

Public Health Briefing 1: Overview

The role of Public Health in CBC

Helping the residents of Central Bedfordshire to live healthier lives for longer is at the heart of our work in the Public Health Team at CBC. We know that the life experience and expectancy of our residents varies considerably by ward and that life can be further complicated by a range of social and environmental influences every day.

This is why the Public Health Team, led by our Director of Public Health, are prominent in the agenda to build a more resilient and healthy community for Central Bedfordshire. This will not only help them towards living healthier and longer lives, but will also reduce their reliance upon local support services. We have big aspirations to develop new ways of working across the health and social care system to align our collective efforts towards the wider goals of the Health and Well Being Board.

What do we commission or provide?

Across Central Bedfordshire, we commission or provide the following services:

- Stop Smoking Services and Tobacco Control
- Prevention and Treatment of Drug and Alcohol Abuse
- Preventions and Treatment of Excess Weight, including the National Child Measurement Programme
- NHS Health Checks (which includes prevention and early detection of Cardiovascular disease and diabetes)
- Health Protection Assurance (including blood borne viruses, screenings and immunisation)
- Workplace Health
- Public Dental Health
- Public Mental Health.

What are the public health local priorities?

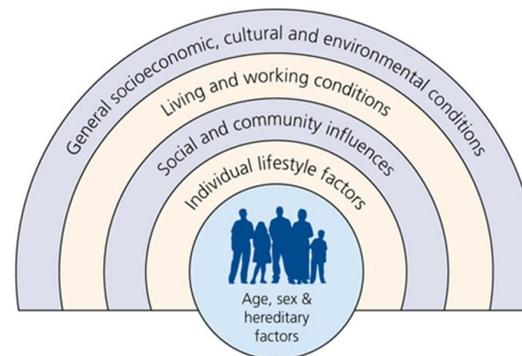
The Joint Strategic Needs Assessment (The JSNA) <http://www.centralbedfordshire.gov.uk/jsna> provides an overview of what our residents need and we have used this to identify the most important priorities for our Health and Wellbeing Strategy. Our priorities are:

1. Good mental health and wellbeing at every age
2. Making sure the children in Central Bedfordshire have the best start in life
3. Empowering our communities to stay healthier for longer
4. Improving the wellbeing for frail older people.

We also want to make sure that we focus on preventing health inequalities across Central Bedfordshire by earlier detection and supporting of the wider issues that impact on health such as lifestyle and environmental conditions.

The social determinants of health

We also continue to focus on **reducing inequalities** by improving the social determinants of health:



The CBC public health budget

The Central Bedfordshire budget for Public Health is £12 million for 2015/16.

This includes £2.9 million for drugs and alcohol, £3 million for children and young people, £1 million for stop smoking and health checks and £2.2 million for sexual health.

'Investing in the right public health interventions provides an excellent return on investment for councils as well as improving the health and wellbeing of local communities.'
(Kings Fund December, 2013)

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Public Health Briefing 2: Ensuring good mental health and wellbeing at every age

Central Bedfordshire

Why this is important?

Mental illness can affect anyone at any age. It is reported that as many as 10% of 15-16-year-olds experience mental health illness. Older people are also at risk of depression, which can be because of loneliness, social isolation, retirement, physical illness or disability.

On average, a man with mental health issues can die 16 years earlier (and a woman can die 12 years earlier) than their counterparts who do not have mental health conditions. Over 75% of this difference is related to physical conditions such as cardiovascular disease and cancer, which are primarily driven by high rates of smoking.

Our plan is to continue to support our residents so that they can enjoy healthier lives despite their condition. Not only will this allow them to enjoy longer and happier lives, but it will also reduce their reliance on local support services into the future.

What are our achievements so far?

We have delivered our first Mental Health First Aid Training (known as LITE training) in workplaces and we expect this to be rolled out across Central Bedfordshire and the Clinical Commissioning Group (CCG).

We have also established a new multi-disciplinary Wellbeing Forum where partners are working together to deliver our shared 'Five Ways to Wellbeing' strategy. You can find out more about our work on Twitter @LetsTalkCentral.

What local challenges do we face?

Mental health is a significant health challenge across our area. In Central Bedfordshire, 1,695 children between the ages of 5-10 and 2,165 children aged 11-15 are estimated to be living with mental health illness.

The trend continues into adult life and is growing. 26,735 adults aged 18-64 have a mental health condition and many report poor physical health and difficult experiences because of the perceived stigma around mental health issues.

Five Ways to Wellbeing



What are we doing about them?

