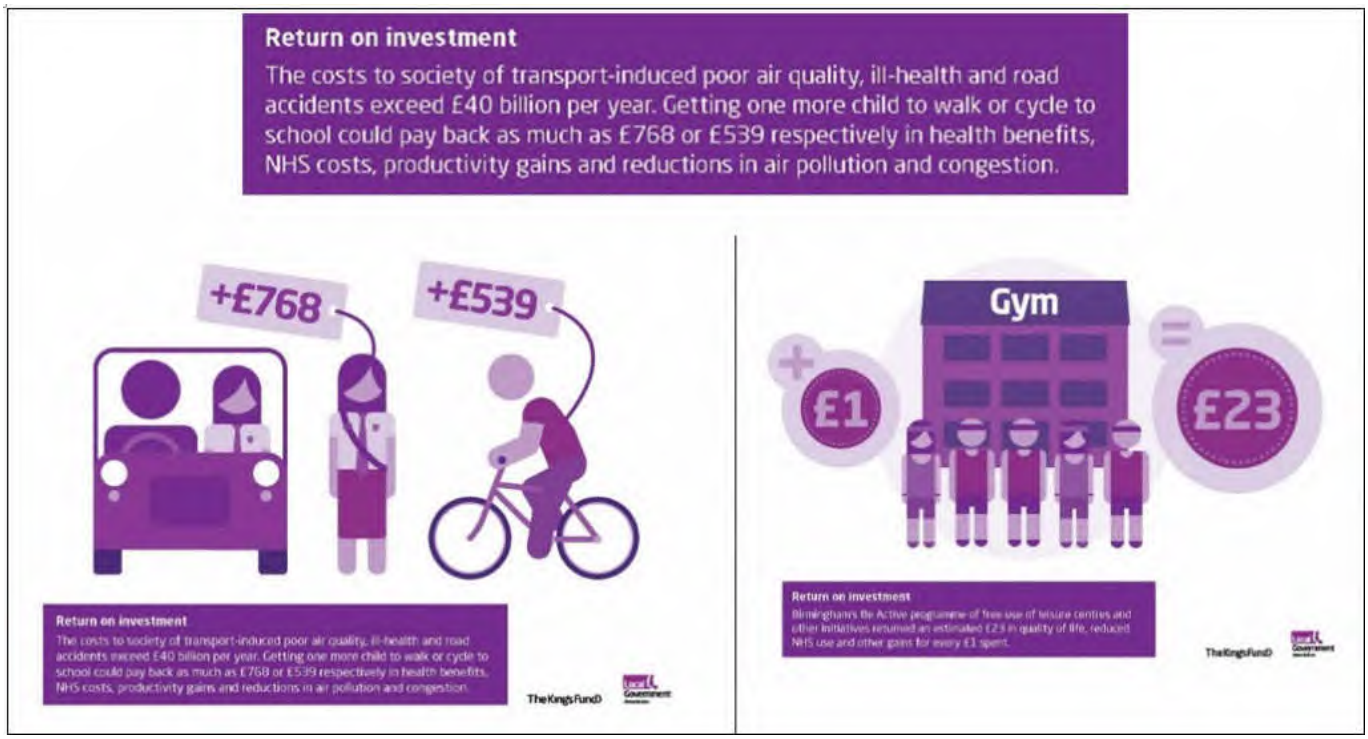


Figure 2. Public health interventions - return on investment

Return on investment for alcohol

Alcohol related harm is estimated to cost UK society £22 billion per year, of which £3.5 billion is the cost to the NHS, £11 billion resulting from alcohol related crime, and £7.3 billion from lost productivity.[1] In this context, the state saves £5 for every £1 invested in motivational interviewing for people with drug and alcohol problems.[2] These savings directly benefit health care, social care and criminal justice systems.

Return on investment for housing

In housing, £1 invested in targeted adaptations to make homes warm, safe, and free from damp saves £11 in terms of hospital admissions for hypothermia, respiratory conditions and accidents.

Return on investment for children

Investing in children is particularly effective in the long run and can help break the intergenerational cycle of disadvantage. School based anti-bullying and smoking programmes save £15 for every £1 invested as a result of lower health care costs, improved school attendance and better educational outcomes. In addition, parenting programmes for children with reduced behavioural disorders pay back £8 over 6 years for every £1 spent.

[1] Institute for Alcohol Studies accessed on 9/3/15. www.ias.org.uk/Alcohol-knowledge-centre/Economic-impacts.aspx

[2] Kings Fund and Local Government Association. Making the case for Public Health Interventions.

4. Knowledge, intelligence and evidence-based practice

Public health knowledge, intelligence and evidence underpins the work of the division, providing information on current and future public health needs to enable services to be effectively targeted and delivered.

The public health intelligence team ensures that strategic decisions and commissioning plans are taken on the basis of sound evidence. This is achieved by understanding the characteristics of the local population and different needs within the population. The team does this by:

- monitoring and analysing the changing population, including inequalities
- investigating patterns of disease and health of the population
- identifying vulnerable groups at risk of social disadvantage and poorer health outcomes
- analysing patterns of health and social care service use to inform changes to services
- ensuring decisions on which services to fund are based on a balance of up-to-date, high-quality research evidence alongside professional expertise
- investigating variations in service activity to improve health outcomes
- demonstrating the benefits of new or modified services, particularly return on investment
- assessing future trends in population health and impact of services

The team's work requires close working with many partners locally including National Health Service (NHS), Clinical Commissioning Group (CCG), South West Commissioning Support Unit, the Public Health England Knowledge Intelligence Team and other local authority public health teams in the West of England (WOE) through the West of England Partnership. Within the council, the team work with the research team and the children adults & health (CAH) performance team.

