

Health Select Committee Public Health Update. May 2016

1. Inequalities summit

A long planned health inequalities summit meeting, held on behalf of the Health and Wellbeing Board, took place on May 11th in the Guildhall. It was organised by members of the public health and strategy and performance teams and chaired by the board's co-chairs. About 70 people from many organisations participated and there were a wide range of speakers from individuals giving their own personal stories, to community workers, a local GP and a DPH from Coventry. Feedback from the event was very positive and a lot of information was obtained.

A meeting was then held the following week to decide how to make use of the energy and ideas coming from this event to influence policies across the BaNES partnerships and an action plan will come from that meeting that will endeavour to thread the reduction in health inequality through the work of the council, NHS and wider partnerships. There will be a presentation on this meeting and outputs at a forthcoming Health and Wellbeing Board and then a further update to the select committee if wanted.

2. Health improvement

An important function of some of the public health workers that we fund, are those developmental health improvement roles that are not directly client-facing but work with a range of organisations and businesses whose work impacts on the health of residents. These are in the process of being rationalised and made more efficient. Elements of these services which include work with schools, businesses, licenced premises, food outlets and other partner organisations have till now been based in the public health team, the public protection team and in Sirona. In order to realise savings from these functions the number of staff is being reduced (without any redundancies), but to retain the maximum utility from the resource, the remaining staff will have more generic job descriptions and will be more closely coordinated so that they can focus flexibly on priority areas at any given time.

This team will eventually be managed by the public health department, through a phased transition. Anticipating this we have now adopted a shared work programme and created a virtual team of health improvement practitioners across the council which includes the sport and active lifestyle team and the food policy work and the Director of Public Health award team together with the staff in the public health team and Sirona.

3. Sexual health

We are currently engaged in a public and stakeholder consultation exercise about moving the Department of Sexual Medicine and HIV (GUM clinic) to Riverside Centre, where the Contraceptive and Sexual Health (CaSH) service is currently based. We believe this is a positive move as it can help to support a more joined-up approach to sexual and reproductive health care across B&NES, with the future potential to have a patient's needs met, with input from both services, in one appointment. The RUH is the main consulting body but we are working with them on this.

4. Health protection:

a. Care home infection control pack

Infections in care homes are a significant problem both for the homes' staff and residents and for health services, and in the past some homes have responded poorly to outbreaks both because they could not find the relevant information quickly and also because they were slow to ask PHE for help. In response to this an outbreak information pack for care homes has been prepared and circulated. It originated through some work between South Glos and PHE, and we have worked with the LAs care home commissioners, Sirona, Environmental Health and the CCG to make it suitable for use in B&NES.

The pack is mainly a consolidation of existing information, checklists and template documents, now available in one place to help speed up the response and requests for support. The pack was launched during a training event at the end of February at which about 35 care homes were represented and the feedback was very good. A clear need for more training on a variety of subjects was also shown and this is being taken forward.

b. Clocking the ticks...

Following on from the work we did last year and an increased concern about Lyme disease and ticks in recent weeks in B&NES, we're planning a tick awareness campaign in partnership with Public Health England (PHE) using a communication toolkit that they have produced. The campaign will use signage and other media to tell people what they can do to reduce their chance of getting bitten by ticks, what to do if they find one on their body, and if there are concerns about Lyme disease. The campaign will start shortly and continue throughout the summer alongside other summer safety messages.

The work will be targeted at areas that seem to have higher risk of being bitten by infected ticks based on a survey carried out by PHE last year. By adopting this targeted approach we can strike a balance of informing people about the health risk using without creating undue concern and any reputational damage.

Request to committee (and VP) view on whether to inform ward or parish councillors in areas where there will be action taken.

5. NHS Health Checks

BEMS+ (ex-Bath Emergency Medical Service, who are now a provider organisation drawing on BaNES primary care staff) were appointed as our Outreach Provider for NHS Health Checks and are preparing to start delivery in June 2016. They are approaching local workplaces to offer the free checks and particularly targeting male workforce in routine and manual labour. So if Councillors have any connections to local businesses that they know of it would be great to have some leads. BEMS + will be offering Health Checks to front line staff from the Place Directorate as well – road services, waste services etc. We could also provide a session for councillors in the relevant age bracket at Guildhall if there was interest in that. It is widely felt that a more targeted approach to health checks is a much better use of resources than the standard approach targeted only by age band.

6. ASSIST Smoking Prevention Programme

Since 2010 secondary schools in Bath and North East Somerset have been offered the opportunity to participate in the ASSIST Peer Led Smoking Prevention programme. This programme has been well received by those schools that participate however in reviewing take up over the last 5 years, some schools have not been able to participate for a variety of reasons and this has meant there has been inequitable exposure to smoking prevention interventions across B&NES during this time. Some of the schools we would most like to be involved not participating. Prevalence of smoking amongst young people in B&NES continues to decline overall, however this varies considerably, dependant on a child's circumstances and where they live. We know that if a child is brought up in a family where people smoke they are three times more likely to smoke themselves.

In order to address these varying levels of smoking prevalence across the area we now intend to test out a targeted approach to prevention in specific communities. In order to free up resources to do this we will be transferring funding from the ASSIST programme as it is felt to be expensive for what it brings, not least because a lot is spent on the licence. Our commitment to tackling smoking prevention amongst young people in B&NES has not changed. However, the way we tackle the problem does need reviewing. We will be looking at ways of engaging parents and children through working with primary schools, community groups and sports clubs in the first instance during 16/17.

7. Dental survey

A survey of dental health in 0-5s based on a school based survey has just been published. The good news is that 85% of children in BaNES have no decayed missing or filled teeth at age 5 which ranks us third equal of all upper tier authorities in the country after only South Glos and Wokingham. The SW regional average is 78.5% and England average is 75.2. and the worst are little over 40% so it is a very varied picture nationally.

This particular indicator is the headline one being put out by PHE and seems to me to be the best single figure to benchmark by, but we rank well by any of the measures in the survey. There is also improvement on the previous survey in 2012 (which is a general finding nationally and so can't have been all down to the closure of Cadbury's in Keynsham!).

The not so good news is that most of the dental caries that we still have is potentially avoidable, and that in BaNES dental ill health is concentrated in certain communities, so we should continue recent discussions on appropriately targeted work. Fortunately a dental health strategy and action plan across the west of England region has also been produced which will support our efforts.

8. Sugar tax

Public health organisations have welcomed the proposed tax on sugar sweetened soft drinks. These drinks have been shown to be major sources of sugar in young people, and indeed people of all ages, and they are also behind a lot of tooth decay as well as contributory to obesity and diabetes. Measures such as this, even when there is some evidence for effectiveness, are always controversial and arguments can be made for the pro and the contra. Certainly no single move that we can make is any sort of panacea to highly complex and deep rooted problems but by combining the widest range of approaches from legislative to local we may have the best chance of mitigating a growing crisis and there is some evidence that such a tax may reduce consumption.

To counter the argument that this sort of move attacks the less well off one could point out both that there are low calorie sugar free alternatives to almost all drinks in question (although water is a better option to these too) and this sort of legislation also encourages the industry to reformulate their products with lower levels of sugar.

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