Our approach is to support mental health throughout our residents' lives. We start by providing excellent maternal mental health and we then build on this by making sure that professionals working with children across Central Bedfordshire are equipped with the specialist skills and knowledge to provide the best well-being support.

Our work with adults is focused on improving the physical health of those living with mental health illness. This means providing the best access to the healthy lifestyles support, stop smoking services and help for residents to become more physically active. We also work closely with local employers supporting wellbeing in the workplace.

Case study

Lucy's mother contacted our service to request support for her daughter who appeared to be suffering from anxiety and panic attacks. Our team provided an initial assessment within CHUMS Emotional Wellbeing Service where it was agreed to offer Lucy on-going psychological support based on Cognitive Behaviour Therapy. At the end of the intervention, Lucy was working weekends as a shop assistant and had started back to college full time.*

- Clinical Psychologist at CHUMS

*Name has been changed to maintain confidentiality

Public Health Briefing 7: Helping people to stay healthy for longer

Why this is important

Life expectancy in Central Bedfordshire has already increased so our focus is now on making sure that our communities are healthier for longer.

We know that the best way to help people live longer and healthier lives is to prevent illnesses in the first place. We can do this by taking action on some of the common reasons life expectancy is shortened; diet, smoking, excessive alcohol and lack of physical activity, through earlier detection and screening.

What are our achievements so far?

By working with local stakeholders, our adult screening programmes are better than the national average. 4 out of 5 eligible women are screened for breast and cervical cancer and 99% of men eligible for abdominal aortic aneurysm screening now receive an invitation.

Smoking prevalence in CBC has fallen and the number of people staying smoke-free is higher than the England average.

The NHS Health Checks programme in the last six months has already identified 81 people with high blood pressure, 22 people with type 2 diabetes and 296 people at risk of heart disease and stroke.

What local challenges do we face?

69% of the adults in Central Bedfordshire are overweight or obese. This is higher than the England average. We know that obesity can lead to heart disease and some cancers. We're also working on reducing alcohol-related hospital admissions because of harmful levels of drinking.

While our overall premature deaths are falling, compared with similar authorities, we still have higher rates of premature death from heart disease, lung disease and common cancers. There is also local variation in the levels of uptake in cervical screening, particularly in younger women.

What are we doing about them?

We are looking at a 'whole system' approach to tackling obesity prevention and weight management in both children and adults.

We have a team of community alcohol workers who are supporting people to reduce their drinking levels to a safe amount.

We also continue to offer NHS Health Checks to eligible residents to help identify adults at risk of heart disease, by offering advice and signposting to our lifestyle services. We're also working to address the cervical screening uptake, to make sure there is less variation across the Council.



Local views

"I have the Stop Smoking Team to thank for making my family proud of me again. And maybe more importantly, me proud of me again! I will never go back to smoking."
Stop Smoking Service client

Local GPs want local and easily accessible services, which are in place for stop smoking, weight management and exercise referrals

People want to be more knowledgeable about their long term conditions, understand their medication and receive their care closer to home

Public Health Briefing 8: Helping people to stay healthy for longer (Priorities)

Excess weight

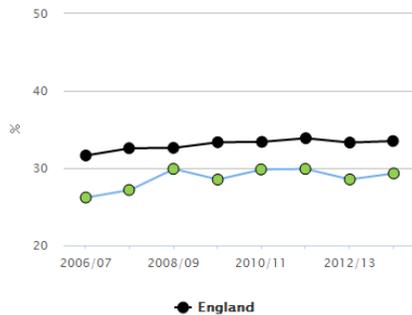
Why this is important

69.1% of adults in Central Bedfordshire are considered to have 'excess weight'. This is higher than the England average.

What are we doing about it?

Tackling excess weight is not just a priority for Central Bedfordshire, but for England as a whole. National and local guidance is focused upon improving the environment and opportunities to increase physical activity.

We have re-commissioned services to reduce excess weight and have increased emphasis on the prevention of excess weight as well as weight management programmes for children, adults and families.



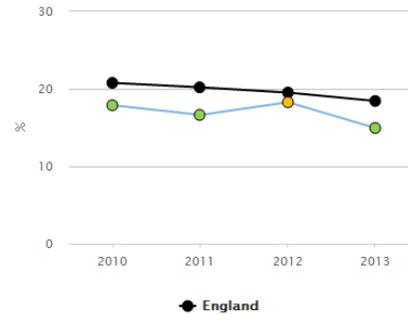
Smoking

Why this is important

Stopping smoking is still the single most effective way to reduce premature deaths and inequalities in health. The number of smokers in Central Bedfordshire is declining slowly, but we will be working to reduce this further.

