

Public Health Update November 2016

1. Family Nurse Partnership (FNP)

With our success in reducing the under 19 pregnancy rate, and with the increasing flexibility in the national model and licence requirements the FNP service has been able to widen its eligibility criteria as follows:

Age 19-24 years with one of the following:

- SEND – Special Educational Needs or Disability
- Care Leaver or ever been a Looked After Child

Age 19-24 years with two or more of the following:

- Does not have a stable and supportive relationship with baby's father or partner, or own mother
- NEET or at risk of NEET (Low educational attainment and/or struggling with course/job)
- Has current mental ill- health
- Current smoker (and doesn't plan to give up during pregnancy)
- Current substance misuser
- Experiencing or at risk of DVA
- Experiencing or at risk of CSE
- Partner in Prison

The team are working closely with maternity services to ensure that women with vulnerabilities are identified early and referred appropriately and as this is a significant change the service will monitor the uptake closely as there are a maximum number of 80 places at any one time and the service is intensive from pregnancy through to age 2.

2. Director of Public Health Award (DPHA)

Primary Schools

9 submissions went to the Award Group assessment meeting in October 2016.

3 schools with highest priority recruited for the first time (Cameley, Twerton Infants and Roundhill)

5 new schools overall subscribed for the first time

Secondary schools

2 secondary schools hold the full DPHA (Norton Hill and Ralph Allen School)

2 Secondary schools re-engaged with the programme (Wellsway, Writhlington)

Also covers EY and college settings

Interventions development

Move a Mile launched in May 2016 (18 schools attended). This is the B&NES challenge to all schools and early years settings to get every child moving at least a

mile more each week (fortnight for EY settings) through running, walking, cycling, dancing, skipping etc.

Learning outside network established and 2 network meetings held so far.

Active Solutions pilot developed. 2 Primary schools recruited to trial a ChiCCs intervention – 1 hour of solution focused therapy and 1 hour of physical activity with the aim of reducing anxiety, raising self-esteem in identified children. Project to start in January 2017.

3. Oral health pilot

Dental health development – resource boxes for baby feeding hubs (HV/CC) developed.

Toothbrushing in EY settings trial is being planned for January 2017. 6 settings recruited including 1 primary school.

Oral health needs assessment underway in B&NES schools.

4. Mental health of boys and young men

In line with national guidance the BANES Suicide Prevention Strategy 2016-2019 highlights the importance of:

- Integrating suicide prevention work within a broader framework for promoting mental health and wellbeing
- Tailoring approaches to improve mental health in specific groups and reduce risk in high risk groups

These two priorities are reflected in a mini pilot focussing on boys and young men. Like elsewhere in England, in BANES men are three times more likely to die by suicide than women. Evidence suggests there are a number of reasons why this might be the case. Stigma around emotional distress and mental illness and social constructs of masculinity make it harder for men to manage feelings of depression or unhappiness in times of crisis and more reluctant to seek (or be seen to seek) help.

The BANES Boys and Young Men's Mental Health project seeks to identify good practice across services which will be shared with schools and other settings as case studies. With a small amount of funding from both Public Health and the CAMHS Transformation budget, the project has recruited representatives (predominately male staff) from primary, secondary and special schools, Bath College, play services, Youth Connect and Mentoring Plus. Members of the project are committed to exploring how they can challenge stigmatising views that inhibit help seeking behaviours and make it difficult for boys and young men to talk about their feelings and worries within their setting.

This work is underpinned by findings from the CAMHS Participation Service following interviews and focus groups with boys and young men using their services. Here

specific factors have been identified regarding service users perceptions of how schools and help services are predominately geared to meet the needs of girls and how this alienates boys who fear ridicule if they appear to need or indeed ask for help. Young men interviewed also reported some staff (often females) being unsympathetic to their emotional needs and or unable to recognise the symptoms they and other males might display if in distress.

Starting in October 2016 the project will operate over the present academic year to deliver the following outcomes:-

- Opportunities to listen to the voices of boys and young men including CAMHS users, and SHEU data for males
- A review of existing outcomes based practice targeting the mental health and wellbeing needs of boys and young men in a school settings
- A review of existing PSHE resources and school mental health programmes to take account of what it means to be a boy; for example through reviewing language and advice given
- Development of bespoke interventions that seek to reduce stigma around mental illness and poor wellbeing amongst boys and young men. This will include consideration of ways to improve help seeking behaviour particularly post puberty.

Findings from the group will be shared in an easy to use guide for schools and services and will include case studies and links to other resources. The opportunity to develop some staff training during the summer term 2017 is also being explored.

5. Alcohol and tobacco control

5a. Alcohol

Blue Light Change Resistant Drinker Training

During October over 90 frontline workers were trained in new approaches to supporting change resistant drinkers.. The demand for the training exceeded expectations and future dates are being planned for 2017.

5b. Tobacco Control

Bath College Smoke Free City Centre Campus

Bath College City Centre site has been supported in its preparation for and implementation of a Smoke Free Site which went live on 5th September 2016. Free prescriptions have been offered for staff wanting to quit and support for students has been promoted via fresher's week. The College are also ran a whole college campaign during Stoptober. Reducing the number of regular smokers (baseline = 33% smoking at least 1 cigarette a week) is the whole college outcome identified for the DPH Award. The College also reduced the number of smoking shelters at the Somer campus and will be working towards that campus going smoke free by 2020.

