Director of Public Health Annual Report for the Borough of Stockton-on-Tees 2012-2013

Stockton-on-Tees
BOROUGH COUNCIL

Health and Wellbeing

Big plans for the health of our people

Contents

Executive Summary

This is the first report of the Director of Public Health for Stockton Borough Council under the new arrangements introduced in the Health and Social Care Act 2012.

Public Health is:

The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society

(World Health Organisation, Faculty of Public Health)

Public Health in Stockton is committed to improving and protecting the health of the population and reducing inequalities through:

Addressing the wider determinants of health and wellbeing - The move of Public Health to the Local Authority in April 2013 signalled a significant change and this provides Public Health with a major opportunity to address the wider determinants of health in exciting new ways. We are doing this through close partnership working with colleagues across the Council and a range of health, social care and the voluntary and community sector organisations. The Health and Wellbeing Board and the support afforded by all Council elected member and officer colleagues provide a great platform for this work. Key determinants causing a significant burden of disease and death and increasing inequalities include the following and are priorities for us to address:

- Smoking
- Obesity
- Alcohol
- Mental health
- Dental health
- Poverty

Our services are performing well in many respects. For example local stop smoking services are among the best in the country. Significant challenges remain, such as improving the dental health of our most vulnerable children and smoking remains the biggest single cause of death.

Reducing inequalities - We are focussing our efforts to reduce inequalities on early intervention throughout the lifecourse, particularly for children and young people and developing especially targeted activity in the early years as proposed by the Marmot Review (2010)[1]. 'Give every child the best start in life' is one of three strategic priorities reflected in our Joint Health and Wellbeing Strategy[2]. This work involves making the best use of data and robust evidence, together with information on what the population tells us, to ensure we are commissioning services to meet the needs of the population. We will need to balance the provision of universal services with a targeted approach for those most needing support e.g. people with learning disabilities are known to have worse physical and mental health than the rest of the population. We are working with colleagues to mitigate (and reduce where possible) the social inequality that leads to poor health and wellbeing outcomes.

Addressing key health and wellbeing issues – The data and evidence shows that the key causes of

early death (and significant causes of illness) in the Borough are cancer (particularly lung cancer mortality) and lung disease. Rates of heart disease, stroke and liver disease are also higher than the England average. Disease rates are generally higher in areas of greater deprivation (except breast cancer), as are the risk factors for these disease mentioned earlier i.e. smoking, poor diet, lack of physical activity and alcohol. We are working with NHS colleagues and the Tees Valley Public Health Shared Service to reduce disease rates through screening and early identification of disease and reducing risk factors. Measuring wellbeing is being developed nationally and we are looking at the current tools we have to capture this information, to ensure we can use the information to help commission and develop services.

Healthcare quality and commissioning – Together with the Tees Valley Shared Public Health Service, we are delivering the 'core offer' of Public Health specialist support to NHS commissioner colleagues. We are also applying these principles to ensure effective, evidence- and needs-based and efficient commissioning of Public Health services in the Council.

Protecting the health of the population – We have produced a Health Protection Plan for Stockton, in consultation with Public Health England specialist colleagues and Council Environmental Health services. Local priorities will be delivered by a range of organisations and include: reducing healthcare associated infections and blood-borne viruses; protecting the population against environmental hazards; increasing uptake of screening programmes; and implementing new vaccination programmes.

Key messages for partners and communities – In addition to the core elements of this report, there are three key challenges for our colleagues and our communities. Evidence tells us these could have a significant impact on the health and wellbeing of our population:

- **No alcohol in pregnancy**
- **Fizzy and sugary drinks should only be a rare treat, especially for children**
- **Read to your child every day - a great way to bond with your child and help them develop**

As a new team to the Local Authority, Stockton Borough Council Public Health is looking forward to developing our relationships and work further with partners within and outside the Council, to improve and protect the public's health. The transition to the new arrangements post - April 2013 has progressed smoothly and we are entering an exciting new era in Public Health.

1 Introduction

This is my first opportunity to report on the health and wellbeing of Stockton Borough, in my role as Director of Public Health. The move of Public Health to the Local Authority in April 2013 signalled a significant change and was part of much broader-ranging changes in the healthcare system. For Stockton Public Health, this provides us with an important opportunity to address the wider determinants of health – many of which have been challenging us for some time and where we now have more opportunity to impact. Stockton Borough Council is a forward-thinking organisation, where health and wellbeing is a clear priority for the Leader, Chief Executive, officers and elected members. For example, we have the opportunity to work more closely than ever with such service areas as housing, regeneration, environment and transport to improve the health and wellbeing of our population. In addition, Environmental Health and Trading Standards services have recently moved to sit within the Public Health directorate in Stockton Borough Council. Local Authorities have always held a Public Health role and we look forward to building on and expanding this.

Our first priority is to both improve the health of the Borough population, through commissioning services to support healthy lifestyles; and to protect the health of the population. We are working with our colleagues in the NHS (particularly Clinical Commissioning Group and NHS England) and with Public Health England to ensure we have robust plans in place around issues such as handling emergencies and incidents, increasing immunisation uptake and managing environmental hazards and outbreaks of infectious disease.

In the current challenging economic times, it is important for us to ensure we commission services which meet the needs of our population, are based on evidence of what works and are cost-effective. We are working with fellow commissioners in the Local Authority and partner organisations and with the Tees Valley Public Health Shared Service to ensure this is the case.

Our second priority is to reduce inequalities. In our Borough, we have huge variation in levels of deprivation and in health and wellbeing outcomes across wards. Life expectancy in our most deprived wards is as much as 15 years less than that in the least deprived wards. This presents us with a huge challenge, in ensuring services are available to our whole population, whilst providing additional targeted support for the most vulnerable groups. However, this diversity offers opportunity through the new businesses investing in our area and through the resources in communities to address some of our biggest health and wellbeing challenges. For example, health trainers offering peer support to their communities on stopping smoking, alcohol intake, healthy diet and other issues. We are working closely with the voluntary and community sector in Stockton Borough, and with HealthWatch as a voice of the community and an independent view on how our services are running.

Since transferring to our new home in Stockton-on-Tees Borough Council, we have already 'tested' the new Public Health system in working with partners to handle the measles outbreak; and in examining some of the services we commission to ensure they fit the needs of our communities. We are building on the improvements made by Primary Care Trusts, for example our stop smoking services are held up as a national example of good practice and our rates of coronary heart disease continue to decrease. Significant challenges also

prevail, such as the need to ensure early intervention and support for our children and their families, to give them the best start in life; and the need for us to increase our early detection and diagnosis of cancer to reduce our disease and mortality rates from this disease.

In addition to the core elements of this report, there are three key challenges I would like to set out for our colleagues and our communities. These are specific issues which evidence tells us could have a significant impact on the health and wellbeing of our population and I would ask all partners to support:

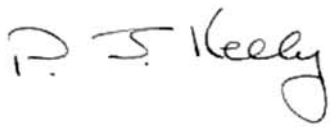
- No alcohol in pregnancy
- Fizzy and sugary drinks should only be a rare treat, especially for children
- Read to your child every day - a great way to bond with your child and help them develop

We know that messages around alcohol consumption can be confusing; and perceptions and norms around alcohol consumption vary and do not always match actual consumption. Expert advice from Balance (the North East Alcohol Office) recommends that **no alcohol** is the safest option in pregnancy, based on the evidence and the harm caused by drinking in pregnancy including Foetal Alcohol Spectrum Disorders (FASD)[3]. About 300 babies born in the North East each year may suffer from FASD. By giving this simple message, we can reduce preventable illness and disability in our children.

As outlined in this report, many parts of our Borough have poor child dental health and high levels of obesity – with great inequalities between wards. **Fizzy drinks** full of added sugar are a contributor to poor dental health and obesity and **should only be a rare treat** rather than a frequent option for children and families. The National Diet and Nutrition Survey (2012)[4] found soft drinks were the largest contributor to sugar intake for children aged 4-18 years.

Lastly, there is very strong evidence that reading with a child in the early years of life (0-3yrs old) has a positive impact on their educational attainment and therefore job prospects later on. We also know that better educational attainment and less deprivation are associated with better health and wellbeing in adulthood. So the advice for parents and carers to **read to their child** regularly, ideally **every day**, is based on our ambition for every child in the Borough to have the best start and best opportunities in life.

I am delighted at the smooth transition to the new arrangements. I am looking forward to the opportunities these new arrangements present and by the support and joint working already developing with colleagues within and outside of the Council. We are entering an exciting new era in Public Health.



Professor Peter Kelly

Director of Public Health, Stockton Borough Council

2 Public Health in the Local Authority

Public Health is:

The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society

(World Health Organisation, Faculty of Public Health)

The World Health Organisation also says that:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO)

The move of Public Health to the Local Authority in April 2013 presents a very exciting opportunity to work further with partners in addressing the range of determinants that can impact so significantly on physical and mental health and wellbeing. To name a few, we know that inequalities, education, housing, employment, family and community, the built environment and lifestyle choices impact on individuals and communities throughout their lives. The classic model produced by Dahlgren and Whitehead (1991)[5] (***Figure 1***) portrays the wide range of these determinants of health and wellbeing.

As a Public Health department in the Local Authority, we have a duty to ensure there are robust plans to promote and protect health and wellbeing across Stockton Borough, to reduce inequalities and to tackle the causes of ill health. This means providing support across our population; whilst securing extra support for our most vulnerable groups. To ensure this, we work closely with a range of local, regional and national partners, including other Local Authority departments, the Voluntary and Community Sector, HealthWatch, Public Health England, the Clinical Commissioning Group and the NHS Area Team. The Stockton Health and Wellbeing Board has a particularly important role as owner of the Joint Stockton Health and Wellbeing Strategy 2013-2018. Our progress is monitored through the new *Public Health Outcomes Framework 2013-2016*[6].

Stockton Borough Council (SBC) Public Health is responsible for commissioning a range of public health services, based on population health need. We seek to maximise opportunities to improve local health and wellbeing, for example through: health promoting policies; encouraging health promoting environments; commissioning high quality, evidence-based public health services; supporting local communities; tailoring services according to need; and making best use of resources.

Figure 1: The wider determinants of health and wellbeing[5]

As a Local Authority Public Health department, it is mandatory for us to do the following:

- Commission appropriate access to comprehensive sexual health services
- Ensure robust plans are in place to protect the health of the population
- Ensure NHS commissioners receive specialist public health advice
- Commission the National Child Measurement Programme locally
- Commission the NHS Health Check assessment locally

However, we also prioritise commissioning services for other important Public Health issues, including stopping smoking, substance misuse, domestic abuse and early interventions for children and families, among others. The Public Health team is almost exclusively a commissioning team, rather than a provider function. It advises on and implements: a population view; needs assessment; evidence base and data; input to service monitoring and evaluation; commissioning and monitoring of Public Health services and contracts; and close links to other parts of the health and social care system. ***Box 1*** outlines the three broad areas our work covers and these are explained in more detail throughout this report. ***Figure 2*** summarises the commissioning cycle which is central to our approach.

Box 1: SBC Public Health work

Health Improvement

Public Health leads and works with partners on developing and implementing plans on issues such as tobacco control, alcohol, obesity, cancer, heart disease, substance misuse, domestic abuse, sexual health and workplace health. The team aims to formulate plans based on evidence of what works and on the need in different parts of our population. It is important to ensure services are available to the whole population, whilst focussing interventions particularly on where need is greatest. We aim to reduce inequality through this approach and through working with partners to address the wider social determinants of health.

