Health select committee Public Health update: September 2016

Smoking: Down but not out.

Smoking remains a major cause of avoidable mortality and inequality in health outcomes. Although nationally rates are at a historic low, and BaNES has lower rates still, it still remains a focus of attention both because it is still a habit of almost 14% of our adult population and because it concentrates in deprived communities.

Smoking at time of delivery

- ➤ There was a significant drop in the numbers of women smoking at time of delivery in B&NES during 15/16. Of the 1735 maternities in B&NES 7.2% were smoking at time of delivery compared to 10% during 14/15. This is better than the national and commissioning region (South Central) averages of 10.6% and 8.4% respectively. The introduction in 15/16 of the Saving Babies Lives: NHS Care Bundle to reduce stillbirths has given additional emphasis in maternity services to smoking in pregnancy. This has led to a noticeable increase in B&NES pregnant women who smoke engaging with support services.
- Smoking and weight management in pregnancy have now been included in the RUH midwifery mandatory training programme.

Standardised packaging of cigarettes

Back in 2012 B&NES Wellbeing PDS Panel supported the introduction of plain packaging on all tobacco products in the UK, as part of a government consultation. In May 2016 the UK became only the second country in the world to introduce standardised packaging of tobacco products and we are now starting to see these plain packs on the market (see attached), with manufacturers having to phase out all branded packs by May 2017. Learning from Australia, the first country to introduce this legislation, tells us we should expect a significant rise in numbers of smokers being motivated to quit as a result. In Australia there was a 78% increase in calls to their smoke free support line following introduction of standard packs. Our stop smoking service in B&NES are gearing up to take full advantage of this heightened motivation starting with the Stoptober campaign (October 2017).

The new standard pack



E-cigarettes

E-cigarettes are now the most popular quitting tool in the country with 1.3 million UK users having stopped smoking completely using them. In response to this change in quitting behaviour and to the decline in numbers of smokers accessing local stop smoking support services, Public Health are currently developing a position statement on E-cigarettes. This statement will ensure that frontline health and social care professionals in B&NES who are asked for advice on e-cigarettes give consistent, evidence based advice in their use in helping people to cut down or stop smoking. It will also state our position in relation to prescribing of e-cigarettes.

Admissions for self-harm

This was an indicator where have scored high in the past. It is difficult to be sure whether this reflects a poor situation locally, or whether it relates to how our health services respond to self-harm. Whatever the reasons, there has been a significant fall to a lowest rate since before 2010. This is counter to the South West regional trend. The fall is nearly all in middle age. Rates for 10-14 and 15-19 year olds have both gone up over this time.

Rate (Directly Standardised)

Per 100,000 Population

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
240	271	297	280	223	219

Actual number of admissions.

We cannot be sure whether it's just down to statistical variability or something we're doing or a bit of both. We may only be able to tell if the figures remain low and also once AWP can give us recent enough data through the register to compare re-attendance rates before and after the postcards/information packs work began.

In meantime, we carry on our good local work with AWP, CAMHS, Samaritans, schools, etc.

3. Your care, your way.

We are in discussion with Virgin about their intentions for taking on the services that are within the scope of the process. This includes the great majority of public health services including health visiting, school nursing, sexual health, health promotion, well-being college and drug and alcohol services. This is still in an early stage (at time of writing this update).

4. Childhood Obesity Plan of Action

This long awaited government report was published in August. It was generally considered to be weak and disappointing even taking into account that public health folk usually want more than they ever get from central strategies. It did include a "sugar tax" on soft drinks, but avoided any restrictions on junk food marketing and advertising and mainly relies on voluntary actions by industry around reformulating foods. Even one of the heads of a big retail chain said it would have been better to regulate for food reformulation as that would make a more level playing field.

There is a big focus in the paper on schools both in relation to physical activity and food and a healthy rating scheme for primary schools will be introduced that will become relevant to Ofsted inspections. It is therefore useful that through the DPH award team we have good links to schools with many of them working with us to create healthy school environments to achieve our own local award. The report also signals further more detailed guidance that will be coming out later.

Overall though this Plan of Action is mainly a set of small nudges unlikely to add up to a major shift.

5. Housing and health meeting: 28th September

Housing is recognised as one of the most important determinants of good health and wellbeing. Housing associations and registered providers play a crucial role through providing both housing and other support services to some of our vulnerable residents.

A meeting has been arranged between the public health and housing teams for registered housing providers to discuss the way in which housing initiatives and the work of providers in this sector can contribute to health and well-being, to network with a range of community services and to hear about the "Your care, your way" process and how that will affect community services. Examples will range widely and cover issues such as drinking, debt and availability of green spaces.

6. The STP (Sustainability and transformation plan)

Work on this plan continues apace. It may be covered in other reports to the meeting, but it is worth mentioning that a joint bid is to be made for funding for the National Diabetes Prevention Programme which will provide lifestyle related support to people at high risk of type 2 diabetes.

7. Flu vaccination

The flu vaccination season is upon us. Although BaNES often does well compared to other areas there is still much room for improvement in all the adult categories and we will be active in promoting uptake this year. In line with the Council's policy of mobilising greater use of social media this will be more of a focus of some of our effort this year. Indeed increasing flu vaccine uptake is also one theme of the prevention and self-care section of the STP.

8. The annual DPH report. "Get Fresh"

The annual Director of Public Health Report has now been published and all Councillors will receive a copy if they haven't already done so. The aim of this year's report is to provide a concise and readable account of the main priority areas for public health action which are encapsulated in the acronym FRESH which is explained in the report. The report also highlights this year's emphasis on inequalities, and gives a basic snapshot of health in BaNES. Of course much more information about health indicators and local strategies and actions is available on the council's website but browsing this document will give a quick overview.

9. Keep the date. 12th January 2017

The LGA has offered us its workshop for councillors entitles "Prevention matters: how elected members can improve the health of their communities". After assessing that there was initial interest from members in BaNES we asked them to do this workshop here and the date has been set. The meeting will be in the Guildhall. A formal invitation will come out soon and please encourage all members to attend as it is relevant to everyone and not just those with a specific health interest.

Bruce Laurence September 2016