

Public Health – Select Committee report September 2017

1. Physical (in)activity.

Sport England have published a report based on a survey from 2015-6 into levels of activity in adults from 40-60.

<https://www.sportengland.org/media/11498/active-lives-survey-yr-1-report.pdf>

4 out of 10 (41%) adults aged 40 to 60 in England walk less than 10 minutes continuously each month at a “brisk pace” which equates to moderately intense physical activity that brings cardiovascular benefits..

Of course walking is just one form of exercise, but taking all into account it is still the case that 1 in 5 (19.7%) of 40 to 60 year olds (= 3 million adults) are classed as physically inactive, which is defined as taking less than 30 minutes of moderately intense physical exercise per week. This is an important age group when a lifetime of too much, (or in some cases not enough) sex, drugs and rock ‘n’ roll can start to manifest themselves in long term illnesses and disabilities.

There is a small gender difference: 18.9% of men vs. 20.4% of women but a more striking socio economic inequality, with 32.9% of adults aged 40 to 60 from the most deprived areas being classed as physically inactive, compared to 11.3% in the least deprived areas.

As would be expected from our population profile BaNES compares well nationally and regionally with a figure of 17.1% inactivity against 19.0 for the South West region. But still only just over two thirds of this age group is active at the level recommended by national guidelines which is at least 150 minutes of moderately intense activity each week. And of course there will be much variation within this figure between different localities. Levels of activity are now around 20% down on the 1960s but even modest improvements could have major impacts on individuals and the population as a whole.

Part of the national strategy to increase levels of activity is the development and promotion of the “Active 10” idea and app. by Public Health England which is encouraging adults to build 10 minutes continuous brisk walking into their day as a simple way to improve their health. The ‘Active 10’ app has been developed to show how much brisk walking a person is doing each day and how to incorporate more of it into their lifestyles. You can visit the website:

http://po.st/Active10_Bath_NESomerset or search active 10 in the app store to download it free.

2. Responding to a burst water main.

On July 19th a water main burst at Willsbridge in South Glos. that caused loss of supply to 35,000 properties in Keynsham, parts of Saltford and Kelston.

This then led to a combined response from the BaNES environmental health and public health teams, the local NHS, residential and nursing homes and various business and of course Bristol Water, and similar counterparts in South Glos. The water company has a responsibility to provide water, at least for five days, when their primary distribution fails, and can do this using trucks, bowsers, bottled water etc. In the event water was off for just about 24 hours, which caused much inconvenience but no really serious problems or outcomes.

The silver lining to the cloud of such an event is that we get the chance to test emergency response and business continuity plans for real across partnerships. And in this case, as ever, there were some good findings and some lessons to be learned where things didn't go so well. These were discussed at a debriefing session shortly afterwards.

On the plus side some findings of what went quite well were:

- Good feedback from Domiciliary Care providers
- Internal team work to help affected businesses/vulnerable groups
- Virgin Care business continuity plans and offer of help from District Nurses to vulnerable patients.
- Public Protection phoning around high risk premises
- Out of hours list and contacts
- Red Cross were very helpful
- We were ready to open the Council's control room

Some things that went less well were:

- Poor communications from Bristol Water; gravity of event was not recognised from outset, anticipated time to regain water supply varied, there was poor use of website and council and NHS did not initially have any hot-line to operations staff and had to use the public information lines. (It should be noted that Bristol Water said that this was one of their largest ever incidents and the problem of fixing the main was exacerbated by there being a gas pipe alongside which makes the work more delicate and demanding).
- Gaps in Bristol Water's vulnerable person list – lack of capacity to deliver water to vulnerable people/groups.
- Major incident called late.
- Ad hoc notifications internally/with local partners indicating need for more systematic cascade protocol
- Some delay in contact with takeaways (who are important food providers if people don't have water to cook with, but who need guidance about food safety in such an eventuality).
- Ability to share vulnerable person information – availability of secure email between partners within and outside NHS.

- Public Protection evening work – under resourced/resilience – would have been tested more by longer lasting event.
- Lack of large containers to transport water to residential and nursing homes and social housing.

As a result of this some work will fall to Bristol Water and partners including:

- Briefing staff in call-centre
- Update vulnerable person list
- Providing an alternative way of LA and other key partners to contact them in an emergency
- Provide informed information to public and partners on website, point of water collection at bowzers

Follow-up will also include Wessex Water and other utility companies and we will review our mechanisms for ensuring that all partners locally are informed and coordinated in a timely way when there is any significant incident.

3. Working towards a Smoke Free NHS

The NHS has done much work in recent years to create smoke free sites. However we know that some Trusts have found it difficult to enforce the policy and reverted to providing smoking shelters on sites due to pressure from local residents, service users and staff. Many Trusts are still struggling with smoking related litter, fires on site and the poor image projected by patients, visitors and staff smoking at site entrances and within the grounds of their estate.

We also know that approximately 25% of patients in hospital are smokers however very few are offered support to stop smoking whilst in hospital

B&NES staff are working with colleagues across the STP area (Swindon, Wiltshire and B&NES) to support NHS Trusts and providers to go completely smoke free. This basically means 3 things:

- Everyone understands there is no smoking anywhere on NHS property
- Every frontline professional discusses smoking with their patients
- Every smoker is offered stop smoking support on site or referral to service

The Trusts/providers we are supporting include the Royal United Hospital, Salisbury Foundation Trust, Great Western Trust, Avon and Wiltshire Mental Health Partnership, Virgin Care and Wiltshire Health and Care. All of these providers have nominated champions to take this agenda forward and will be working towards a completely smoke free NHS over the next 12 – 18 months. AWP are leading the way and are implementing their smoke free policy from 1st October 2017.