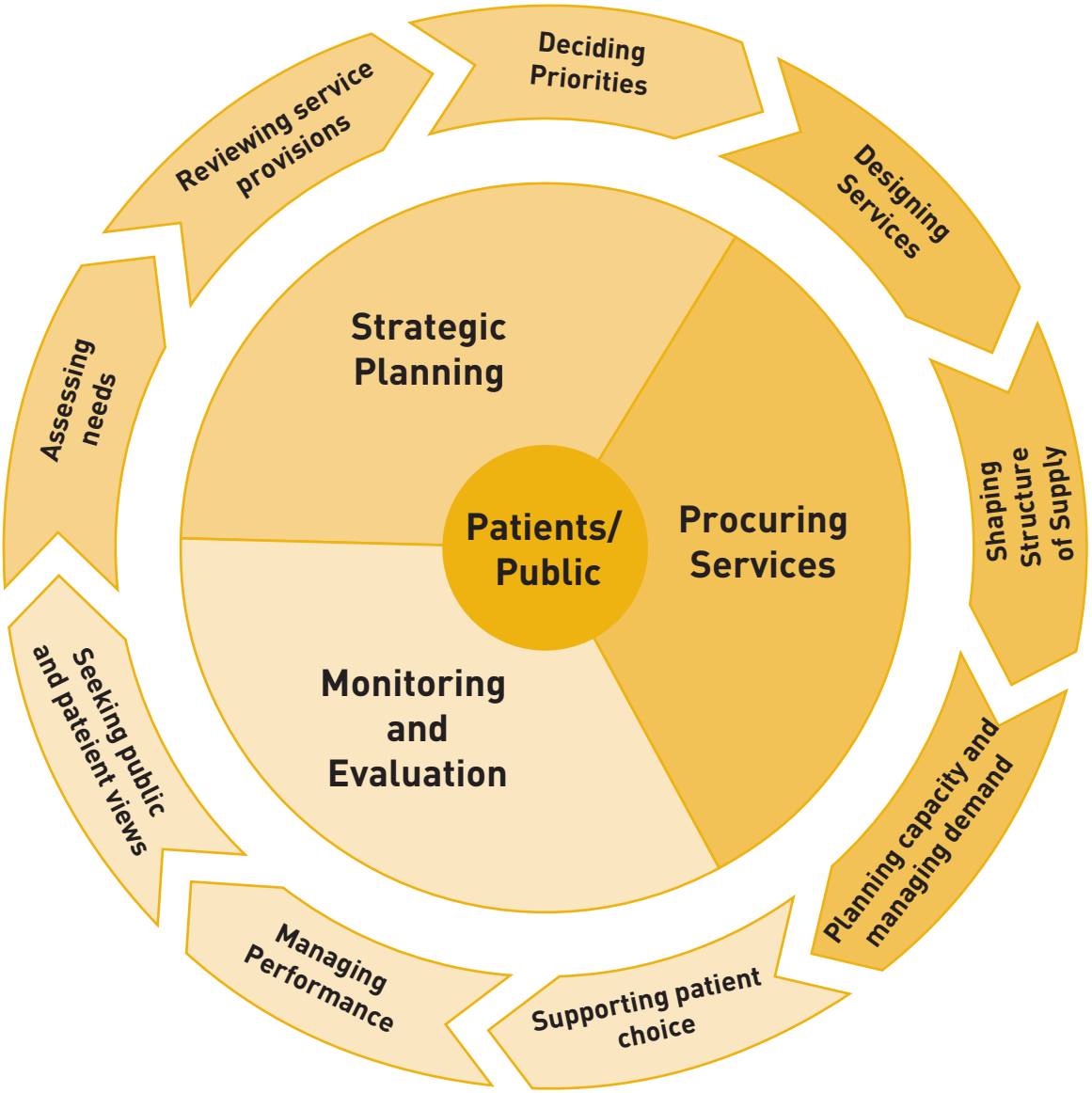
Health Protection

The Director of Public Health (DPH) has a duty to ensure robust plans are in place to protect the health of the population from such risks as outbreaks of infectious disease, environmental hazards and major incidents. The DPH works closely with other Local Authorities and with Public Health England to provide this assurance and undertake any actions needed.

Health Services

The service ensures that specialist Public Health advice and support are available to NHS commissioners (principally the CCG), to ensure health services are commissioned according to need and evidence-base and fit with the other related services commissioned by partner organisations such as Local Authorities and the VCS. Close working with the CCG will also help ensure smoother pathways of care and support for patients and clients; and to move to a more prevention focus in the delivery of health services and improve value for money. Public Health has close links with NHS services through its historical work as part of the Primary Care Trust. The specialist Public Health advice and support is provided to the CCG by SBC Public Health and by the Tees Valley Public Health Shared Service on behalf of SBC Public Health. The Tees Valley Public Health Shared Service is jointly commissioned by the five Local Authorities in Tees Valley. SBC Public Health is also working closely with other Local Authority departments to effectively and efficiently commission and deliver services based on need and evidence; and plan and monitor these effectively.

Figure 2: The commissioning cycle[7]



What do we need to do?

- Continue to work with Local Authority colleagues and partner organisations to ensure evidence-based, needs-based and cost effective commissioning
- Ensure the three 'arms' of Public Health work (health improvement, health protection and health services) are embedded into the SBC Public Health approach to ensure we have a holistic view on improving and protecting the health of the population

3 Health and Wellbeing challenges in Stockton Borough

The publication of *Longer Lives* by Public Health England (2013)[8] powerfully depicted the level of premature death in the North of England, compared to other regions of the country. The report summarised the deaths (2008-2011) from cancer, heart disease and stroke, lung disease and liver disease, in people under the age of 75. 'Premature death' was defined as deaths preventable by Public Health action, or deaths which could be avoided through good quality medical care.

Stockton Borough fares significantly worse than England as a whole for all premature deaths and mortality for cancer, heart disease and stroke and lung disease (faring slightly better on liver disease) (***Figure 3***). Our rank for premature deaths is driven largely by premature mortality from cancer and from lung disease (largely COPD resulting from smoking and our industrial heritage).

Figure 3: Cause of death aged under 75 years in Stockton, 2009-2011 (Source: Longer Lives)[8]

Cause of death, aged under 75 years, 2009 - 2011			
Stockton-on-Tees	**Number of Deaths**	**Deaths per 100,000**	**National Rank (out of 150)**
All Premature Deaths	1,877	301	102nd worst
Cancer	797	125	127th worst
Heart disease and stroke	436	69	89th worst
Lung disease	179	27	95th worst
Liver disease	99	16	83rd worst

- Boxes in red denote where Stockton-on-Tees is significantly different to England
- Boxes in yellow denote where Stockton-on-Tees is different to England but not statistically significantly different

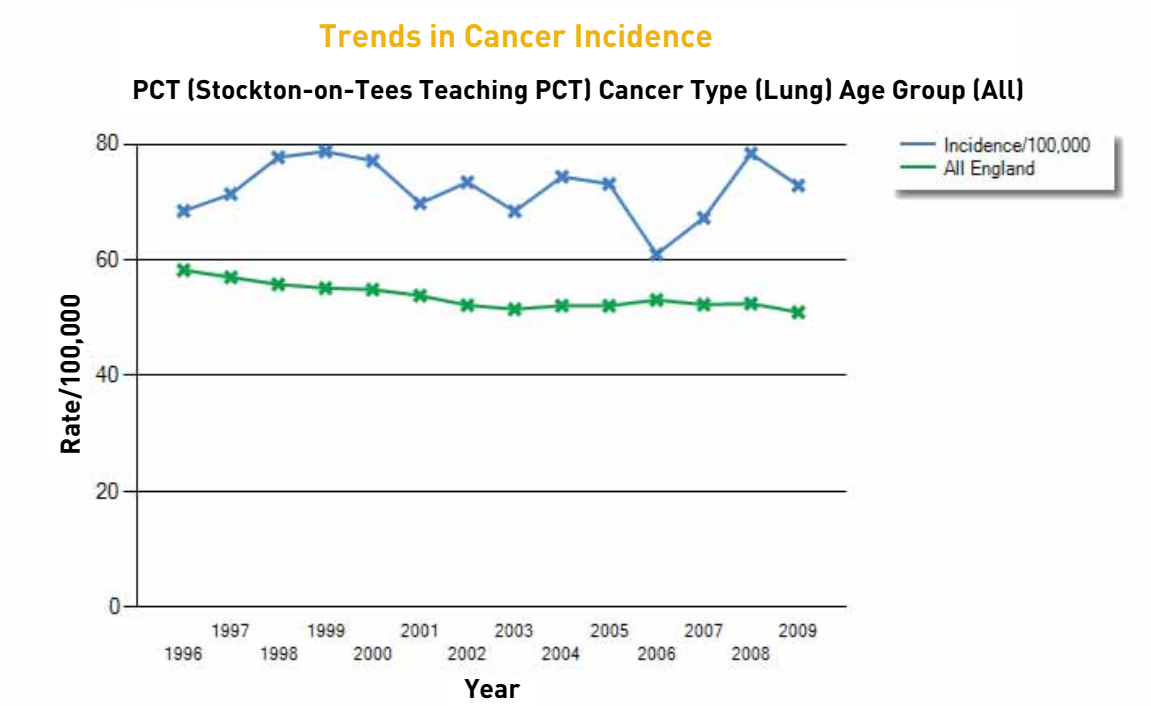
Further data below shows that for both the diseases in focus and their main common risk factors, the most deprived wards fare the worst and the same five or six wards tend to perform the worst across all diseases and risk factors.

This section sets out the disease trends for these major causes of premature mortality and the action Public Health is taking with partners to reduce these, together with our efforts to measure wellbeing.

3.1 Cancer

Data from the *Longer Lives* (2013) report shows that Stockton, together with Darlington, is highest in its decile for premature mortality from cancer. The incidence of lung cancer (as the greatest contributor to cancer mortality) (***Figure 4***) remains higher than the England average. Lung cancer in Stockton males remains above the England rate (1996-2009). Female rates are increasing in Stockton and are above the England rate. These patterns are likely to be a reflection of historical smoking patterns and cancer detection. Mortality is decreasing in Stockton and England, though Stockton mortality rates remain significantly higher than England rates.

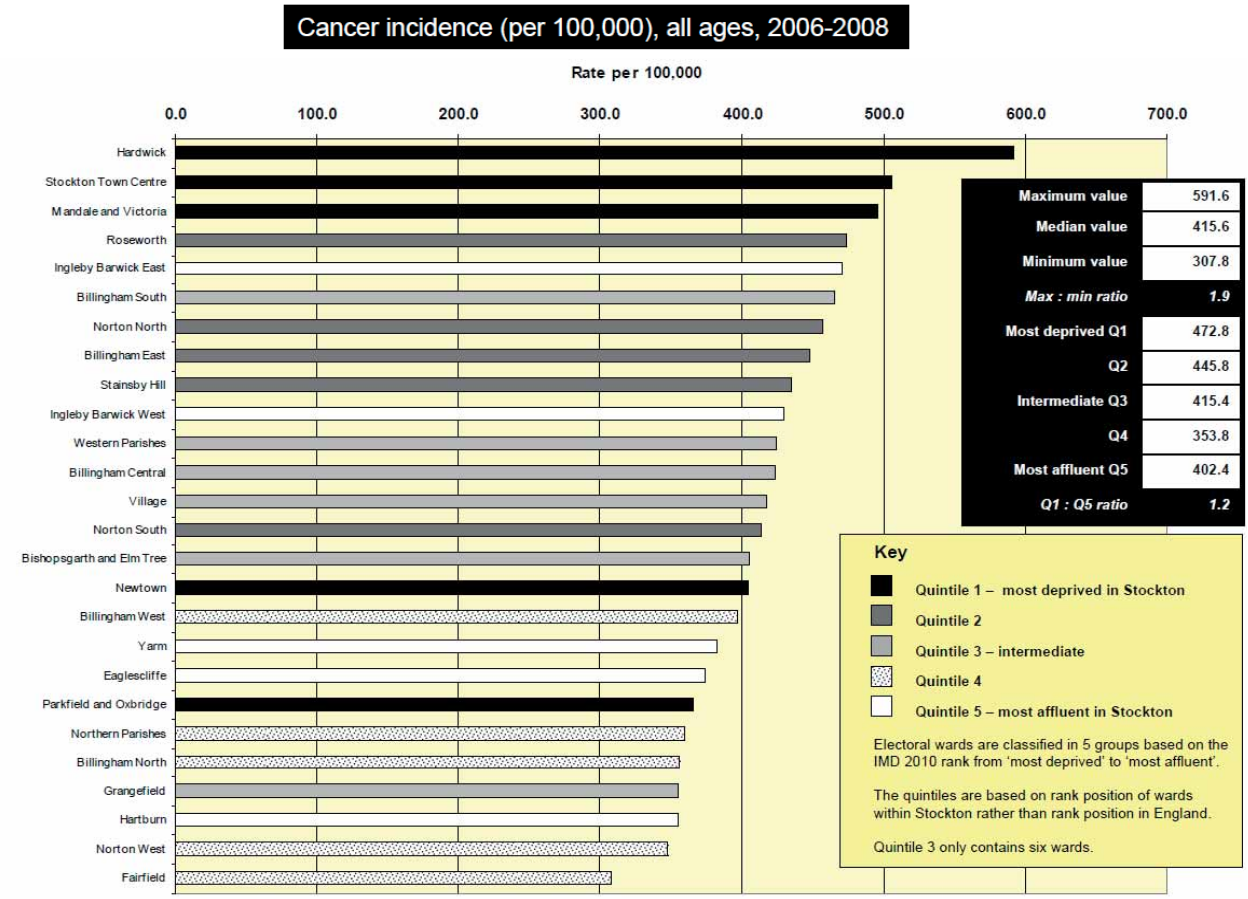
Figure 4: Cancer incidence in Stockton Borough (1996-2009)[8]



Trend data also shows that colorectal cancer incidence has increased slightly though incidence in males is higher than in females and higher than the England rates. Mortality is decreasing. Breast cancer incidence is increasing though Stockton rates are currently lower than England rates. Mortality rates are decreasing due to the effective screening programme in place and Stockton rates fluctuate around the England rates. Increase in incidence for breast and colorectal cancer is likely to be due to an increase in risk factors prevalence and detection through screening. Screening also improves the mortality rates, increasing earlier detection of the 'warning signs' of disease.