What are we doing about it?

Nationally, there has been success in reducing the number of smokers through legislation such as the plain packaging of cigarettes, but we know that for some types of smokers, a more intensive level of support is needed if we want to create a more sustained change in behaviours. This is crucial for Central Bedfordshire, and for that reason, smoking and mental health teams will be working together moving forwards.



Health checks

Why this is important

The number of eligible residents in Central Bedfordshire that are invited for an NHS Health Check is higher than the national average, but less than half of those being offered a health check are taking them up.

What are we doing about it?

The majority of NHS Health Checks in Central Bedfordshire are delivered by local GPs (at a cost of £36 per check) and we have put in place a number of systems to help GP practices to improve their uptake levels such as automated invitation system and a point of care test to reduce the number of appointments required.

We are also implementing new commissioning arrangements so that we can explore new and alternative delivery options that will encourage more people to attend.

Area	Count	Value
England	1,382,864	9.0
East of England	182,582	10.4
Bedford	5,776	12.7
Cambridgeshire	18,256	10.0
Central Bedfordshire	9,608	12.1
Essex	49,529	11.5
Hertfordshire	27,096	8.4
Luton	7,415	16.3
Norfolk	24,693	9.1
Peterborough	6,042	12.5
Southend-on-Sea	5,372	10.6
Suffolk	22,857	10.1
Thurrock	5,938	13.7

Source: Public Health England

Public Health Briefing 9: Risky Behaviours - drugs, sexual health & blood borne-viruses

Drugs

Why this is important?

The number of serious drug issues locally is relatively small, but the impact of misuse and dependency affects everyone, from friends and families, local communities to society as a whole - crime, litter and the spread of blood-borne viruses and drug-related deaths.

What local challenges do we face?

We know that we need to provide more accessible treatment services for residents who are drug dependent, but we also understand that the substance misuse and addiction can produce better recovery rates and more sustainable lifestyle changes if we are able offer wider support towards a more stable family life, employment prospects, training and other opportunities.

What are we doing about them?

CBC has commissioned a new provider contract that focuses upon outcomes for the individual. We also now offer a range of services and interventions at local CBC Hubs. More joint working with Mental Health, Children's and Adult services now means that we can improve care pathways and create a joined up approach for service users that have additional support needs.

Achievements so far

We've improved the rate of successful completions of treatment for both opiates and non-opiates; this is now significantly higher than the England average. We now also have a successful 'Recovery Hub' providing a range of interventions based in Dunstable.

Sexual Health

Why this is important

The World Health Organisation defines good sexual health as '*a state of emotional, mental and social wellbeing related to sexuality, merely the absence of disease, dysfunction or infirmity*'. We know that unintended pregnancies and sexually-transmitted infections (STIs) can have long lasting effects on people's lives so the provision of appropriate, easy access support and services is essential to reducing this.

What local challenges do we face?

We need to improve engagement and access to services for underrepresented groups in the community that are considered to be more vulnerable. This includes men (both heterosexual and men who have sex with men), and the black African community (who are disproportionately affected by HIV) and in

What are we doing about them?

Given the rural nature of CBC, we have focused our access to sexual health and contraceptive services around GP and Pharmacies. They offer screenings, testing and emergency contraception.

Achievements so far

Brook clinics operate from a number of community bases across CBC, including weekly sessions in 8 of the 10 upper schools, (including local 'hot spot' areas). An outreach nurse service also offers contraception advice/ fitting to young people. CBC has also recently commissioned an early intervention programme to work across 13 schools that have identified young people that are considered to be vulnerable to all 'risky behaviours'.

We also provide a clinical service for all ages, delivered from a hub in Houghton Regis.

Blood-Borne Viruses (BBVs)

Why this is important

Blood-borne viruses (BBVs) include HIV (a virus which causes a disease affecting the body's immune system known as AIDS), Hepatitis B (HBV) and Hepatitis C (HCV), causing hepatitis (a disease affecting the liver) and liver cancer. An infected person can transmit (spread) BBVs from one person to another through blood and other bodily fluids.

What local challenges do we face?

The number of local residents diagnosed with HBV and HIV is increasing and we need to increase the number of antenatal screenings offered to HBV-positive pregnant women, as it is lower than the 70% recommended target. We also need to diagnose BBVs earlier. Our current late diagnosis rate is 45% (2011-2013), which is higher than the England average.

What are we doing about them?