Joint Strategic Needs Assessment (JSNA)

The JSNA provides a picture of current and future health needs and informs South Gloucestershire's plans for future health and social care. The production of the JSNA is a statutory requirement upon the Health and Wellbeing Board in accordance with the Health & Social Care Act 2012. The board uses the JSNA to inform the Joint Health and Wellbeing Strategy (JHWS). The strategy, in turn, guides local health and social care commissioning plans.

The JSNA:

- is concerned with wider social factors that have an impact on people's health and wellbeing such as housing, poverty and employment
- looks at the health of the population with a focus on behaviours which affect health such as smoking, diet and exercise
- identifies health and care needs in a consistent manner

- identifies health inequalities
- identifies potential interventions which are supported by an evidence base
- reviews current service provision and assets
- identifies gaps in health and care services, documenting unmet needs

The current JSNA (published in March 2013) is available at:

http://hosted.southglos.gov.uk/JSNA/South%20Glos%20JSNA%202013%20v4%20050313.pdf

Work on the new JSNA will start in Summer 2015. The new JSNA will be published in Spring 2016.

Useful documents and links

Public Health Outcomes Framework Data: http://www.phoutcomes.info/

South Gloucestershire Health Profile 2014

http://www.apho.org.uk

Quality of Life Report

http://www.ourareaourfuture.org.uk/quality-of-life-report-is-south-gloucestershire-a-great-place-to-live-and-work/

For more information please contact: Susan Hamilton, Public Health

Consultant susan.hamilton@southglos.gov.uk

5. Health protection and emergency planning

Health protection addresses threats to human health from infectious diseases and hazards such as chemical releases. Directors of public health in England are responsible on behalf of their local authorities for ensuring plans are in place to protect the health of the population from threats ranging from relatively minor outbreaks to full-scale emergencies. This includes plans for communicable disease, infection control, sexual health, environmental health, emergency planning, screening and immunisation programmes. In essence, the director of public health's role in health protection is about providing robust assurance and advocacy on behalf of the local population.

The health protection function is not new to local authorities - environmental health and emergency planners already work to protect health by monitoring food safety, improving health & safety in the workplace and developing emergency plans. The challenge for local authorities now lies in delivering broader health protection functions in a new health landscape, in which there are multiple organisations with different responsibilities including Public Health England (PHE), NHS England and Clinical Commissioning Group. Assurance is exercised through the Health Protection Assurance Group. The group monitors key health protection issues and provides a forum for partners to discuss challenges, risks and areas of joint work.

A focus on flu

South Gloucestershire performed much better than other areas in relation to flu vaccination coverage and uptake for all groups remained above the national average by the end of the 2014/15 flu programme. However, Table 1 shows that performance was lower across the majority of groups (excluding pregnant women) for the 2014/15 programme compared with the 2013/14 programme. South Gloucestershire will be working towards improving performance for the 2015/16 season with a focus on health and social care staff.

Table 1. Influenza vaccination uptake

Flu vaccination uptake by group	Target	13/14 programme uptake rate	14/15 programme uptake rate
65 years and over	75%	79.4%	78%
At risk clinical groups	Improve on 13/14	59.6%	56.9%
Pregnant women	Improve on 13/14	46%	47.8%
Carers	Improve on 13/14	56.8%	54.8%
Children	-	50.2%	49%

Community outbreaks of infectious disease

Between April 2014 and February 2015, there were 25 different outbreaks recorded in out-of-hospital settings in South Gloucestershire (source: HP Zone database). Of these, the main types of outbreaks were norovirus and respiratory disease. About two-thirds of the recorded outbreaks occurred in care homes with a much lower proportion occurring in schools, nurseries and prisons. Infectious disease training and an associated information pack will be produced for care homes in 2015/16.

For more information please contact Simon Hailwood, South Gloucestershire Council Lead for Emergency Planning simon.hailwood@southglos.gov.uk

6. Our priorities – 6.1 Mental health

Mental health is a major public health issue. At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any time (this suggests 36,000 people in South Gloucestershire[1]). In addition to the economic costs, mental ill-health is linked to personal and social costs such as poor physical health, reduced life expectancy, unemployment and social exclusion. The development of a local mental health and wellbeing strategy was identified as a key aim in South Gloucestershire's first Joint Health and Wellbeing Strategy (2013-16)[1].

A needs assessment was completed in 2014/15 to obtain local mental health data to inform the mental health and wellbeing strategy. This was a comprehensive, multi-agency collaborative process (led by public health) which included a service provider mapping event, an overview of national and local strategies and policies, the identification of local prevalence and service use data, engagement with service users and carers using questionnaires and face-to-face interviews and a stakeholder feedback event. The needs assessment identified groups with the highest risk of mental ill-health in South Gloucestershire and the following local priorities:

- making the links with other key services (drug and alcohol, employment services)
- development of sub-threshold preventative and community based interventions
- consistency of GP care for people with mental illness
- increasing the capacity of secondary mental health services
- care co-ordination for individual service users
- availability of consistent and joined up support after mental health crises or discharge from hospital
- continued promotion of service user involvement in designing and commissioning services
- tackling stigma and promoting whole population mental health awareness
- mental health training for specialist and non-specialist staff.

Key stakeholders have been identified and the process of developing the mental health and wellbeing strategy and associated action plan is underway by the public health and wellbeing division.

For more information contact or to get involved please contact Steve Spiers, Programme Lead for Mental Health & Emotional Wellbeing.

steve.spiers@southglos.gov.uk

[1] ONS 2012 mid-year population estimates for South Gloucestershire.

South Gloucestershire Joint Health and Wellbeing Strategy 2013-2016. Available from http://www.southglos.gov.uk/documents/Health-Wellbeing-Strategy-Final.pdf

6.2 Child poverty

A child is defined as living in poverty if their household income is less than 60% of the median average income.[1] Child poverty is a major source of inequalities which can persist throughout life. Children who grow up in poverty are four times as likely to be poor adults, becoming the parents of the next generation of children living in poverty. A child growing up in poverty has a greater likelihood of experiencing health problems and of accumulating physical and mental health problems throughout life.