Smoke Free Sports Clubs

A grant for local sports clubs, to support them to keep smoking off the touch line during youth games, was developed and launched on 1st September 2016. This was money recycled from the previous Assist work. Clubs are encouraged to apply for the grant, administered by Quartet, to access guidance on smoke free policy development, smoke free signage and training for coaching staff and youth team leaders. The grants are targeted at clubs that have youth teams and areas of higher deprivation. In the first round of the grant 12 clubs were granted £500 each and all have now received their training to help implement their smoke free policy. A second round of grants is being launched in December, with the aim of engaging 20 clubs in total during 16/17.

6. Healthy Weight

6.1 National child Measurement Programme

The output from this year's National Child Measurement Programme that's just been published. There are various reports and presentation but this link goes to the main spreadsheet

<http://content.digital.nhs.uk/catalogue/PUB22269/nati-chil-meas-prog-eng-2015-2016-tab.xlsx>

Some salient facts from table 2 (which is the figures from BaNES schools, while other charts are done on postcodes but there isn't a great difference):

- Prevalence of "overweight" category falls between reception and year 6 which is very unusual but not unique also occurring in the SW in Cornwall and Devon. In this category we start second highest for the region in reception but are middling in yr 6, at just above regional average.
- Prevalence of "obese" goes from 7.6% (just below regional average) to 14.0 (lowest in SW). So what this means is that we have a big rise, almost a doubling, but most other areas have a bigger one.
- Prevalence of overweight and obese combined increases from 23.2% (4th highest in region) to 28.4% (second lowest in region) between reception and Yr 6.
- Prevalence of underweight is also important. No figures are given for BaNES in reception which probably means that actual numbers are extremely low to the point when giving them might risk confidentiality, while for year 6 it is 1.3% which is just above regional average.

So the good news is that in relative terms we have a low level of overweight and obese for the region, and the SW already has among the best rates in the country. And we also have a good record of keeping the rises from reception to year 6 better than most ("we" being any or all of: children, parents, schools, health promotion, leisure services, and cultural and other influences).

But the bad news is that our children are coming into reception relatively heavy, at an age when their diets are as much under parental control as they ever will be, and that although we benchmark well against other areas, in absolute terms this is a big problem in the making when almost 3 in 10 children leave primary school overweight... and many will face a lifelong challenge to then gain and maintain a healthy weight.

So ... the glass is half full - but it's a rather large glass!

6.2 Food procurement

Holding a conference on 1st Feb at Farrington's Farm and the theme is 'doing things differently'. The audience will be made up of public providers and purchasers of food. Spaces will be opened up to other organisations.

6.3 Leisure Centre Catering

There will be a new café provider called Coffee Corner next summer. All vending machines will offer healthy options at a lower price and there is a commitment to go for the gold Eat Out, Eat Well award.

6.4 Campaigns

Public Health England have produced a toolkit for physical activity and healthy eating in schools. Young people are having 3 times more sugar in their diet than they should be, therefore there will be a push around "Sugar Smart", one of the most successful campaigns ever, with 2 million people downloading the App.

6.5 Holiday Hunger

Chrysalis Trust are offering families on free school meals the opportunity to have free lunches during the school holidays. They are working out of St Michaels school, Twerton and Southdown Methodist church. Funding is for one year.

7. People living with more than one long term condition:

Limitations of a single disease focused NHS (and the "well / ill" dichotomy).

Figure 1: Number of GOF conditions – percentage breakdowns by age group (Sallisbury et al. 2011)

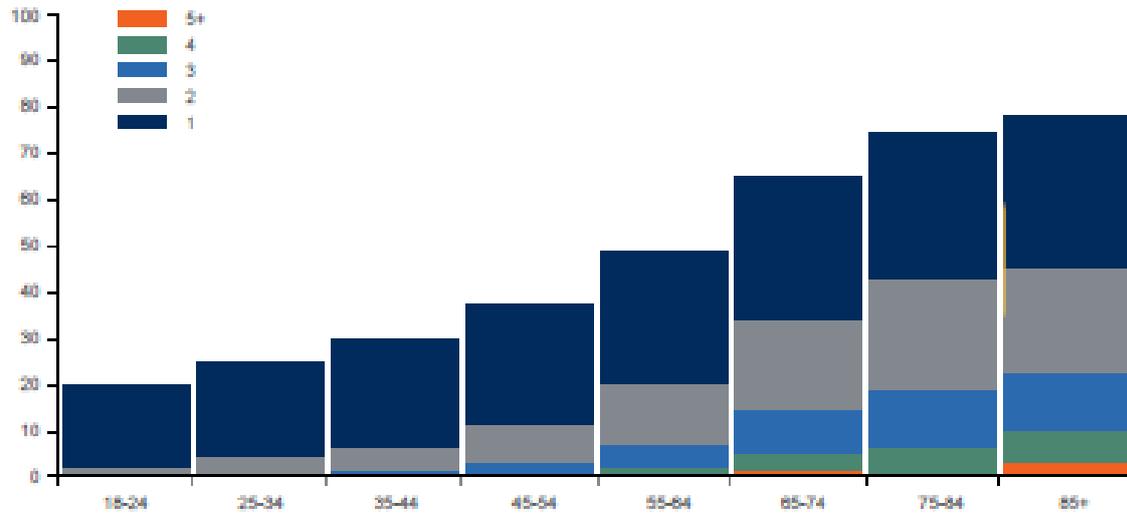


Figure 2: Selected comorbidities in people with four common, important disorders in the most affluent and most deprived deciles (Barnett et al. 2012)