CBC has implemented a project to look at how we can identify the HIV virus earlier and two GP practices are already delivering services to support this. The local Blood-borne Virus Network is reviewing the current HBV pathway with a view to increasing the number of screening and subsequent early diagnosis of HBV through ante-natal appointments. We are also planning a workshop to train and update professionals about BBV and its implications.

Achievements so far

Rates of HIV in 15-59 year olds in CBC are significantly better than the averages across England and the region.

- HIV screening is offered to 98% of pregnant women, against a national target of 90%
- HCV incidence has shown an improvement, and the rate has reduced for 2013/ 2014
- Find out more at www.safesexinbeds.co.uk

Public Health Briefing 10: Improving Outcomes for Older People

Why is this important?

We want older people to have as long and as healthy a life expectancy as possible. We know that some long-term conditions are unavoidable in older people (dementia, falls, osteoarthritis, diabetes, heart and lung disease) but they can be delayed with a healthy lifestyle.

Being healthy can help the debilitating consequences of long-term diseases and can also reduce the risk of emergency hospital admissions.

What are our achievements so far?

Last year, 74% of people who were invited, had a flu vaccination. This is higher than the national average.

We've delivered a Community Alcohol Liaison Service (CALs) that offers brief advice for reducing the harm caused by alcohol - a problem particularly among older people

We piloted a lifestyle hub in the Chiltern Vale to increase successfully the uptake and outcomes of the Lifestyle services.

Clinical Staff in Acute Trusts have received 'Falls Awareness Training' and we are rolling this out to care homes.

We also delivered infection control training.

What local challenges do we face?

As life expectancy increases (we now have rising numbers of older people, particularly those aged 85 and over), 'healthy' life expectancy is not growing at the same rate. Our health and social care professionals are seeing more people who are living with many more complex 'long-term conditions' like dementia. The levels of hospital admissions for conditions such as respiratory infections, pneumonia and falls are also increasing from more frail and elderly patients. All of these factors are putting strains on front line services.

What are we doing about them?

Our Dementia Needs Assessment is currently looking into levels of dementia locally, the evidence for its prevention and importantly, understanding what it is like to live with dementia.

During winter 2015/ 2016, we'll be working with GP practices across the area to increase the uptake of the flu vaccination for those that are living with long-term conditions.

We are also looking at hospital admissions in more detail so that we can understand and work with partners to develop new care options. We will also be increasing our focus on support for older people who are drinking alcohol at harmful levels.

Case study

The Warm Homes Healthy People Scheme, which is funded by Public Health and delivered with housing colleagues, has produced many positive outcomes. We have produced promotional materials to increase awareness of the types of support available for local residents and worked in partnership to identify residents who may be at risk of 'fuel' poverty. We then created a referral system so that they can access the support they need to improve the warmth in their homes over winter.



Public Health Briefing 11: Population Health, Evidence and Intelligence

Why this is important?

CBC wants to ensure that local services are cost-effective, evidence-based and provide the best health and wellbeing outcomes for our population.

The Public Health Team provides intelligence, evidence and a population-based approach to support local commissioners so that they can make the best possible decisions for the medium and longer term.

What local challenges do we face?

Local public sector organisations collect a vast amount of data but this is often fragmented, making it more difficult to identify the links and interdependencies between different organisations, and therefore the decisions that need to be made across the whole community are much harder.

For example, when looking at the wider determinants of health (such as social, cultural, and environmental factors), we need to gather intelligence and input from both the Local Authority and the health sector. We also need to factor in the views and needs of local residents when we plan and prioritise funding for local services, particularly within the context of meeting rising demand and limited budgets.



What are we doing about them?

The Public Health team coordinates the production of the local JSNA (Joint Strategic Needs Assessment). The JSNA describes the current and future health and wellbeing needs of the local population and comprises of over 80 reports. The Local Authority, the CCG and others use this to address the wider determinants of health and health behaviours, as well as services and outcomes. This work is governed by the Central Bedfordshire JSNA Steering Group.

Another key document, the local Pharmaceutical Needs Assessment, identifies risks to the pharmacies in deprived communities and highlights the opportunities for pharmacies to become public health champions.

What have we achieved so far?

The Public Health Evidence and Intelligence team have used an asset-based approach to produce locality profiles for long-term conditions, children and young people and older people.

The JSNA Steering group has broad representation, including Healthwatch and the Community & Voluntary Service and we are striving to further incorporate local views.

The public health team are supporting the CCG in their plans to modernise local health services, reduce avoidable hospital admissions and improve the management of long term conditions.