In South Gloucestershire, more than 6,000 children are defined as living in poverty (one in ten on average). Rates of child poverty vary considerably between wards (Figure 3). The child poverty rate is one in five children in the three wards with the highest rates and less than one in 20 children in the three wards with the lowest rates.

[1] Public Health Outcomes Framework

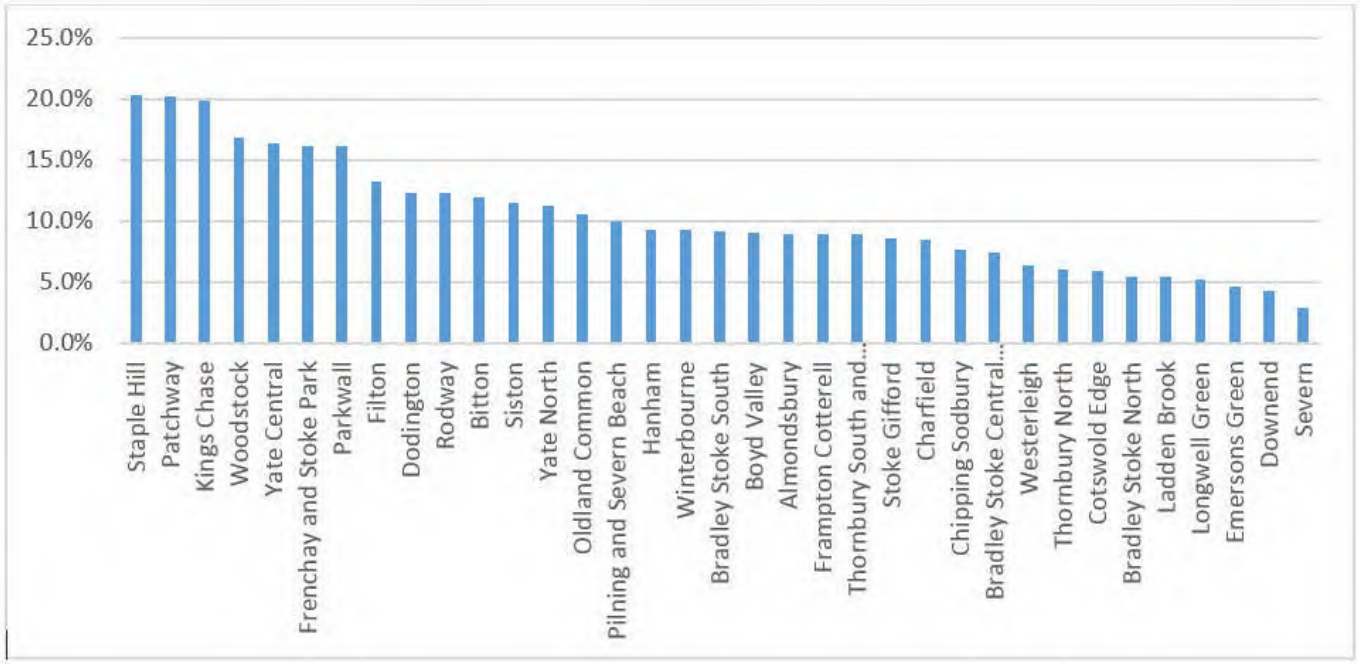


Figure 3. Child poverty in South Gloucestershire by ward

Source: HM Revenue & Customs - Personal tax credits: Children in low-income families local measure snapshot as at August 2012

The main drivers of child poverty are unemployment and low pay. Tackling child poverty is a priority both nationally[1] and locally. South Gloucestershire's Joint Health and Wellbeing Strategy 2013-2016 identifies 'Reducing Childhood Poverty' as a key issue under its priority theme of Tackling Health Inequalities. A needs assessment is underway to inform South Gloucestershire's Child Poverty Strategy.

For more information please contact Lindsey Thomas, Specialist Public Health Manager lindsey.thomas@southglos.gov.uk

[1] Child poverty strategy 2014 to 2017, Department for Education 2014. Available at: https://www.gov.uk/government/publications/child-poverty-strategy-2014-to-2017)

6.3 Domestic abuse

Domestic abuse covers physical and mental abuse between people who have, or have had, a relationship. It also includes honour based violence, forced marriage, sexual abuse and female genital mutilation.

According to the Office of National Statistics, 7.1% of women and 4.4% of men experienced some form of domestic abuse in 2012/13.[2] This suggests that about 5,500 women and 3,800 men aged 16–59 years in South Gloucestershire are likely to have experienced domestic abuse in the last year. Groups at higher risk of domestic abuse include young people, pregnant women, disabled people, and those living in more deprived areas. The reported rate of domestic abuse[3] in South Gloucestershire (12 per 1000) is below the national rate (18.8 per 1000).

Relatively little is known about the incidence of domestic abuse amongst older people. There are a number of factors which may contribute to this lack of knowledge, such as greater social and cultural barriers and poorer recognition of domestic abuse of this age group by professionals. The boundary can be blurred between elder abuse and domestic abuse of older people and this could affect the level of attributed cases.

The effects of domestic abuse on those experiencing it are significant including injury, depression, anxiety and even death. Children affected by domestic abuse are more likely to experience poor outcomes in terms of their physical, emotional and social development, educational attainment and health. They are more likely to become perpetrators or victims of domestic abuse as adults. Domestic abuse also presents financial costs to individuals and society linked to the cost of providing services, absences from work/school and lost productivity.

The director of public health chairs the Partnership Against Domestic Abuse (PADA) which ensures organisations work together effectively on domestic abuse. Services currently being provided include the Independent Domestic Violence Advocacy service in North Bristol Trust Emergency Department and the IRIS project (Identification and Referral to Improve Safety) which is a GP-based domestic abuse training support and referral programme.

