

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Director of Public Health
to
People Scrutiny Committee
on
8th October 2013

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Director of Public Health

The 2013 Annual Report of the Director of Public Health
People Scrutiny Committee
Executive Councillor: Councillor Holdcroft
A Part 1 Public Agenda Item

1. Purpose of Report

1.1 To present the 2013 Annual Report of the Director of Public Health.

2. Recommendation:

2.1 To note the contents and recommendations of the 2013 Annual Report of the Director of Public Health.

3. Background

3.1 Annual reports have played an important part in public health practice ever since the early days of Medical Officers of Health. They remain an important vehicle for informing local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on health priorities and service gaps that need to be addressed.

3.2 The Annual Report of the Director of Public Health is intended to be an independent assessment of the health of the community based on sound epidemiological evidence and interpreted objectively. With the transfer of public health into local authorities, the Health and Social Care Act 2012 has maintained the tradition for the Director of Public Health to prepare an Annual Report and has placed a duty on the local authority to publish it.

4. The 2013 Annual Report of the Director of Public Health

4.1 Lifestyle-related disease represents the most pressing public health threat of modern times. The World Health Organisation attributes nearly 50% of the burden of illness in developed countries to the four key unhealthy lifestyle behaviours: smoking, physical inactivity, a poor diet which includes a high fat and sugar intake with low consumption of fruit and vegetables, and excessive

alcohol consumption. Lifestyle-related diseases have a strong social gradient and disproportionately harm the most disadvantaged in communities.

The focus of the 2013 Annual Report of the Director of Public Health is on tackling the key unhealthy lifestyle behaviours, and looks at their impact on the health of the local population and the actions being taken to address them.

The report also includes a chapter on issues relating to sexual health, which is one of the mandated services for local authorities under the Health and Social Care Act 2012.

4.2 The report is divided into five chapters that consider the four unhealthy lifestyle behaviours and the topic of sexual health.

4.3 **The Population of Southend**

The latest figures put the population of Southend at 174,838. This is expected to rise by 6.6% by 2021 to 186,399, with a 14% increase in those aged 65 and over. After age, deprivation is the largest predictor of health need. Southend has a higher proportion of people in the most deprived quintile (21.8%) than the national average.

4.4 The main causes of death in men and women are circulatory diseases and cancers. Premature deaths are defined those which occur under the age of 75, and are a more indicative measure of deaths that may be reduced through prevention or early intervention. They are also more indicative of the relationship between disadvantage and ill health.

4.5 In general there has been a gradual decline in the number of premature deaths from cancers in Southend, which reflects the national picture. However, premature deaths from lung cancer in women are showing less of a reduction compared to men. Smoking tobacco is the single biggest risk factor for lung cancer. The premature mortality rate from colorectal cancer in women has declined, the rate for men has been subject to greater levels of fluctuation. The causes of colorectal cancer include obesity, poor diet, physical inactivity, smoking and alcohol consumption.

4.6 Cardiovascular disease (CVD) is the most common cause of death in the UK. The majority of CVD deaths are from coronary heart disease (46%) and stroke (23%). The mortality rates from all circulatory diseases for men and women of all ages in Southend have continued to fall.

4.7 **Smoking**

Smoking is the single biggest cause of ill health and premature death. Smoking tobacco releases over 4000 chemicals, 40 of which are harmful and include mercury, arsenic, formaldehyde and cadmium, which can cause cancer when inhaled. Nicotine is highly addictive and produces unpleasant withdrawal symptoms. This is one of the reasons why smokers find it hard to stop.

4.8 The prevalence of smoking has fallen over the last 40 years, with a slower rate of decline since 2007. The smoking prevalence of adults in Southend is currently estimated to be 22.4%, which is significantly higher than the England average (20%). People classified as routine and manual groups have a higher

smoking prevalence compared to those in managerial and professional groups and are more likely to be heavier smokers.

4.9 Around 65% of smokers started their habit as a teenager. Younger smokers are more susceptible to the carcinogens in tobacco smoke and are three times more likely to die from lung cancer than those starting to smoke in their 20s. Smoking in pregnancy causes harm to the mother and unborn child, and may lead to a stillbirth, a low birth weight or death in early life.