Further detail (***Figure 5***) shows that cancer incidence varies significantly between wards. The lowest is 307.8 per 100,000 (all ages, 2006-08) in Fairfield; the highest is 591.6 per 100,000 (all ages, 2006-08) in Hardwick. Hardwick is in the top three most deprived wards in the Borough and cancer incidence is affected by risk factors such as smoking and diet. It is also affected by detection rates through screening and awareness of symptoms.

Figure 5: Cancer incidence by ward in Stockton Borough (all ages, 2006-08)[8]



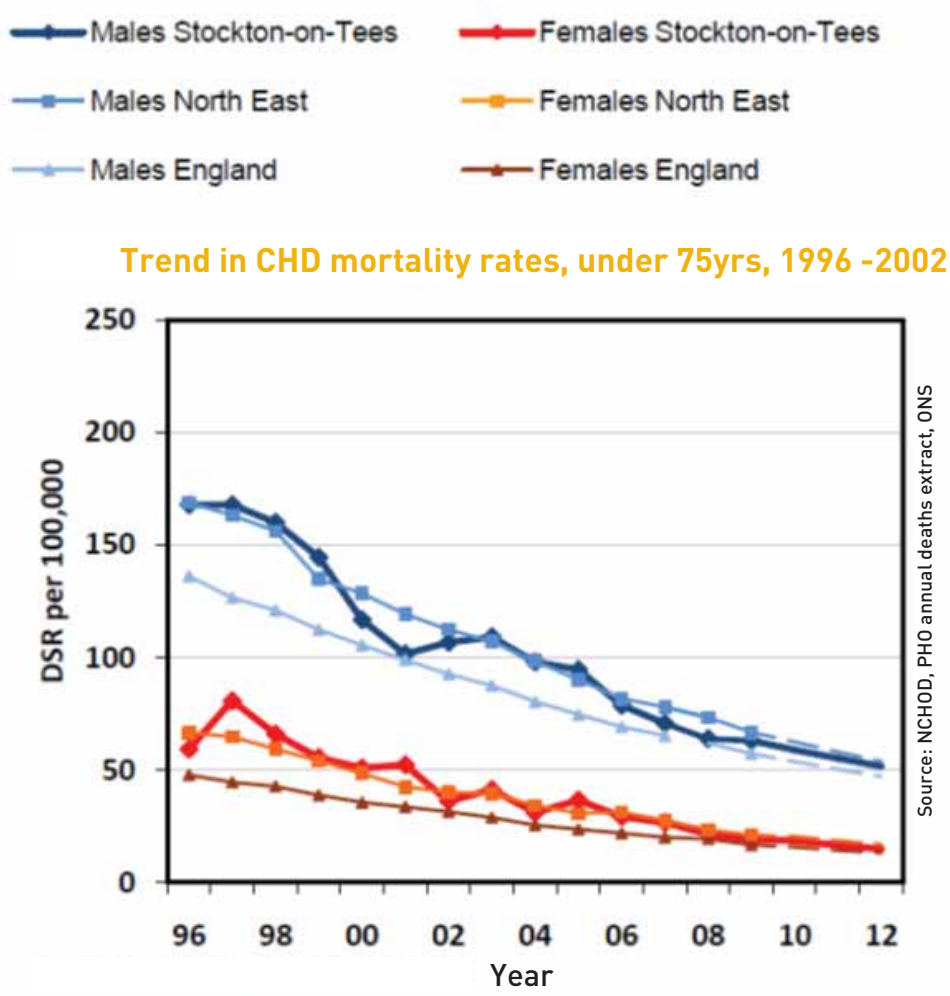
Together with the Tees Valley Public Health Shared Service, we are implementing campaigns to increase awareness of signs and symptoms of cancer and to encourage early detection and diagnosis. We are also working with the Clinical Commissioning Group (CCG) and NHS England to increase cancer screening rates in our population, particularly among certain groups. For example, we know cervical screening rates are lower among younger women and some ethnic groups.

3.2 Heart disease and stroke

Rates of coronary disease (‹75yr olds) have been decreasing in Stockton, the North East and England (1996 - 2012). However, Stockton rates have decreased at a faster rate, closing the gap so that current rates sit at the national rate for women and just above the national rate for men (and lower than the North East) (***Figure 6***)[8]. This is a significant achievement and can be attributed largely to a reduction in smoking rates and to improvements in healthcare through treatment and secondary prevention. The work of Fresh North East (the regional tobacco control office) has been instrumental in supporting local areas to reduce smoking rates, particularly through its role in introducing the ban on smoking in public places.

Public Health is working with the Tees Valley Public Health Shared Service and the CCG to reduce both heart disease and stroke rates through the NHS Health Check programme. The programme has been implemented in Teesside for several years (ahead of the national rollout) and focuses on assessing and reducing risk among 40-74yr olds with identified risk factors. We are also implementing the Mini Health Check for the working age population with risk factors for CVD and stroke e.g. smoking, type II diabetes, overweight.

Figure 6: Trend in CHD mortality rates (under 75s, 1996-2012)[8]



3.3 Lung disease

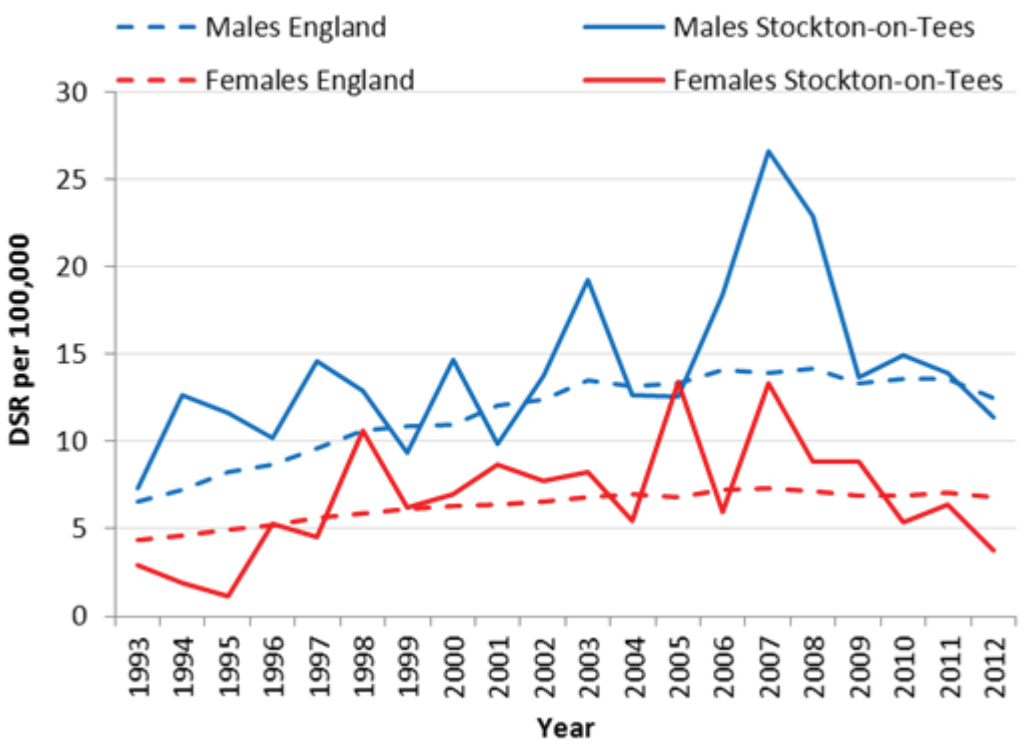
The estimated prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Stockton-on-Tees is 4.7% but only 2.1% of the population has been diagnosed. This means that about 3,200 people with COPD remain undiagnosed. The COPD emergency admission rate in Stockton-on-Tees is higher than the England average and there are also variations between General Practices in these admission rates. The prevalence of asthma in Stockton-on-Tees has remained fairly stable in the past three years, in line with the national trend.

We are working with the Tees Valley Public Health Shared Service to implement screening for COPD. The prevalence of COPD is affected largely by smoking rates and also by the industrial heritage of the area.

3.4 Liver disease

Local data show that mortality from liver disease is increasing for both men and women (***Figure 7***). Stockton rates fluctuate but are higher than England rates, particularly for men. The increase is due to patterns of alcohol use locally and nationally. The number of people developing chronic liver disease at a younger age is also increasing.

Figure 7: Trend in mortality from chronic liver disease rates (all ages, 1993-2012)[8]



The Public Health team is prioritising reducing alcohol misuse, for example by funding a specialist nurse based in the A&E department at North Tees Hospital to carry out screening and brief intervention and refers people on for appropriate advice and support, aiming to reduce hospital admissions and readmissions due to alcohol. We also commission an alcohol treatment service and work with Balance, the regional alcohol office, in campaigns to reinforce messages about alcohol intake and in influencing policy e.g. minimum unit pricing for alcohol.

3.5 Wellbeing

Measuring wellbeing is of increasing profile nationally. A clear definition of well-being is hard to find, with many studies focusing on particular aspects of well-being, such as physical health, psychological health or social functionality. The World Health Organisation comes close to defining well-being in its definition of mental health as: 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'9 Wellbeing has also been the source of recent debate in the popular media, with discussion on introducing a General Wellbeing index (GWB), similar to the way countries face comparison on their GDP. In this scenario well-being was made synonymous with happiness.

Because of difficulties in establishing a starting point many of the tools available to measure wellbeing focus on assessing it from the perspective of an individual's health. Stockton Borough Council currently measures the wellbeing of its population through the annual residents' survey. Together with the Place Survey, results show:

- The most important factors for quality of life are seen as: community safety (39%), parks and open spaces (20%)
- The most important improvements needed to improve quality of life are: more facilities for teenagers (17%) and children ‹13yrs (15%), reducing crime and anti-social behaviour (14%)
- 70% of respondents said their health was 'very good' or 'good'
- 28% said day-to-day activities were limited (a little or a lot) because of a health problem / disability lasting, at least 12 months
- 32% were feeling optimistic about the future all of the time / often; 24% none of the time / rarely
- 51% had been dealing well with problems all of the time / often; 7% none of the time / rarely

The Office for National Statistics is also reviewing the indicators it uses for measuring wellbeing, which cover a range of areas e.g. personal wellbeing, relationships, health, what we do, where we live, finance and the environment. We will keep abreast of these developments.