Going forward there will be a continued focus on children and those at high risk through prevention programmes, provision of high quality services and staff training.

For more information please contact Mark Pietroni, Director of Public Health mark.pietroni@southglos.gov.uk

[1] http://webarchive.nationalarchives.gov.uk/20160105160709/http://ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2012-13/index.html

[1]Reported to the police.

[2] http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2012-13/rpt-chapter-1---overview-of-violent-crime-and-sexual-offences.html

http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2012-13/rpt-chapter-1---overview-of-violent-crime-and-sexual-offences.html

[3] Reported to the police.

6.4 Schools

Health and wellbeing in school-aged children is important for educational achievement and for setting a pattern of healthy behaviour throughout life.

Over the year, the public health and wellbeing division have developed the South Gloucestershire Health in Schools Programme to promote, support and celebrate health and wellbeing in schools. An important element of this initiative has been engaging with school communities and building a network of professionals within and beyond the council. The vision of the programme is to enable each school to develop an ethos and culture through which healthy behaviours are adopted. The approach will be continuously developed through monitoring and evaluating its impact.

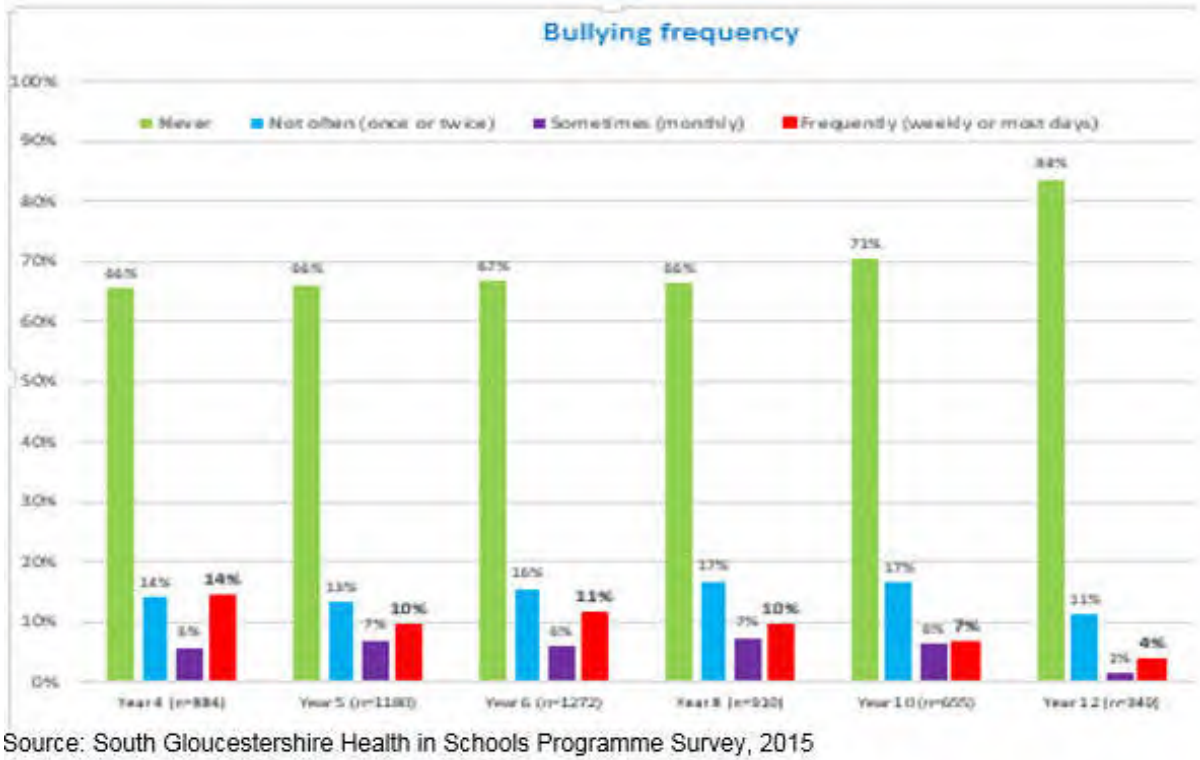
The public health and wellbeing division commissioned a survey in 2014 to obtain current and relevant data on the health-related behaviours of school-aged children in South Gloucestershire. This was done to ensure that the Health in Schools Programme is needs-led. Over 60% of eligible schools participated in the survey with over 6,000 pupils responding and there is now a dataset for use in planning actions and measuring outcomes. The Health in Schools Steering group will review the survey findings to identify forward priorities for the programme.

Figures 4 and 5 show self-reported bullying frequency and stress levels amongst school-aged

children. Both these indicators are important for measuring emotional health and wellbeing amongst young people.

