

Public Health update for Health Select Committee, September 2015
Bruce Laurence, director of public health

1. Improving fitness and health in older people

Retirement in ACTION: REACT funded by the National Institute for Health Research

REACT is a UK study based on a successful US programme called LIFE. It is designed to support older adults to become more active.

It is being run by the University of Bath in conjunction with others and Bath will be one of the pilot sites.

- REACT will recruit sedentary, community living, older adults (65 yrs and over) who are at risk of major mobility limitations –
- 758 participants will be recruited across three sites in England through primary care and third sector organisation

A 12 month programme delivered in leisure centres and health clubs. Participants will be offered group sessions (15-20 per group) targeting cardiovascular, strength, co-ordination and flexibility. It includes a focus on socialising opportunities and enjoyment and promotes local activities to sustain long term impact

REACT participants will be randomly allocated to the REACT intervention or the control group, the latter given basic information, four sessions at a healthy living education group and vouchers.

A pilot REACT study will start in Spring 2016 to test the recruitment and measurement strategies. 180 people (60 in Bristol/Bath) will take part across the three centres. Main trial begins in Autumn 2016.

Oxford University's Centre for functional MRI of the Brain will be running a sub-study within REACT to test the effects of exercise interventions on brain structure, function and cognition.

2. Sexual health needs assessment.

SHNA findings

- B&NES is a low prevalence area for gonorrhoea with 27 infections per 100,000 population in B&NES in 2013, compared to 55 per 100,000 in England), genital herpes (38 per 100,000 in 2013, compared to 60 per 100,000 in England) and genital warts (123 per 100,000 compared to 137 per 100,000 in England); In 2013, B&NES had a very low incidence of syphilis (5 per 100,000 compared to 6 per 100,000 in England)
- Chlamydia detection rates in B&NES are below the recommended rate of 2,300 chlamydia diagnoses per 100,000 15 to 24 year olds
- B&NES is a low prevalence area for HIV, with 0.66 infections per 1,000 population aged 15-59 years in 2013, compared to 2.1 per 1,000 in England
- B&NES has a low level of under 18 conceptions, and low level of teenage conceptions when compared to statistical neighbours (18 per 1,000 females aged 15-17 in B&NES in 2013, 21.7 per 1,000 females in statistical neighbours and 28 per 1,000 females in England)
- B&NES has a lower rate of abortions than both the regional and national comparators (12.7 per 1,000 women aged 15-44 in 2013, compared to 14 per 1,000 women aged 15-44 in the South of England, and 16.1 per 1,000 women aged 15-44 in England)
- In 2013 the main methods of contraception prescribed to female residents in B&NES were 27.5% Long Acting Reversible Contraception (LARC) and 72.5% user dependent method (UDM), compared to 34.2% LARC and 65.8% UDM, for residents in England. The proportion of prescribed LARC by age banding peaked in the 20-24 year old age group (PHE 2014)

There are five key themes for improvement, with associated actions as detailed below:

1. Strengthening intelligence and research: including investigating in greater depth the sexual health needs of and service provision for vulnerable and at risk cohorts; and improving the content of sexual health data;
2. Strengthening sexual health service provision: including examining ways to increase the numbers of young people attending GUM and CaSH services; increasing the level of chlamydia testing amongst under 25s; increasing the level of LARC provision amongst women; and improving understanding of the strengths and areas for development in school-based relationships and sex education provision
3. Strengthening prevention and promotion: including developing the SAFE branding scheme; improving website access to information about services; and ensuring all sexual health media and communications campaigns are clearly targeted and evaluated
4. Working with recent technologies: including reviewing and developing the use of new technologies amongst sexual health service providers
5. Strengthening training and development: including developing the Sexual Health Training Programme and holding regular networking events for all of those involved in sexual health across B&NES

6. Alcohol and drug treatment progress

PHE have commended B&NES for their rate of successful completions for 'alcohol only' clients, for its hospital alcohol liaison service and also for work on blood-borne virus testing and immunisation.

7. Flu campaign beginning.

This has become a complex campaign, now including 8 groups. Over 65s, pregnant women, various young children's groups, carers, health and social care workers, those living in residential homes, clinical at risk groups (ie people with heart, lung and other diseases that make them particularly vulnerable to flu at any age)..

Adults will now be able to get vaccinated through pharmacies as well as GPs. Good example of combined efforts of NHSE, PHE providers and council.

Focus on flu because of impact on individuals, health and social care system and economy.

8. New Vaccinations

Meningococcus B in babies, and Men. ACWY in teenagers and first year university students. W has been increasing in recent years.

9. 0-5 transfer of commissioning responsibilities as discussed in separate paper.

10. Public Health Budgets:

Still no final confirmation of in year cut and awaiting comprehensive spending review as guide to longer term budget. Much speculation on whether public health grant will lose its ring-fence or not, and if it does what will happen in terms of mandation of services.

11. All Party Parliamentary Group submission. Call for evidence on public health and primary care:

- Accelerating behaviour change
- Ensuring consistent message about health and where to go for advice and care
- Increasing health literacy

Used as an opportunity to get support to LA public health from an influential group.

12. Case of Legionnaires' disease in Radstock: see separate briefing.