Public Health is working with multi-agency colleagues on improving mental health in adults, children and young people. We are also working with clinical and social care colleagues on improving quality of life for people with long-term conditions; and exploring joint commissioning opportunities around re-ablement, supporting older people to live and participate in their own communities particularly after leaving hospital.

What do we need to do?

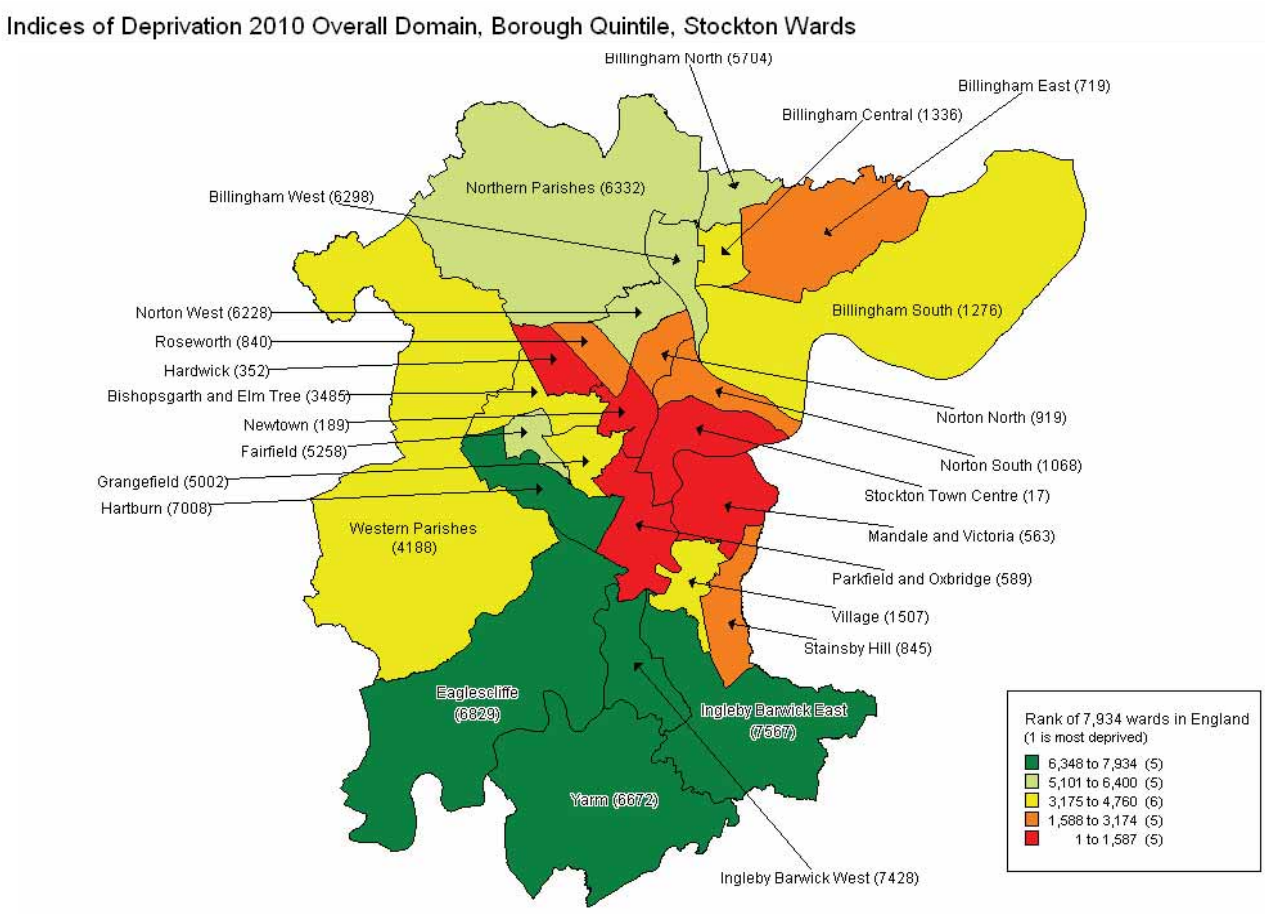
- Raise awareness of the risk factors of major diseases affecting the population and how these can be addressed
- Increase screening and early diagnosis of diseases causing a significant burden of illness and death, particularly cancer and lung disease
- Ensure access to preventive services and information for the whole population and targeted activity particularly for the most vulnerable
- Ensure we capture wellbeing and can monitor this through services / survey indicators to influence how we develop and comission services

4 Health and Social Inequalities

4.1 Inequalities in Stockton Borough

Our Joint Health and Wellbeing Strategy 2013-2018 highlights our aims to improve and protect the health and wellbeing of our population in Stockton Borough and to reduce health inequalities. As many studies and reports have shown (Whitehall study[10], Marmot review[1], Black report[11]), health and wellbeing is closely linked to socio-economic conditions. We know that people living in areas of greater deprivation are more likely to experience poorer health and wellbeing outcomes throughout their lives e.g. obesity rates and dental health are particularly sensitive to socio-economic position. The wide variation in levels of deprivation across Stockton-on-Tees Borough leads to a range in health and wellbeing outcomes and life expectancy; and so presents a particular Public Health challenge. The map below (***Figure 8***) shows the variation in deprivation across the Borough.

Figure 8: Indices of deprivation in Stockton Borough wards (2010)



In his *Strategic Review of Health Inequalities* (2010)[1], Professor Sir Michael Marmot highlighted that poor outcomes are founded on inequalities in society – societies with greater social inequality e.g. living conditions and income, have poorer health and wellbeing outcomes. Inequalities have their roots in early life. In particular, poor cognitive development and low birth weight impact on a child's mental and physical health outcomes throughout the life course; and on their future life chances (***Figure 9***). These factors are manifested in outcomes such as educational attainment, which is a good indicator of life chances and is closely associated with deprivation.

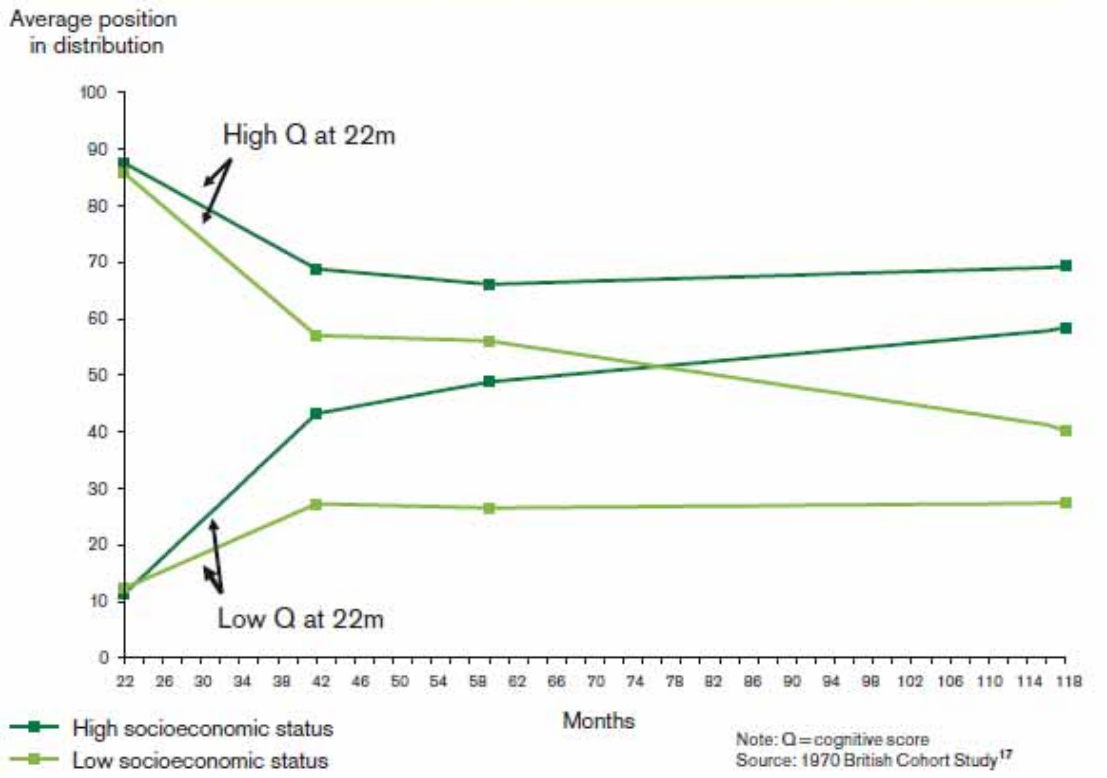


Figure 9: Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years (Marmot, 2010)[1]

Inequalities in health and wellbeing prevail through adulthood in Stockton Borough, for example obesity rates and prevalence of diabetes, the impacts of which are further detailed in this report. The Borough's current performance against Marmot's key indicators (***Table 1***) summarises the scale of the challenge in improving healthy life expectancy and reducing inequalities. Though a greater percentage of our children than the England average are achieving a good level of development at age 5, this is still significantly lower than the England best and variation also exists between wards.

Table 1: Marmot Indicators for Stockton Borough (London Health Observatory 2012)[12]

Indicator	Stockton	England Average	England Best
Male life expectancy at birth (years)	77.6	79	85.1
Inequality in male life expectancy at birth (years)	15.3	8.9	3.1
Inequality in disability-free male life expectancy at birth (years)	16.6	10.9	1.8
Female life expectancy at birth (years)	81.8	82.6	89.8
Inequality in female life expectancy at birth (years)	11.3	5.9	1.2
Inequality in disability-free female life expectancy at birth (years)	13.1	9.2	1.3
Children achieving a good level of development at age 5 (%)	60.1	58.8	71.4
Young people not in education, employment or training (%)	10.6	6.7	2.6
People in households in receipt of means-tested benefits (%)	16.3	14.6	4.7
Inequality in percentage receiving means-tested benefits (% points)	43.6	29.0	4.6

To improve health and wellbeing and reduce inequality, we are focussing on interventions throughout the life course as depicted in ***Figure 10***.

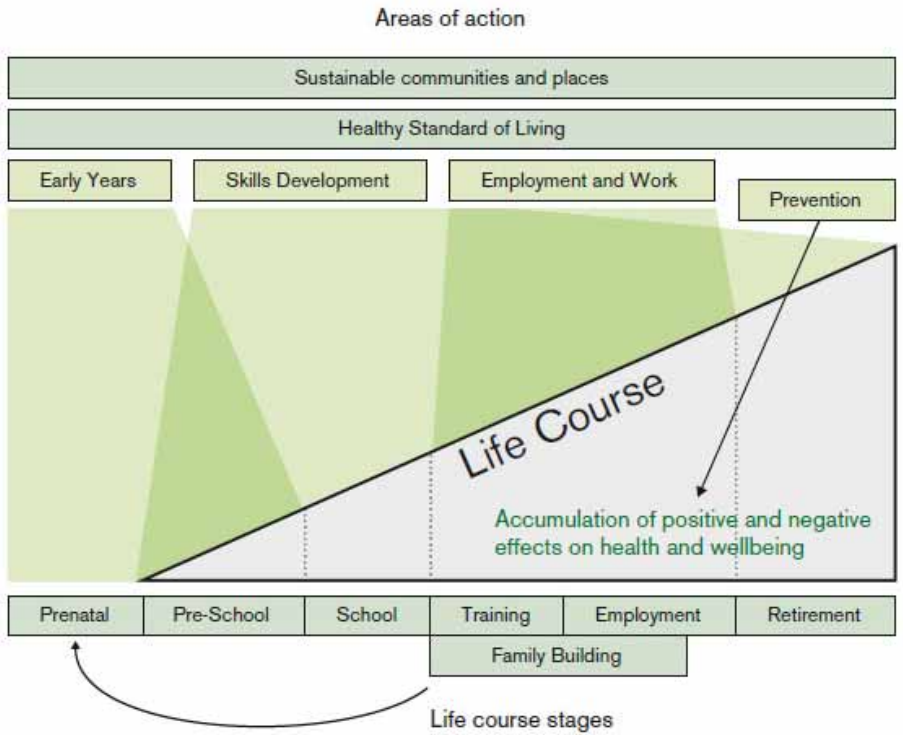


Figure 10: Action across the life course (Marmot 2010)[1]

Evidence shows that population factors other than deprivation increase inequality in health and wellbeing e.g. age, ethnicity and having a learning disability. Public Health in Stockton recognises and is committed to the needs of specific populations and individuals. ***Box 2*** outlines our work to support people with learning disabilities as an example.