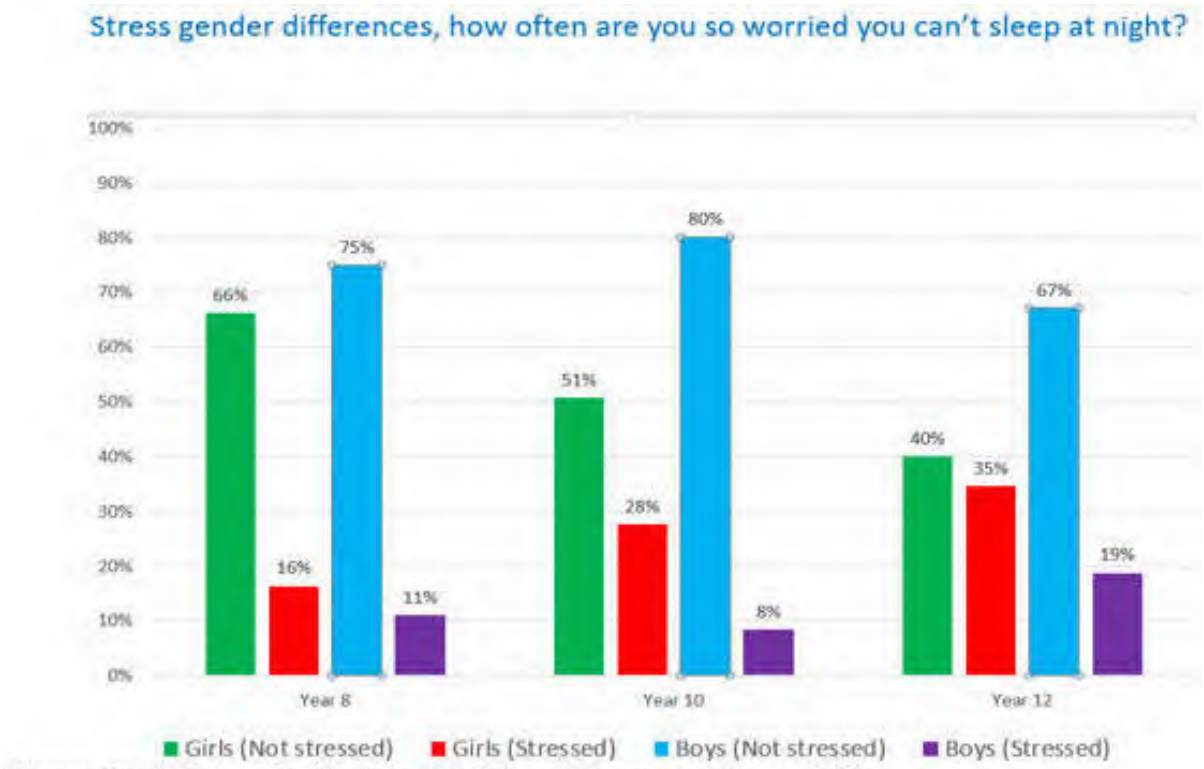
Figure 6 shows self-reported physical activity levels amongst secondary school pupils. Generally girls have lower levels of physical activity compared to boys. The findings from this survey will be used to set targets within South Gloucestershire's new Physical Activity Strategy e.g. children and young people (predominately girls) to be active for at least 60 minutes each day.

For more information or to get involved please contact Sarah Godsell, Health and Wellbeing Partnership Officer – Schools
sarah.godsell@southglos.gov.uk



Source: South Gloucestershire Health in Schools Programme Survey, 2015

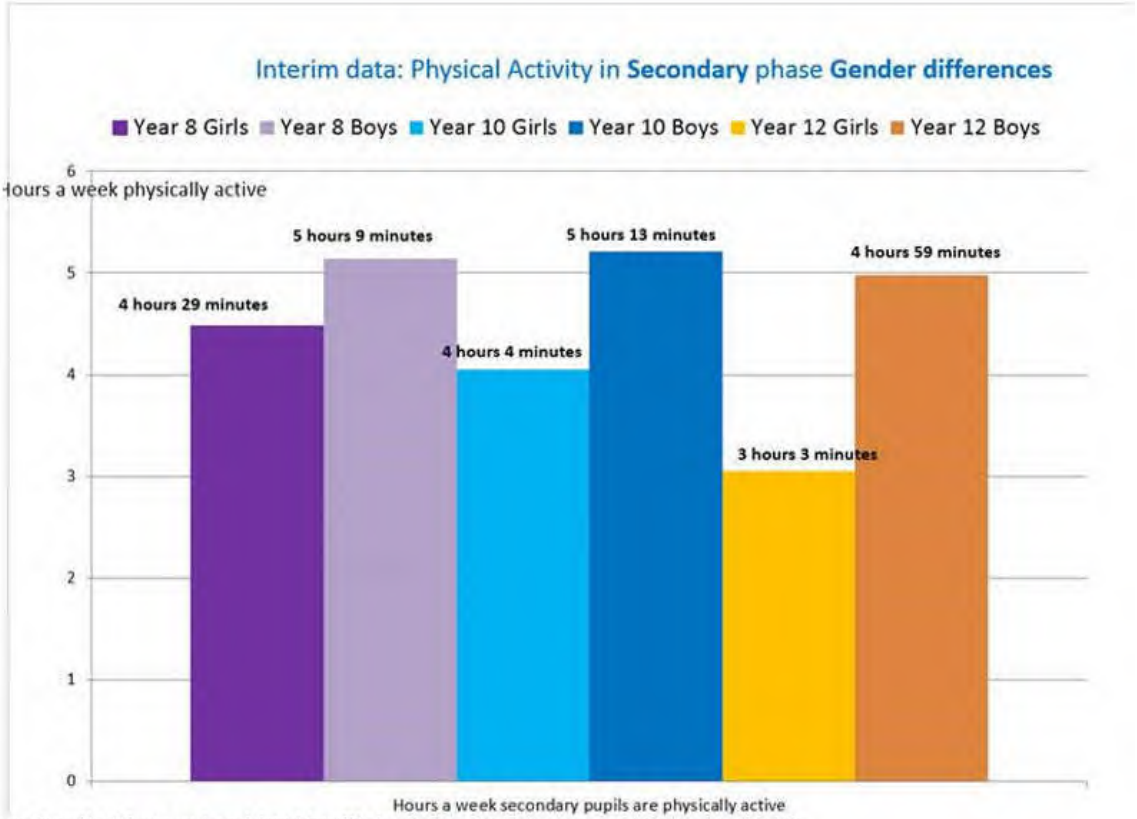
Figure 4. Bullying frequency amongst school-aged children



Source: South Gloucestershire Health in Schools Programme Survey, 2015

Figure 5.