4.10 There is a wide variety of initiatives at a national and local level to reduce smoking prevalence and reduce harm from smoking and exposure to second hand smoke. These include legislation on smoke free environments, age of sale and advertising and display of tobacco products. The Council now hosts the specialist South East Essex Stop Smoking Service and local residents can also access their GP and community pharmacies for help to stop smoking. Regulatory services in the Council have a targeted enforcement programme to reduce the amount of counterfeit and illegal smuggled tobacco products.

4.11 **Obesity, Physical Activity and Healthy Eating**

The World Health Organisation has described the world wide rapid rise in obesity levels as an 'epidemic', and regards childhood obesity as one of the most serious public health challenges for the 21st century.

4.12 Modelled estimates suggest that 24% of adults in Southend are obese, which is not significantly different to the national average of 24.2%. Modelled estimates suggest that 28.7% of adults in Southend eat the recommended 5 portions of fruit and vegetables per day.

4.13 The National Childhood Measurement Programme (one of the Council's mandated services) is the main data source for levels of overweight and obesity in children. Southend has a similar percentage of children in Reception (21.9%) and a higher percentage in Year 6 (36.85%) classified as obese or overweight compared to the England average. Overweight children are more likely to become overweight teenagers, who in turn have a 70% chance of becoming overweight or obese adults.

4.14 The high level of obesity in the population is a major public health concern. Being overweight or obese significantly increases the risk of developing and dying from cardiovascular disease. It is also strongly linked to the development of Type 2 diabetes. Overweight and obesity also increases the risk of liver disease and some cancers. Obese elderly people are at an increased risk of vascular dementia and Alzheimer's disease.

4.15 Physical activity contributes to healthy weight and also provides a number of other substantial health benefits. Only 21% of the population achieves the recommended level of 150 minutes each week of moderate intensity physical activity each week.

4.16 There is a complex interplay of social, psychological and environmental factors which affect what and how much people eat and how active they are. The Annual Report describes a wide variety of initiatives at a national and local level

to increase levels of physical activity and to help people of all ages to achieve and maintain a healthy weight.

4.17 **Alcohol**

Although alcohol consumption in the UK has declined since 2005, the exposure of the population to alcohol-related harm remains at a high level. The most recent statistics from the 2011 Health Survey for England demonstrate that the frequency of drinking increased with age and this was greater for men than for women. There has been a slight downward trend in binge drinking levels in England over the last 4 years. Similarly, the overall proportion of young people who do not drink is increasing. Those who do drink alcohol, however, are now drinking more.

4.18 Over one in five people in Southend aged over 16 years are drinking at hazardous levels and 7.2% are drinking at harmful levels with consequences for their health. Alcohol kills thousands of men and women in the UK every year. Around two thirds of deaths directly related to alcohol are from liver disease. In Southend mortality rates from chronic liver disease in males and females are higher than the England average.

4.19 Alcohol-specific (i.e. wholly caused by alcohol use, such as alcoholic liver disease) hospital admissions in Southend for men and women are lower than the England average. However, alcohol-attributable hospital admissions, which includes conditions that are partially attributable to alcohol, are higher than the England average for men and women. There has been an upward trend in alcohol-attributable hospital admissions for men and women over the last 5 years in Southend and nationally.

4.20 Alcohol misuse has a wider impact on society, including alcohol related crime, anti-social behaviour and violence. It can also impact on family and social networks leading to marriage breakdown, poverty, loss of employment and child abuse. It is estimated that alcohol misuse costs society £21 billion a year.

4.21 The Annual Report describes a variety of national and local initiatives to reduce the impact of alcohol misuse on the individual and society. These include access to alcohol, price, legislation and regulation, and initiatives around the night time economy.

4.22 **Sexual Health**

In 2012, the total number of new cases of sexually transmitted infections (STIs) diagnosed in England through Genito-urinary Medicine (GUM) clinics and community based settings increased by 5%. There are however, some limitations to comparing with data from previous years due to changes in surveillance and data collection methodology. Of the new cases the most common STIs were chlamydia, genital warts, genital herpes and gonorrhoea. This is reflective of the situation in Southend.

4.23 In 2011, there were 281 people in Southend diagnosed as living with HIV infection. With a rate of 2.76 cases per 1000 population aged 15-59, Southend is considered to be a high prevalence area. More people were diagnosed late with HIV in Southend in 2011, compared nationally (58% and 47%). Local

action is being taken to tackle this and the offer and uptake of an HIV test in GUM clinic attendees is high (93% and 80% respectively).