Box 2: People with learning disabilities

Research by The Learning Disabilities Observatory shows "the health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care". The report Health Inequalities and People with Learning Disabilities in the UK (2011) states that 'People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population...all-cause mortality rates among people with moderate to severe learning disabilities are three times higher than in the general population'.[13] The report recommended:

- Reducing the exposure of people with learning disabilities to common social determinants – poverty, unemployment, social disconnection
- Improving the early identification of illness
- Enhancing 'health literacy' is critical in promoting healthy lifestyles among people with learning disabilities such as family carers and paid carers
- Making 'reasonable adjustments' in mainstream services
- Improving skills and knowledge of frontline staff in all settings

We are working with the Department of Health to pilot work to improve the health of people with learning disabilities and we are working with CCG colleagues to increase the uptake of health checks in this group.

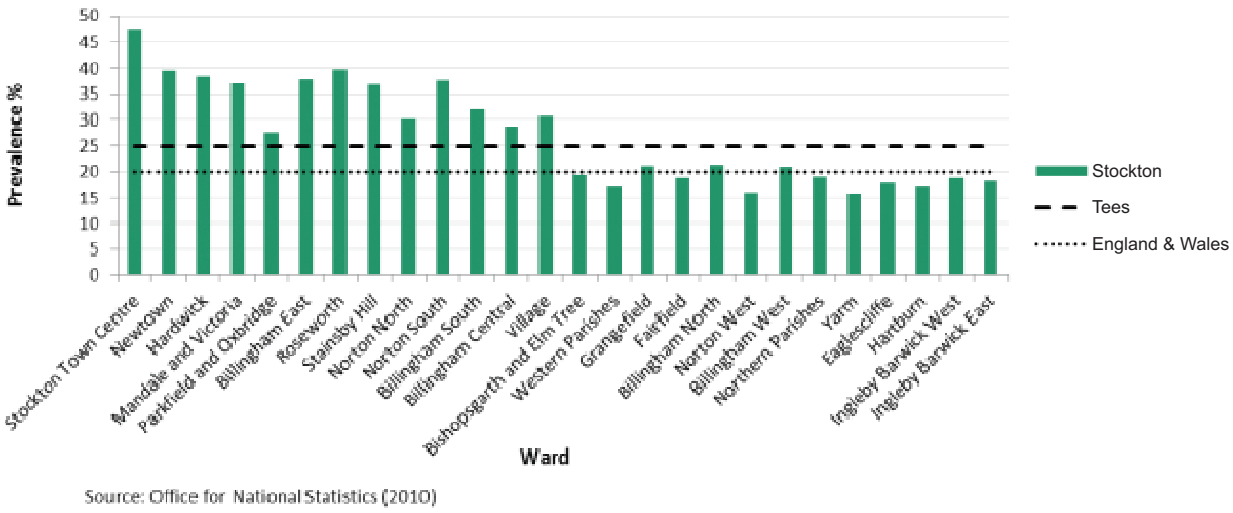
4.2 Key determinants of health and wellbeing

Strong evidence, such as that outlined in Longer Lives[8], shows that a range of risk factors act and combine to produce poor health and wellbeing outcomes. Some of the key determinants we are working on with partners are set out in this section. Stockton Public Health is also initiating a workplace health project with Local Authority colleagues to help improve the health and wellbeing of employees and their families; and improve sickness absence rates (particularly due to mental health issues and musculoskeletal problems).

Smoking

Smoking is the single biggest preventable cause of premature death in the Borough of Stockton-on-Tees with 18% of all adult deaths over 35yrs occurring as a direct result of smoking (approximately 273 deaths per year). The death rates from tobacco are two to three times higher in the most disadvantaged social groups living in the Borough compared to the least disadvantaged. There is also a strong correlation between smoking prevalence and the level of deprivation within the Borough as the graph below shows (***Figure 11***).

Figure 11: Smoking Prevalence by Ward in Stockton Borough (2003-05)[25]



Source: Office for National Statistics (2010)

NB. Data is not currently routinely analysed at ward level, therefore more recent data is not yet available.

It is estimated that smoking costs approximately £56 million per year in the Stockton Borough which includes associated NHS and non NHS costs (sick days, lost productivity, domestic fires and smoking litter)[14].

Smoking Effect on Health

Smoking remains the single biggest preventable cause of premature death. It is associated with a range of diseases, including:

- Cardiovascular Disease (CVD)
- Respiratory diseases including Chronic Obstructive Pulmonary Disorder (COPD) and asthma
- Cancer

Smoking in pregnancy is also one of the key concerns in the area. It increases risk of miscarriage, premature birth and a range of other poor health outcomes. There is also a high chance that the child will become a smoker themselves when they grow up.

Smoking Prevalence in the Stockton Borough

The latest smoking prevalence data (people over 16 years), shows a smoking prevalence of 17.8% within the Borough (an estimated 27,626 people)[15]. This is below the England average of 20% and North East average of 21.2%. However historically, deprived wards have a much higher smoking prevalence (nearly double the Borough average - see ***Table 1***).

The Stockton-on-Tees Social Norms Project (2011/12), which was conducted within local Colleges identified that approx. 15% of college students sampled smoked, with 38% of these taking up smoking at 14 years of age. 17.7% of pregnant mothers reported that they were still smoking at time of delivery in 2012/13 (significantly higher than the England average of 12.6%).[16]

Achievements to date

- Tobacco control is a key priority in the Borough and there has been a year-on-year reduction in average smoking prevalence (21.8% in 2009 to 17.8% in 2012)[15]
- The Stop Smoking Service reached about 14% of Stockton smokers this year, which is the second best in the North East region
- A referral pathway is in place to support pregnant smokers
- Stop smoking brief intervention training is mandatory for all midwives
- The JSNA effectively identifies needs and priorities in relation to Tobacco Control issues
- A strong Smokefree Alliance is in place in the Stockton Borough
- Effective working relationships are in place with FRESH North East (the regional tobacco control office)

Future development

A scrutiny review into tobacco control in 2012/13 identified a series of recommendations, including:

- Further work with partners to prevent smoking uptake by young people
- Strengthen stop smoking services: focus on smoking in pregnancy and on vulnerable groups such as routine and manual socio-economic groups and deprived communities
- Reduce the health inequalities gap caused by smoking between the deprived and affluent areas
- Continue to lobby for plain standardised packaging and also restricting smoking in cars carrying children

- Ensure a whole health system approach to tackling smoking

Obesity

National and local context

The prevalence of obesity in England is increasing at all ages; almost two-thirds of adults and one-third of children are either overweight or obese. Overweight and obesity are major risk factors for disease and mortality including cardiovascular disease, cancer, disability during older age, type 2 diabetes, hypertension, and hyperlipidaemia, which are major risk factors for cardiovascular disease (Health Survey for England, 2009)[17]. *Healthy Lives, Healthy People: A call to action on obesity in England*[18] sets out the importance of taking a life course approach, from pre-conception to older age. The Government's ambitions are to see:

- A sustained downward trend in excess weight in children by 2020
- A downward trend in excess weight averaged across all adults by 2020.

Evidence suggests excess weight in childhood continues into adulthood. Children and young people also face immediate health and psychological consequences including increased risks of elevated blood pressure and type 2 diabetes, low self-esteem, anxiety and depression.

Level of need in Stockton-on-Tees

The rising trend in obesity is one of the biggest threats to the population's health in the Borough.

- An estimated 27.7% of adults in Stockton-on-Tees are obese[19]. This has increased since 2003-05, and is significantly higher than the England average of 24.2%.
- An estimated 3,500 people in Stockton-on-Tees have a learning disability, approximately 49% of whom are overweight or obese
- The incidence of maternal obesity is higher than the national and North East averages (15.6% and 17.3% respectively compared to 18.8%) (James Cook University Hospital data).
- The 2012/13 National Child Measurement Programme data show a decrease on prevalence of obesity compared to 2011/12[20]. The data is encouraging, though prevalence is still high: 8.5% of the children in Stockton-on-Tees are obese on starting primary school, increasing to 21.1% (about 1 in 5) by Year 6 (significantly higher than the England average).
- In Stockton -on-Tees, NHS costs of the principal obesity-related diseases are estimated to be £71.8 million (Department of Health, 2010).

The distribution of overweight and obesity has a significant social gradient. Adults and children in social class V (unskilled manual) have a higher prevalence than those in social class I (professional) and the gap is widening[21]. Services to support people with their weight need to be targeted at areas of deprivation. Obesity rates are also higher amongst people with a limiting long term illness, a learning disability, mental ill health and certain ethnic minority groups. Children are at increased risk if they live in a household where parents are overweight or obese.

Tackling obesity is complex and requires action at every level and across sectors to address societal and behavioural factors. Local Authority Public Health is ideally placed to co-ordinate this, working with e.g. transport, planning and environment, leisure and culture, parks and green spaces, education and learning, health and social care, housing and environmental health.

Current and future actions

Public Health commission a range of preventative and treatment services for children, young people and adults and initiatives are delivered by the Local Authority, voluntary and community sector and private sector (***Box 3***). Weight management services commissioned by Public Health will be part of the 2013/14 obesity review and consultation.

Public Health works together with a range of partners through the Healthy Weight, Healthy Lives Partnership group, developing a local obesity action plan as part of the 2013/14 obesity review.

Our future priorities include to:

- Review care pathways and the obesity service model
- Adopt a life course approach to address health inequalities at all stages using evidence-based approaches
- Balance investment between prevention and treatment services, ensuring targeted support for those at most at risk of being overweight / obese.
- Increase capacity across the different sectors to ensure every contact becomes a health improvement opportunity and to increase capacity and capability in the workforce to support people to achieve and maintain a healthy weight.
- Ensure children identified as obese through the National Child Measurement Programme (NCMP) are appropriately supported, along with their families.
- Improve joint working between key sectors, such as planning and transport departments, to maximise the potential for physical activity and healthy eating, including the use of health impact assessments to address the obesogenic environment.

Box 3: Case Study – Community weight management

Public Health fund MoreLife to provide free clubs helping overweight and obese young people aged 5-17 years old, and their families, lose weight and learn to lead healthier lifestyles. MoreLife is a nationwide programme aimed at tackling the growing problem of obesity among children in the UK. Since April 2012, 130 families from Stockton-on-Tees have attended the clubs. Many families have achieved great successes in relation to weight loss and have improved their self- confidence, diet and physical activity levels. Family feedback on the service has been extremely positive, for example one parent said that "every child should try MoreLife, it puts children on the right track".

Alcohol and liver disease

Alcohol misuse in Stockton Borough

National Treatment Agency prevalence modeling suggests that there are 2470 dependent drinkers in the Borough. Stockton-on-Tees has higher proportions of individuals drinking at increased risk levels (27% of non-abstinent adults) compared to regional (25%) and national (21%) levels. Binge drinking is the Borough's biggest challenge. We have lower levels than the regional average but well above the national average.

The proportion and numbers of the local population estimated to be at risk are shown in ***Table 2*** below, in comparisons with the North East and England.

Table 2: Prevalence of at-risk drinkers (Alcohol Needs Assessment 2012)[22]

Indicator	Stockton-on-Tees		North East	England	Stockton-on-Tees is
Level of Risk	Number at Risk (aged 16+)	Prevalence (%) (aged 16+)	Prevalence (%) (aged 16+)	Prevalence (%) (aged 16+)	
Abstainers	21,662	13.96	14.58	16.53	Lower than North East Lower than England
Low	114,427	73.74	73.72	73.25	Higher than North East Higher than England
Increasing	30,648	19.75	19.60	20.00	Higher than North East Lower than England
High	10,112	6.52	6.75	6.68	Lower than North East Lower than England
Binge-drinking	43,452	28.00	30.10	20.10	Lower than North East Higher than England

High levels of deprivation influence alcohol consumption, with 12 of the 26 electoral wards in Stockton-on-Tees Borough having become relatively more deprived since 2007.