Stress amongst school-aged children



Source: South Gloucestershire Health in Schools Programme Survey, 2015

Figure 6.

Physical activity amongst secondary school pupils

6.5 A whole-system approach – a focus on alcohol

Alcohol harm is a good example of an issue that requires a whole-system approach.

The South Gloucestershire Alcohol Harm Reduction Strategy (2014-17)[1] was produced by the local Alcohol Stakeholder Group in 2014. The first priority identified for the healthcare system is to apply a whole-system approach to commissioning and planning, in which commissioners address all stages from prevention through to specialist care.

A number of indicators help measure the level of harm caused by alcohol within South Gloucestershire. Indicators such as those shown in Table 2 reflect the burden of illness and hospital care demand that could be avoided if a whole-system approach to alcohol harm reduction is taken.

Table 2. Main healthcare indicators for alcohol

Area	Emergency admissions for alcohol-related liver disease (2013/14 provisional) *	Under 75 mortality from liver disease (2013) **
South Gloucestershire	18.3	12.2
England	24.1	15.5

Source: HSCIC

*Age and sex directly standardised rate for >18s per 100,000 registered population
** Age and sex directly standardised mortality rate per 100,000 registered population

Actions taken in 2014/15 have involved engagement of health and wellbeing board members and key health and local authority commissioners. As a result three pilot posts offering services across organisational boundaries are now operational.

For example, an alcohol interface nurse is now in post to ensure patients do not attend hospital unnecessarily and that appropriate services are identified for them in the community. Other examples of whole-system work include identifying clients through NHS Healthchecks and the continuation of GP alcohol liaison nurse posts in the community.

Public health and wellbeing's next steps for developing a whole-system approach to alcohol include:

- evaluate local pilots. Monitoring is underway to support robust evaluations and enable joint commissioning

- review service provision against NICE guidance and examples of best practice (see Figure 7)
- generate innovative service design ideas, with a focus on vulnerable and at risk groups such as children and young people and priority neighbourhood populations

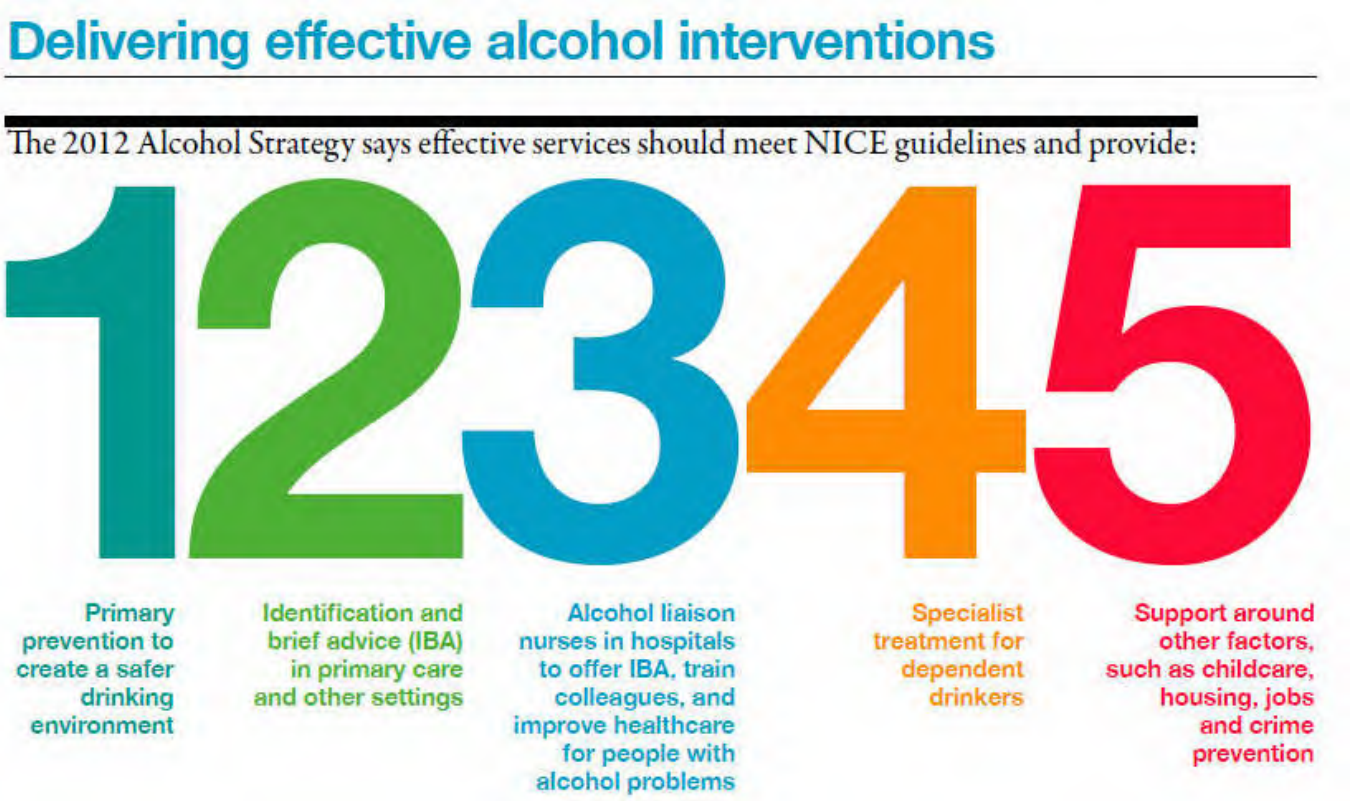


Figure 7. NICE guidelines – effective services to reduce the harm caused by alcohol

For more information or to get involved please contact Sara Blackmore, Public Health Consultant sara.blackmore@southglos.gov.uk

6.6 Childhood obesity

Overweight and obese children and young people are at increased risk of developing various health problems and are more likely to become obese adults.