- 4.24 The unintended teenage pregnancy rate in Southend has reduced by 27% in the ten years to 2011, but still remains above the national average.
- 4.25 The Annual Report describes the range of services in Southend to provide contraceptive advice and testing for STIs and their management.

5.0 Reasons for Recommendations

- 5.1 From 1st April 2013, the Council has a statutory duty to improve the health of the population. Tackling unhealthy lifestyle behaviours will help to reduce the burden of lifestyle diseases and lead to improved population health.

6.0 Corporate Implications

- 6.1 **Contribution to Council's Vision & Corporate Priorities**
Tackling unhealthy lifestyle behaviours will lead to improved health and wellbeing. A healthy population will reduce demands on services and provide a healthier workforce to contribute to the economic prosperity of the borough.
- 6.2 **Financial Implications**
Whilst there are no financial implications arising directly from the contents of this report, the Annual Public Health Report should influence future prioritisation and allocation of resources.
- 6.3 **Legal Implications**
There are no legal implications arising directly from this report.
- 6.4 **People Implications**
None.
- 6.5 **Property Implications**
None.
- 6.6 **Consultation**
Not required.
- 6.7 **Equalities and Diversity Implications**
The Annual Public Health Report provides evidence that whole population health needs are assessed and considered.
- 6.8 **Risk Assessment**
A risk assessment will be undertaken of individual initiatives to tackle the key issues highlighted in the report.
- 6.9 **Value for Money**
No implications.

6.10 Environmental Impact
No implications.

7.0 Appendices
Appendix 1: Summary of recommendations

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Smoking

- Increase awareness of dangers of second hand smoke and encourage parents to protect their families by making homes and cars smoke free
- Ensure clear referral pathways are in place for women who are trying to conceive, those women who are pregnant women and their partners, to help them access effective support to stop smoking
- Ensure all providers commissioned to deliver services to the public on behalf of Southend-on-Sea Borough Council have in place appropriate policies to protect workers and visitors from the effects of tobacco smoke
- Develop clear protocols and pathways for local health visiting and school nursing services to support the identification and referral of parents who smoke to Stop Smoking Services
- Ensure staff with a front facing role in local public sector organisations (benefits, housing, social care, parks, highways, leisure) receive training in brief advice so they are able to signpost smokers to appropriate support (Making Every Contact Count)

Obesity, Physical Activity and Healthy Eating

- Develop a Southend obesity strategy
- Develop new approaches to improve breastfeeding initiation and continuation rates
- Increase emphasis on healthy eating and active play in Early Years
- Work with Southend CCG, social care and maternity services to commission adult weight management services including support for obese pregnant women
- Increase uptake of NHS Health Checks and referral to appropriate risk-management services, particularly in those communities at greatest risk
- Develop a local public health responsibility deal and network to share best practice and promote healthy eating, increased physical activity and reduced alcohol consumption, all of which can promote a healthy weight
- Continue to deliver population-wide programmes to encourage active play for young children and active lifestyles for older children and adults

Alcohol

- A multi-agency group should be formed to refresh the Southend-on-Sea Alcohol Harm Reduction Strategy and identify partnership actions to tackle alcohol related harm
- Sexual health services should provide information that highlights the link between alcohol consumption and poor sexual health outcomes and signpost sources of useful advice on drinking sensibly. They should provide clear information about self-

referral options as additional support for people wishing to reduce their alcohol intake

- Clinicians providing sexual health services should be trained in asking about drinking habits through use of a recognised screening tool and implementing a single brief intervention
- Deliver an alcohol awareness campaign when the new sensible drinking guidelines are published by the Chief Medical Officer for England
- Work with small and medium enterprises in Southend-on-Sea to sign up to alcohol pledges as part of the Southend-on-Sea Public Health Responsibility Deal

Sexual Health

- Develop a comprehensive sexual health strategy for Southend-on-Sea
- Review, redesign and commission an integrated sexual health service and pathway for Southend-on-Sea
- Develop a bespoke social marketing programme for Southend-on-Sea that normalises sexual health screening in the context of chlamydia in the most disadvantaged communities in the borough
- Implement alcohol brief interventions for all attendees at GUM and community sexual health settings
- Identify follow-up and engage with all young people admitted to hospital for an alcohol-attributable condition, signpost to appropriate agencies to enable screening for STIs and interventions to prevent unintended teenage pregnancy