There is a clear link between alcohol-related hospital admissions and deprivation. The Stockton Town Centre ward is not only ranked as the 17th most deprived electoral ward nationally, but also accounted for the most alcohol-related hospital admissions in the Borough in 2012. In wards such as Mandale and Victoria there are a small number of admissions per patient compared to wards such as Parkfield and Oxbridge where multiple admissions per patient are adding to the total admission rate for that ward. Admissions associated with alcoholic liver disease were observed to increase from 2009 to 2012, with 190 patients accruing 313 admissions in the period 2011-2012.

It is estimated that alcohol costs approximately £71.13 million per year in Stockton Borough; this includes costs associated with the NHS, crime and licensing, the workplace and Social Services.

Effects of Alcohol on Health

Long-term alcohol misuse is a major risk factor for a wide range of serious health conditions, such as:

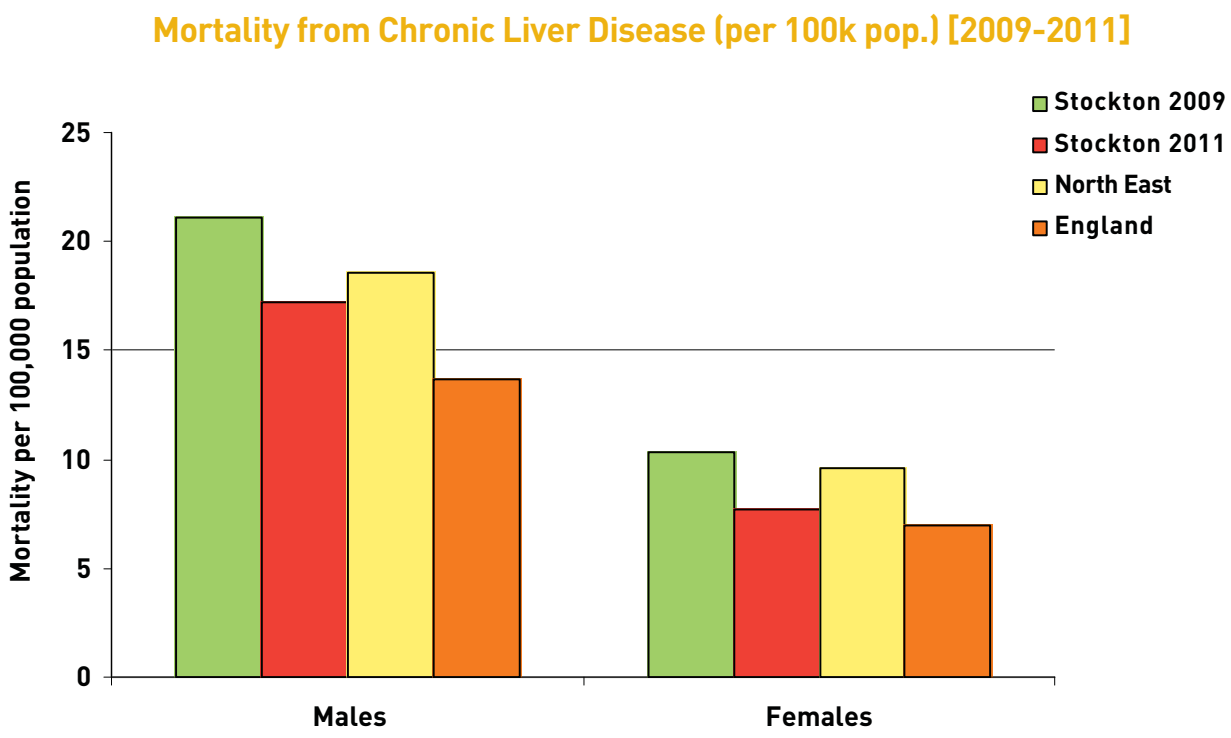
- Heart disease
- Stroke
- Liver disease
- Liver cancer and bowel cancer

Death rates linked to alcoholic liver disease have risen by more than two-thirds (69%) in the past 30 years. This makes alcohol one of the most common causes of premature death, along with smoking and high blood pressure.

Alcoholic liver disease prevalence in Stockton Borough

Between 2009 and 2011 there were a total of 99 deaths in Stockton Borough as a result of Liver Disease (ranking 83rd out of 150 nationally)[8]. ***Figure 12*** identifies mortality rates broken down by gender for 2009 and 2011 as a comparison with the North East and national average. The number of deaths from chronic liver disease is now lower than the regional average for both genders with and is clearly improving.

Figure 12: Mortality from Chronic Liver Disease (per 100,000 pop. 2009-11)



Current and future work

Stockton Borough has experienced a year-on-year reduction in multiple admissions since 2010, contrary to the national and regional trend of continued increases, following the implementation of a targeted project. This focused on a cohort of individuals who had been admitted to hospital as a result of alcohol on multiple occasions in the previous 12months, adopting a multi-agency approach to care. An enhanced alcohol contract is in place with 21 of the 25 GP practices to support early identification and intervention for people who misuse alcohol. Current work is having an impact on alcohol figures in the Borough - 74% of new entrants into alcohol treatment have never had a previous episode of alcohol treatment compared to 61% nationally. In addition, the rate of under-18 year olds being admitted to hospital due to alcohol-specific conditions has improved significantly. Current rates of admission are well below the regional average but 8% above the England average. However we were 44% above the England average in 2007. There are a range of developments planned to build on this, including:

- Implementation of a new model for treatment delivery aiming to increase the number of people coming into treatment who are estimated to be consuming alcohol at high levels.
- Reduce the health inequalities gap caused by alcohol.
- Development of a pilot project to maximise the potential of the Alcoholic Liver Disease pathway.
- The development and implementation of a model within the acute hospital setting to identify young people attending hospital due to alcohol misuse and engage them in diversionary activities.
- Reduce the availability and use of alcohol by young people.

Mental health

Mental ill health prevalence in Stockton Borough

One in four people will experience mental health problems at some point during their life. The commonality of mental ill health means that it not only has a significant impact upon individuals but on families, carers and whole populations. Mental disorder and self-reported injury account for 22.8% of the burden of disease in the UK, which is greater than cancer at 15.9% and cardiovascular disease at 16.2%[23]. Mental health needs in Stockton Borough are higher than the national average, with conditions having a strong association with socioeconomic deprivation. Despite the prevalence of mental ill health within communities, early identification remains a challenge not least because of the stigma often associated with mental health conditions.

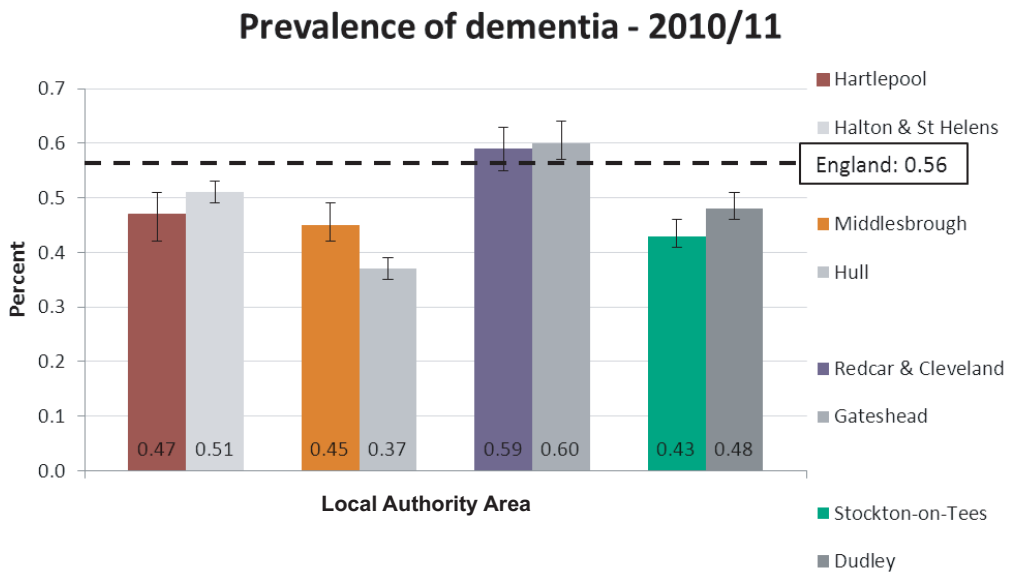
Depression

At any one time it is estimated that over 24,000 people in Stockton Borough are suffering from a common mental health problem such as anxiety or depression. In 2011/12, Stockton Borough had significantly more adults with depression than England (17.3% and 11.7%, respectively)[24]. This is an increase from the prevalence identified in 2010/11.

Dementia

A similar proportion of adults are diagnosed with dementia in Stockton Borough and England in 2011/12 (0.5%) (***Figure 13***). However, this is only about 40% of the expected number of people with dementia in the Borough[24]. This is an increase from 2010/11. In-line with national trends, the prevalence of dementia is increasing over time, with the increasing proportion of people living to an older age.

Figure 13: Prevalence of diagnosed dementia[24]

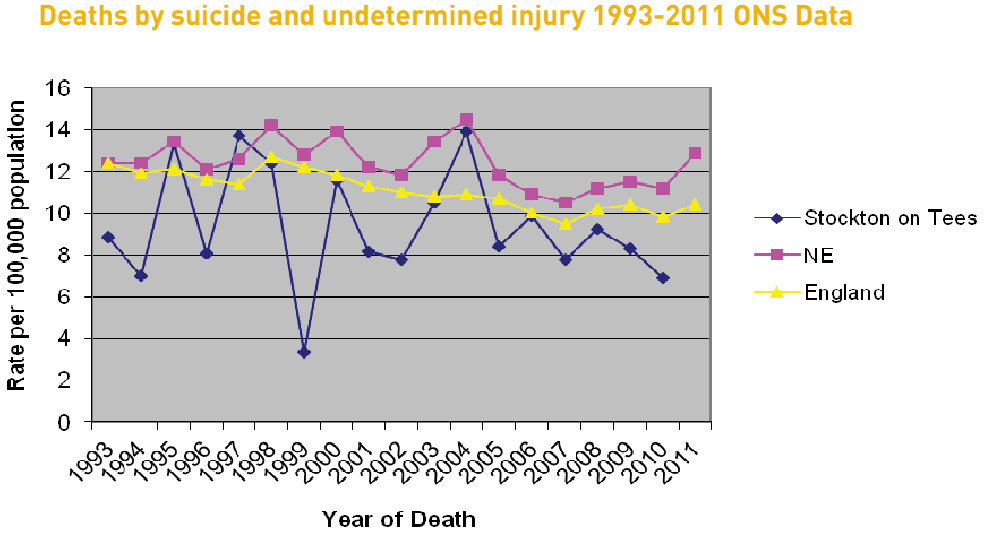


Source: nww.indicators.ic.nhs.uk

Suicide

Historically the North East has had a higher level of death from suicide and undetermined injury per 100,000 population than England, but since 2005 rates have tended to be lower. The latest 3-year pooled data show Stockton Borough has a rate below both the former North East Strategic Health Authority (NE) and England rates, although the differences are not statistically significant (***Figure 14***)[25].

Figure 14: Age standardised deaths by suicide and undetermined injury (UI) for Stockton-on-Tees 1993-2011 compared with rates for the NE SHA and England as per ONS[25]



Young people

The mental health and wellbeing of children and young people is also very important – for both their development and physical health, and their life chances including educational outcomes and socialisation. In Stockton-on-Tees, 194 per 100,000 young people (0-17 years) are admitted to hospital for self-harm (2011/12 data)[26]. This is significantly higher than the England rate of 115.5 per 100,000 population.