...and towards a smoke free world: Stoptober

Stoptober encourages smokers across England to make a quit attempt during October. Launched in 2012, this is the 28-day stop smoking challenge from PHE that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good. The campaign chunks down the quitting process, presents it as a more manageable 28 days and rallies people around a specific date to get started.

4. New group to support adults bereaved by suicide

It hardly needs saying that when bereavement is caused by suicide it brings added emotion, stress and torment to what is already one of the most difficult human experiences. Support groups and people affected have recognised a need for specific help.

The public health team and Bath District Cruse Bereavement have joined forces to set up a support group for adults bereaved by suicide. This will meet every third Wednesday of the month at the Open House Centre, Manvers Street Baptist Church in Bath starting 21st September 2017, 18.30 – 20.00. The group is run by trained volunteers who have themselves been bereaved or affected by suicide.

5. Public health newsletter

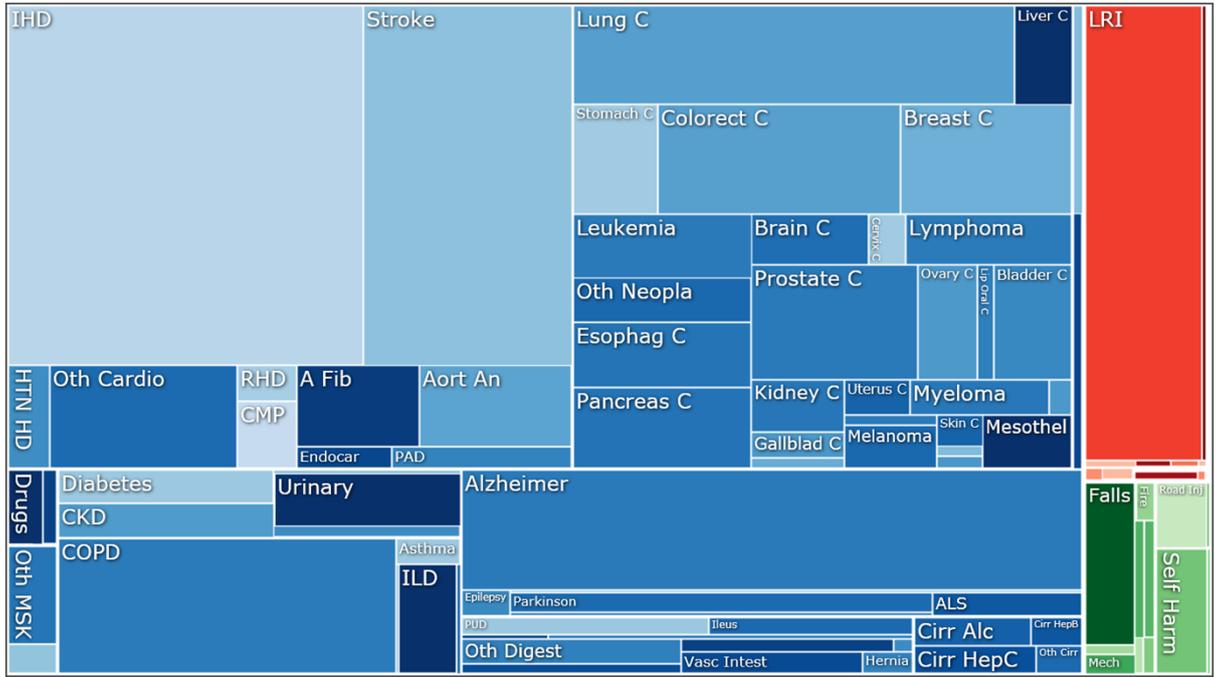
This month has seen the launch of a new BaNES public health newsletter. This is particularly intended to publicize and explain, as concisely as possible, current and upcoming public health campaigns which we would like all stakeholders to be aware of. It will go out to all Councilors. It will come out approximately monthly but frequency will be pragmatic. Any feedback is welcome.

6. Winter is coming...and we may be in for a bad flu season

The flu season in the Southern Hemisphere can give an indication as to the likely severity of our own, and this year Australia and New Zealand have had one of the worst for some years, with Australia reporting close to double the amount circulating than the average of the past five winters. Therefore it is important that we do all we can to protect people and also hard-pressed services, by achieving high levels of vaccination in all target groups.

7. Two interesting charts from the WHO Global Burden of Disease project.

- a. SW England: Total years of life lost (YLL) from “premature” deaths (based on global estimates of life exp. at age of death). A measure of “what takes away our years”. Coronary artery dis, stroke, cancers, lower resp. infections (eg. pneumonia), dementia, COPD (chronic bronchitis + emphysema) prominent.



- b. SW England: “Years of life lost to disability” (YLD). A (complex) measure of “what takes away our good health”. Musculoskeletal, depression + anxiety, other mental illnesses, hearing and sight loss, skin and oral problems, asthma, falls, migraine, diabetes, iron deficiency, dementia.