Following a long-term rise (based on national data) there are signs that the overweight and obesity rates in South Gloucestershire amongst Reception children may have peaked (at about 14% and 9% respectively) and started to decline (to about 11% and 7% respectively) over this period although the recorded obesity rate increased over the last year of data. Figure 8 shows the overweight rates for children in Reception and Year 6 in South Gloucestershire between 2008/09 and 2013/14 and Figure 9 shows the obesity rate.

The trend for Year 6 children is less pronounced. The obesity rate appears to have reached a plateau in 2008/09 and 2009/10 (about 17%) and reduced to 14.4% in 2013/14. This pattern may reflect a gap in the trend in obesity rates for Year 6 compared to Reception children.

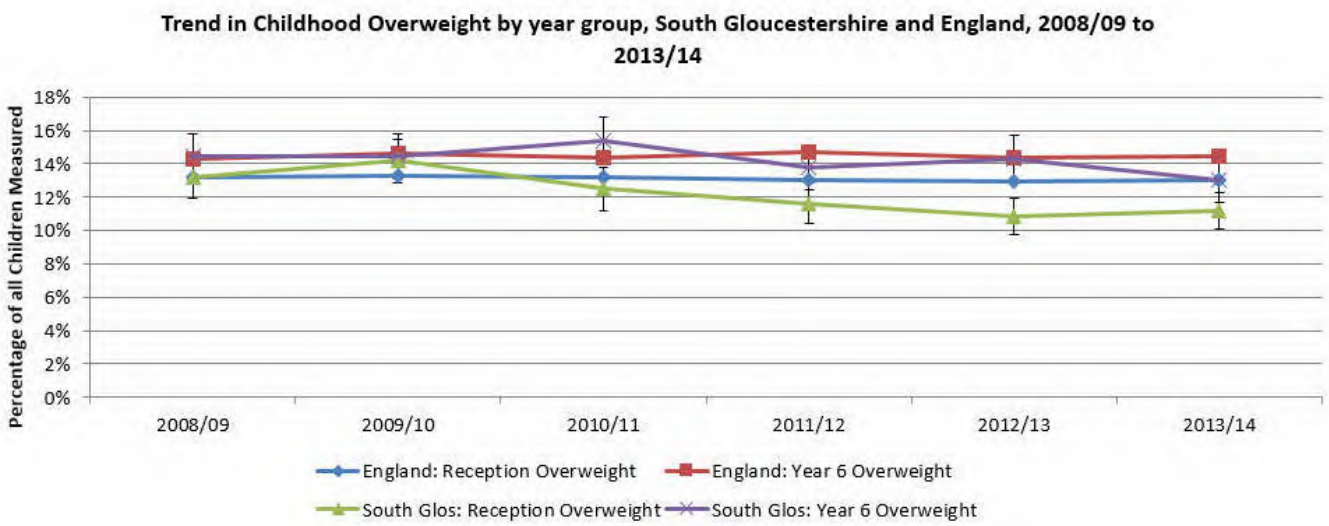


Figure 8. Overweight by year group, 2008/09 to 2013/14; South Gloucestershire and England

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Public Health England, Children, Young People and families NCMP Dataset

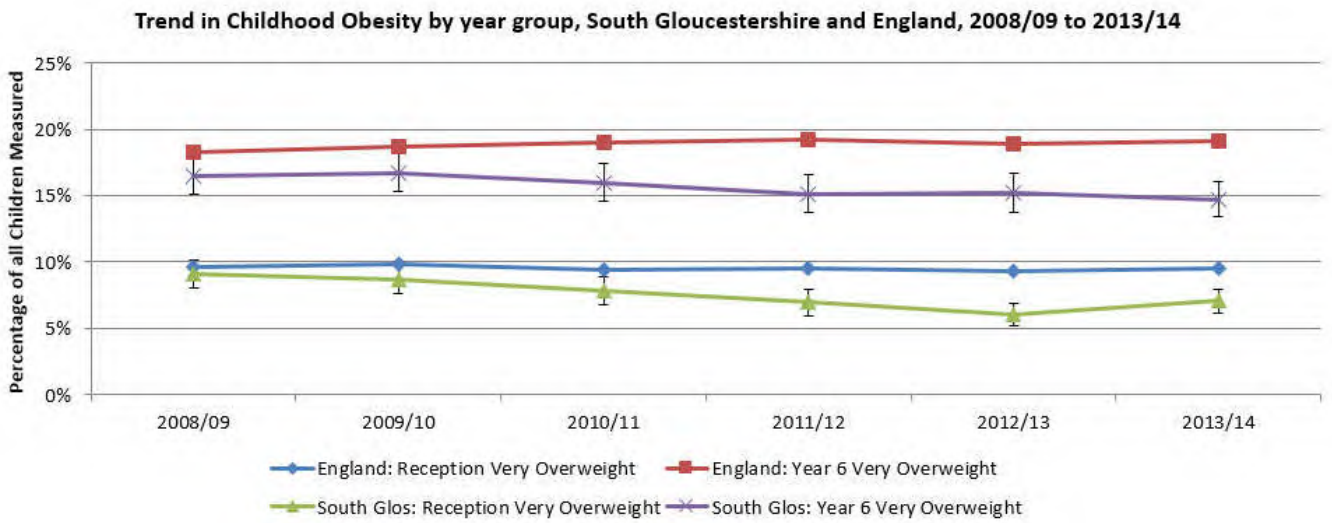


Figure 9. Obesity by year group, 2008/09 to 2013/14; South Gloucestershire and England

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Public Health England, Children, Young People and families NCMP Dataset

South Gloucestershire's Healthy Weight and Obesity Strategy 2014-2020

Eating well and being physical active are both important for the prevention and management of overweight and obesity.