Risk Factors

There is no single cause of mental ill health however there are risk factors which are associated with the development of mental health conditions, including[26]:

- Gender - 29% of females have been treated for a mental health problem, compared to 17% of males.
- Socioeconomic Status - Unemployed people are twice as likely to have depression than those in employment. Locally 34% of cases committing suicide were unemployed at time of death.
- Ethnicity - Mental ill health amongst some ethnic groups are estimated to be higher than in the general population.
- Substance Misuse (drug and alcohol) - People with a drug and or alcohol misuse problem have higher rates of mental health problems. Locally 68% of suicide cases had toxicology which indicated alcohol in the blood at time of death. 46% of suicide cases were found to have alcohol levels over the drink drive limit.
- Prisoners - More than 70% of the prison population have two or more mental health disorders. The suicide rate in prisons is almost 15 times higher than in the general population.

Current and future work

There has been a Tees-wide Suicide Prevention Taskforce since 2006, with an action plan in place. The Taskforce has enabled an early alert system which has resulted in all potential suicides being identified at the earliest possible point. Stockton Borough has observed a continuous reduction in suicide rates since 2005. Non-recurrent funding was secured in March 2013 for the development and delivery of a Dementia Friendly Communities project through the Stockton Dementia Services Collaborative. The project aims to help people with dementia and their carers live better in their community, including: developing education materials to raise awareness; reducing stigma; ensuring appropriate transport and physical environment; encouraging early diagnosis; and empowering people with dementia and recognising their contributionto society and their community[27]. Stockton Borough commissions a social prescribing service in the form of the Stockton Service Navigation Project. This service has been successful in engaging individuals from a wide demographic to community-based initiatives reducing social isolation and facilitating early access to psychological services. Stockton Borough recurrently invest in the commissioning of the CRUSE bereavement counselling service, with non-recurrent funding this year to invest in a specialist service for those bereaved due to suicide.

A range of future developments are planned and being carried out:

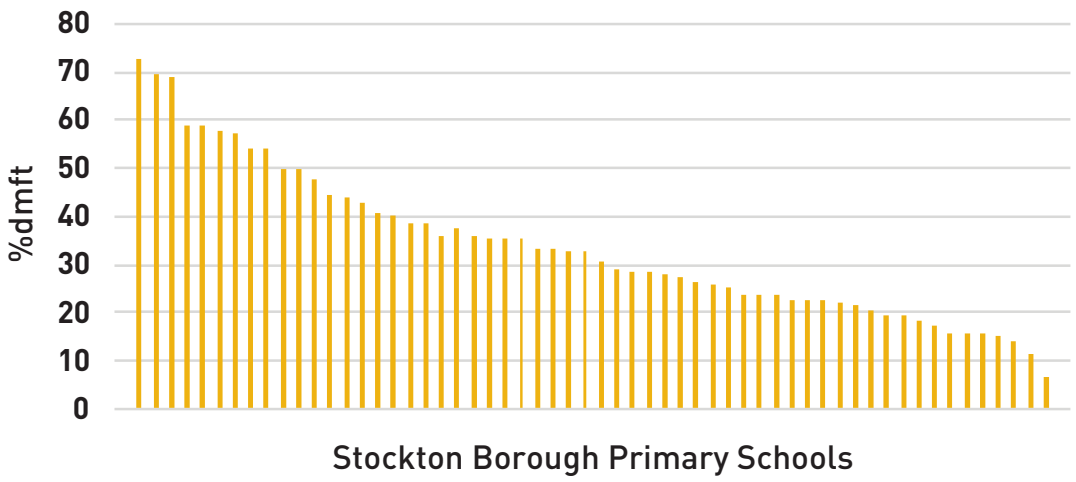
- Work to embed the mental health prevention agenda firmly within Local Authority infrastructures. The localisation of the suicide prevention action plan will be utilised as a platform for this process.
- The roll-out of the Dementia Friendly Communities Project across the Borough of Stockton.
- Work to further increase the public understanding of mental ill health in order to reduce stigma and discrimination, to encourage early access to mental health services and reduce suicide.
- A health needs assessment on children and young people's health and wellbeing in Stockton Borough. This will assess current services against the need in the population, accounting for the evidence of best practice and what our young people and professionals say. The work will make recommendations to inform commissioning of services in the future, including prevention services.

Dental health

Dental health among children is a good indicator of deprivation and health. The dmft score (% of 5-year old children with decayed, missing or filled teeth) is a well-used and valid method of measuring dental health. This is a good indicator of diet and nutrition in both the child and their family – as the diet of younger children will be greatly influenced by their main care-giver. A high dmft score in young children is most likely due to sugary drinks and / or high-sugar foods.

Figure 15 shows the variation in dmft score across schools in Stockton-on-Tees. Layfield School has a score of 0% and St Mary's School 6.67% whereas 72.73% of 5-year old children in High Clarence School and 69.23% in Fred Natrass School have decayed, missing or filled teeth.

Figure 15: Disease prevalence (dmft›0%) in Stockton Borough schools (Source: Dental health survey of 5-year-olds, Stockton-on-Tees primary schools, 2011/12)



NB: Some schools have fewer than 15 children examined and examination rates ←85%, which may affect the validity of their prevalence scores.

Dental health and nutrition are important to giving every child the best start in life. Evidence shows that the best ways of protecting children against poor dental health is a diet low in sugar, promotion of good dental health (regular, effective brushing of teeth) and on a population level, fluoridation of water supplies. The water supplies in Stockton Borough are not currently fluoridated and Public Health are currently exploring the potential for a fluoride-varnish scheme for young children as an alternative solution. This involves applying a safe fluoride varnish to children's teeth to protect them from tooth decay.

Poverty

Poverty has a significant impact on physical and mental health and wellbeing. This must be a priority for us in Public Health, particularly in the current challenging economic times. Child poverty is a significant problem across the North East (***Figure 16***) and though the average level in Stockton Borough (22.8%) is not significantly higher than the England average, this hides significant inequality between wards, with child poverty in some wards as high as 47.6% (Stockton Town Centre)[26].

Figure 16: Children living in poverty 2012[26]

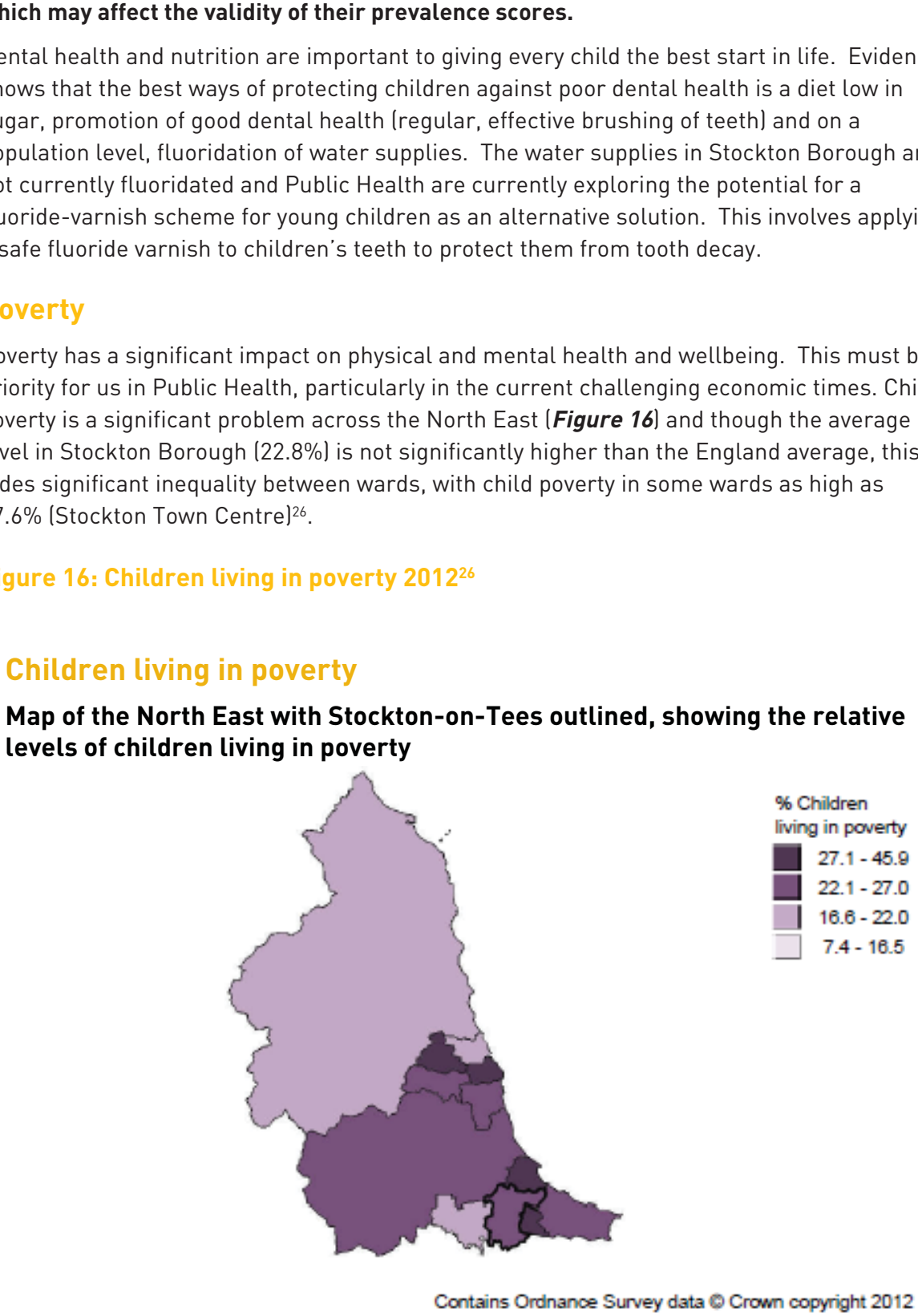
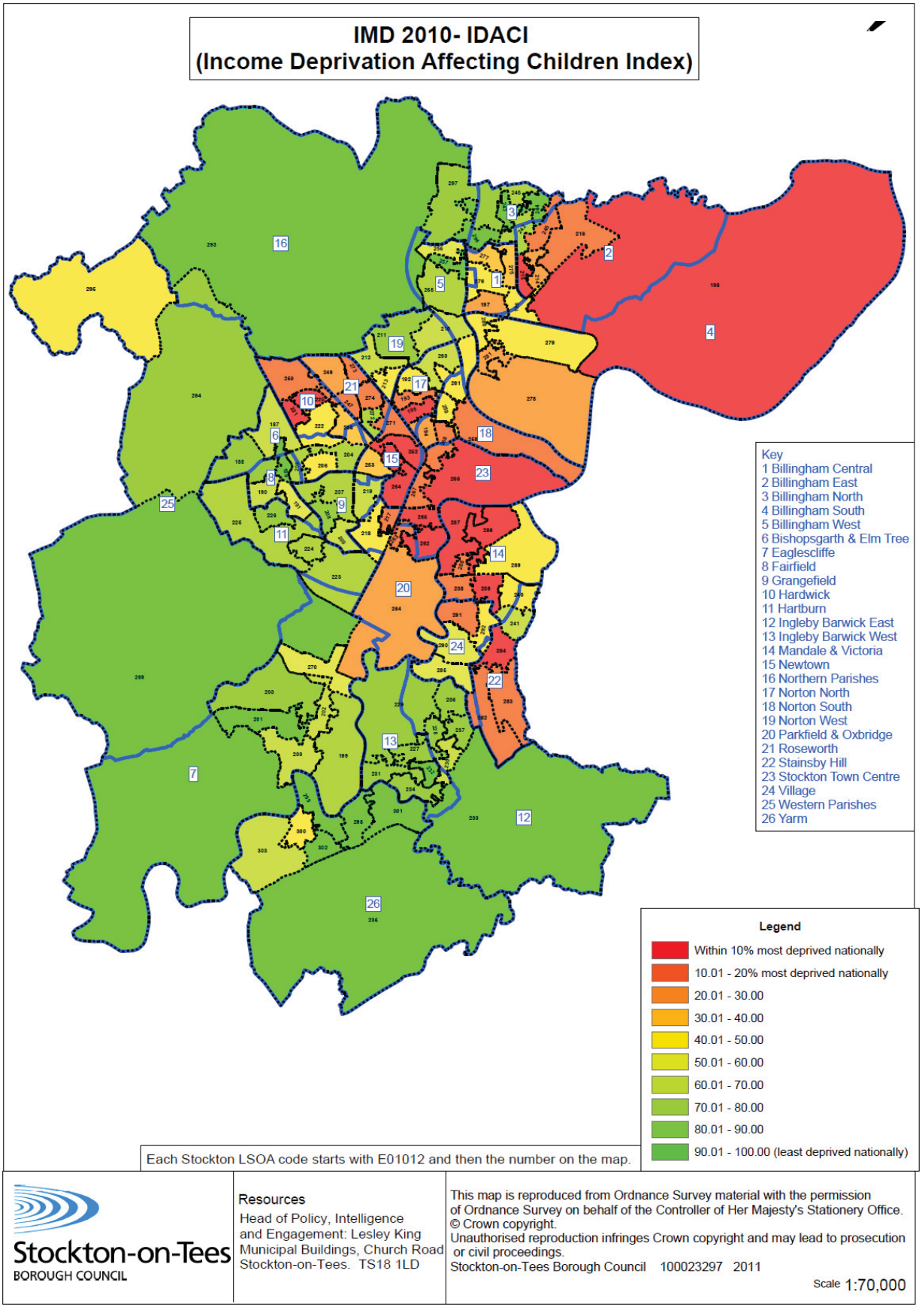


Figure 17 shows the levels of Income Deprivation Affecting Children Index (IDACI). We know that health and wellbeing outcomes are worse in those areas with greater poverty.

Figure 17: Income deprivation affecting children index in Stockton Borough wards 2010



Stockton Borough Council is due to publish a Family Poverty Framework, which will be a key strategy for the organisation, together with the Joint Health and Wellbeing Strategy. The Framework will coordinate our activities to try to minimise the impact of poverty in our communities. For example, work to 'poverty-proof' schools by reducing the stigma attached to children eligible for free school meals and those who may not be able to afford school trips. Public Health is working closely with a range of colleagues across the Council on such initiatives – see **Box 4** for an example. We are also working to further target our current services, so they meet the needs of our most vulnerable communities and provide them with the support they require. For example, we are working with colleagues from Children, Education and Social Care on an Early Help Strategy to ensure support for children and families who would otherwise require social care. We also have a number of Early Interventions activities underway, for example our risk-taking behaviour approach in schools and youth services, which are particularly needed in areas of greater deprivation where levels of under-18 conception are higher and where parents may need more support. Recent Scrutiny reviews on welfare reform and on child poverty are also producing recommendations on how we can minimise the impact of poverty in the Borough.

Box 4: Fuel poverty and seasonal health and wellbeing

Public Health has lead the development of a Seasonal Health and Wellbeing Strategy. The North East has one of the highest rates of excess winter deaths in the country and figures increased from 860 deaths in 2011/12 to 1,700 in 2012/13. One element of the Strategy is tackling fuel poverty. Public Health are working with Local Authority and Clinical Commissioning Group colleagues to deliver the Warm Homes, Healthy People scheme. This programme works through a hub and spoke model, providing a single point of contact for the public and professionals to gain advice and support. The project helps residents with a variety of different issues, including assistance to pay fuel bills, boiler services and repairs and a home handyman service, to ensure people's homes are as energy efficient and warm as possible. The scheme is available to those most at-risk of poor health in the winter months:

- Long term illness that is made worse by the cold e.g. COPD
- Those with a disability
- Older people and those who live alone
- Those on a low income with a disability or long-term illness and cannot afford to heat their home
- Those over 75 years old

Public Health has also worked with housing colleagues from the Council to re-fit 1,600 private homes to save energy. As well as external cladding, many homes have received new boilers, central heating systems and internal insulation measures.

What do we need to do?

- Use a targeted approach to commission interventions and services for the most vulnerable parts of our population, to help address health inequalities
- Work with Local Authority colleagues and other partners through the Health and Wellbeing Board to address social inequality, particularly financial inequality
- Prioritise early intervention throughout the life course and particularly in early life, to improve the health, wellbeing and life chances of our children and young people
- Continue our efforts to reduce smoking, as the greatest single preventable cause of death
- Work across partner agencies to ensure a robust pathway to prevent, manage and treat obesity and overweight in children and adults, including targeted support for those most at-risk
- Ensure evidence-based and targeted treatment services are commissioned, including a focus on violent crime, anti-social behaviour and domestic abuse and on increasing service uptake in BME groups and among women
- Ensure a needs-based, evidence-based pathway of support and treatment is commissioned for mental health services, particularly preventative activity and focusing on services for children and young people and on dementia
- Improve dental health among our children
- Work across partners to support work mitigating the effects of poverty

5 Health Protection

Health Protection is one of the fundamental 'pillars' of Public Health. It seeks to protect the public from exposure to hazards that damage health; and to limit any impact on health when such exposures cannot be avoided. These hazards can be biological (bacteria, viruses), chemical and radiological, so Health Protection covers both communicable disease and environmental hazards.

One of the duties of the Director of Public Health is to ensure that robust plans are in place to protect the health of the population in the Borough; and a Health Protection Plan is in place for Stockton-on-Tees. Like other aspects of Public Health, the success of Health Protection is based on good partnerships. We work closely with Public Health England, Environmental Health colleagues and other public services to devise, test and monitor plans. Our priorities include ensuring:

- Effective and quality-assured screening arrangements are in place across Stockton Borough i.e. breast / bowel / cervical cancer screening, diabetes eye screening, antenatal and newborn screening
- Effective and quality-assured immunisation arrangements are in place across Stockton Borough e.g. childhood immunisations, flu vaccine
- Effective arrangements are in place to protect the public from infectious diseases
- Effective arrangements are in place to protect the public from environmental hazards e.g. contaminated air, water quality, radon

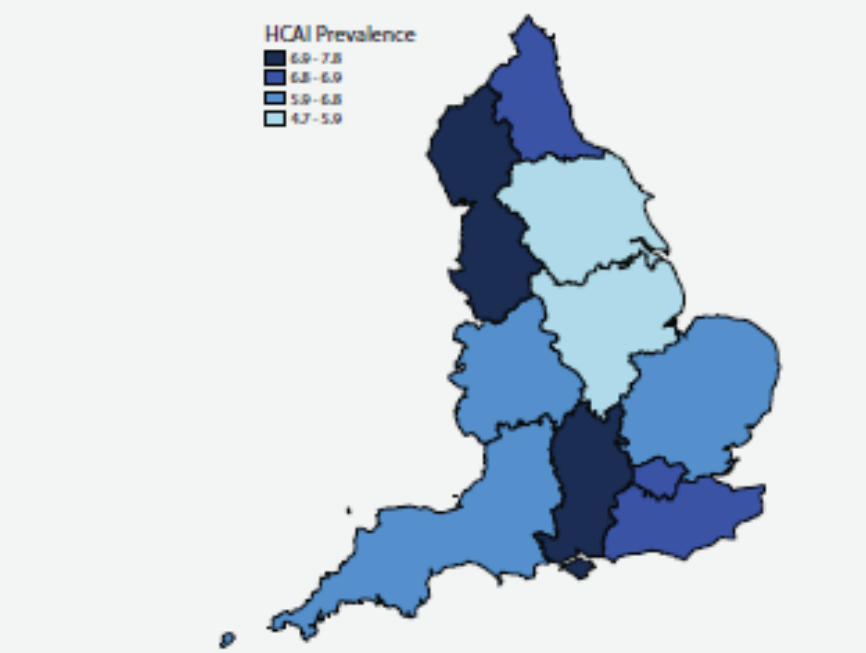
Some current issues for Stockton include:

Implementing the new and updated vaccination programmes - Influenza, shingles, rotavirus and meningitis C.

Increasing uptake of screening programmes – Screening rates for cervical and bowel cancer are lower than the England average, particularly among certain population groups e.g. young women and women from particular ethnic groups for cervical screening.

Reducing healthcare-associated infections (HCAIs) - Infections due to meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium dificile* have decreased in recent years due to improved prevention and control. However, infection due to Gram-negative bacteria has increased, for example *Enterobacter* and *Pseundomonas*. *Escherichia coli* has become the most common cause of bloodstream infections. The North East has a lower prevalence of HCAIs than the North West but a higher prevalence than many other areas of the country (***Figure 18***).

Figure 18: Healthcare-associated infection prevalence in acute hospitals in England in 2011[28]

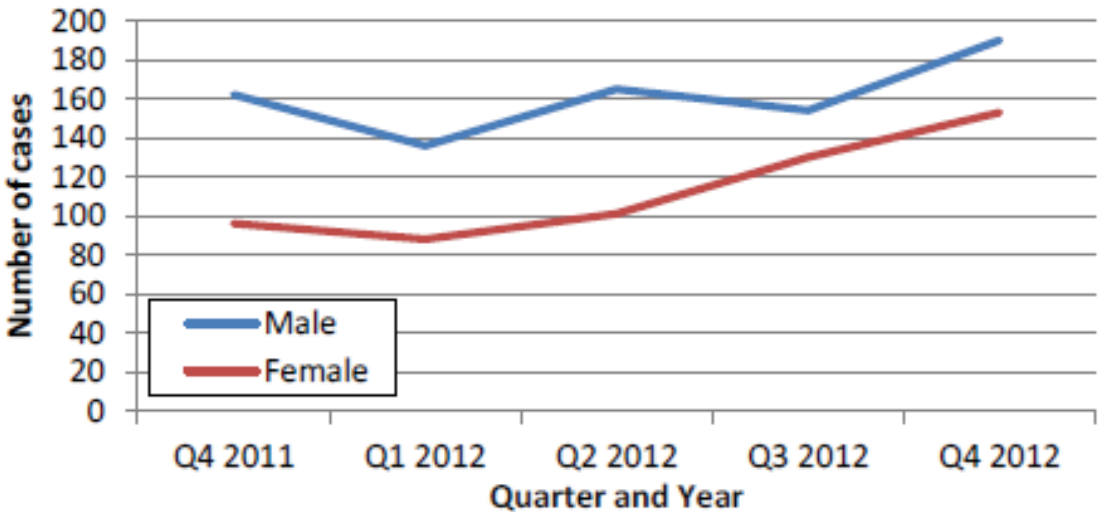


Source: English National Point Prevalence Survey on Healthcare Associated Infections and Antimicrobial Use, 2011. Health Protection Agency, 2012.

Reducing disease and mortality from blood-borne viruses - Despite considerable work to tackle blood-borne viruses in the past 10 years, hospital admissions and deaths from chronic liver disease caused by hepatitis B and C continue to rise in the UK.

Reducing the prevalence of sexually transmitted infections (STIs) – For example, gonorrhoea infection is an increasing issue in the North East (***Figure 19***). Current rates in Stockton are low but surrounding areas are higher, with the potential for mixing and spread; there will also be pockets of higher than average prevalence within the Borough.

Figure 19: Number of North East Gonorrhoea cases by gender and quarter[29]



What do we need to do?

Work with partners to:

- Ensure robust plans are in place to protect the health of the population, including plans for immunisations and screening, communicable disease and environmental hazards
- Implement national health protection priorities such as the new vaccination programmes /schedules
- Increase uptake of immunisations and screening
- Advise on reducing healthcare-associated infections
- Improve the sexual health of the population

6 Summary

The new home of Public Health in Stockton-on-Tees Borough Council presents a great opportunity to improve health and wellbeing and reduce inequalities. This opportunity is particularly apparent in working to address the wider determinants of health, which the Local Authority and other partner organisations can influence. Public Health strives to do this through effective commissioning of health improvement services; providing assurance and local leadership for Health Protection; and working with commissioners of health services to improve service quality and evidence-base and provide specialist Public Health support to commissioning partners.

The challenging economic climate within which all services are operating, is helping to drive further integration between health and social care. Public Health is helping to lead the work on joint planning and joint commissioning discussions with colleagues from social care, Hartlepool and Stockton Clinical Commissioning Group and the NHS England Area Team. As well as improving efficiency, this is an opportunity to ensure we commission 'pathways of care' for our communities, which are more seamless and accessible and meet the population need.

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