South Gloucestershire's Healthy Weight and Obesity Strategy has three main strands all of which address physical activity and diet:

- Prevention and early intervention, for example good maternal nutrition, encouraging breastfeeding and appropriate weaning.
- Creating an environment which supports children and families adopt and sustain healthy behaviours, for example creating safer routes to encourage children and their parents to walk to school.
- Treatment for children and young people with weight management problems.

Progress has been made in implementing the strategy across all three strands. For example, South Gloucestershire was awarded full accreditation for UNICEF Baby Friendly Breastfeeding Initiative in March 2014.

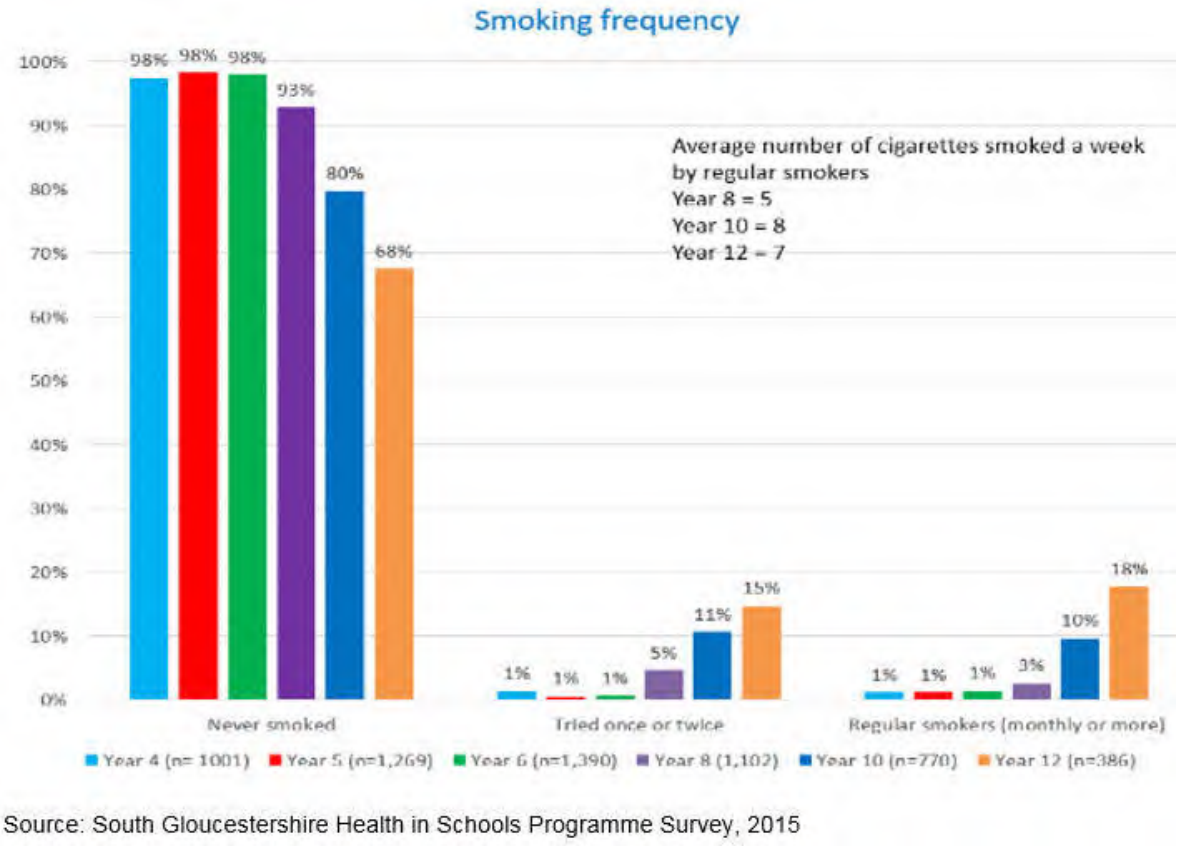
For more information please contact Clare Fleming, Programme Lead Obesity, Nutrition and Physical Activity clare.fleming@southglos.gov.uk

During 2014/15 there has been significant development of South Gloucestershire's adult overweight and obesity services. For 2015/16, the priority will be develop a healthy weight care pathway for children and young people.

6.7 Preventing young people starting to smoke

Children who start smoking before the age of 16 are twice as likely to continue as adults compared to those who take up the habit later.

Figure 10 shows the level of self-reported smoking amongst school-aged children in South Gloucestershire rises significantly with age between Years 8 and 12. By Year 12, almost one third of school-aged children reported having smoked at least once.



Source: South Gloucestershire Health in Schools Programme Survey, 2015

Figure 10. Smoking frequency amongst school-aged children

ASSIST – A stop smoking in schools programme

ASSIST is an on-going smoking prevention programme which has been running in South Gloucestershire since 2009. ASSIST encourages new norms of behaviour around smoking by training influential Year 8 students to work as 'peer supporters'. Peer supporters are trained and supported to have informal conversations with other Year 8 students about the risks of smoking and the benefits of being smoke-free.

ASSIST has been evaluated by a randomised controlled trial funded by the Medical Research Council. The trial found the ASSIST programme to be effective in reducing smoking prevalence over a two year period of follow-up. It is estimated that full-scale adoption of the programme across the UK would prevent 20,000 young people taking up smoking each year. On a similar basis, it is estimated that the ASSIST programme could prevent about 100 school-aged children taking up smoking each year in South Gloucestershire.

In October 2015, new legislation will come into force which enforces no smoking in cars when children are present. The public health and wellbeing division will be championing the implementation of smoke-free homes and cars across South Gloucestershire during 2015/15.

For more information please contact Kathryn Kavanagh, Programme Lead kathryn.kavanagh@southglos.gov.uk

For further information on South Gloucestershire's public health and wellbeing division please visit www.southglos.gov.uk.

If you need this information in another format or language please contact 01454 868009