Director of Public Health Report 2013/14: Addressing Inequalities in Stockton Borough

'Upon the broad minds and vision of our Local Authorities the future health of our population depends'

Dr George McGonigle

Chief Medical Officer 1924-39

Stockton-on-Tees

INSERT Blue badge image and health inequalities image

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Foreword

The title of this report is in recognition of the vision and work of Dr George McGonigle, Chief Medical Officer for Stockton-on-Tees from 1924 until his early death in 1939. This report covers the first full year following the transfer of many of the former NHS Public Health responsibilities to local government and I wish to start by reflecting on the work of Dr McGonigle and contrasting it with the challenges we face today.

In 1925 the infant mortality rate in Stockton was 92 per 1,000 live births whilst today it hovers around 4 per 1,000. Infant mortality was driven by poverty, malnutrition and of course infectious disease. Today we still have acute poverty within the Borough, we face the challenge of childhood obesity rather than malnutrition and unlike the children of Dr McGonigle's time, our children are protected by high take-up of childhood immunisation programmes and have access to excellent universal medical services from the NHS. Dr McGonigle was locally known as the 'Housewives Champion' for his pioneering work on setting up ante-natal clinics with a particular focus on healthy diets for children and he recognised the importance of health visitors in supporting and educating new mothers – a pre-cursor of work that health visitors do today, complementing and supported by the work of Children's Centres. He would surely approve that the responsibility for commissioning health visitors is returning to local government in October 2015.

In the 1930s life expectancy for both men and women was in the low 60s, today it is 79yrs for men and 82yrs for women. The issue of dementia was not on the radar for Dr McGonigle, today it is a rapidly growing problem with our ageing population. Yet stark inequalities exist within Stockton – the most disadvantaged decile of men have a life expectancy in the 60s – not a great deal of progress from the 1930s - whist at the other end of the scale, life expectancy and experience is as good as in the most affluent parts of the country.

This report briefly covers our efforts on working to reduce harm from smoking, alcohol misuse and substance misuse and also lack of exercise and poor nutrition leading to obesity. These are lifestyle choices that people make and much has been written about the importance of personal responsibility in the choices we all make. In the 1920s and 1930s Dr McGonigle argued against the prevailing view that it was ignorance rather than poverty that led to poor nutrition, commenting:

"poverty, not ignorance, was the cause of morbidity and mortality amongst the poor and this poverty was not the fault of individual families but of a society that provided inadequate wages and welfare benefits"

Seventy five years after his death I endorse this and a series of reports from Black in 1980 to Marmot in 2010, which provide the hard evidence that he was correct. Indeed in today's society it is poverty of education, poverty of aspiration, poverty of positive role models, poverty of hope and financial poverty that drive and widen health inequalities in our society. Whilst it is important, simply focusing upon personal responsibility will not, in my opinion, reduce health inequalities; rather it will widen them. We must also address the underlying structural causes of poverty in all its forms if we are to reduce health inequalities within Stockton and also between Stockton and much of the country.

We have much to be grateful to Dr McGonigle for and much to learn from him.

Peter Kelly

Director of Public Health for Stockton-on-Tees

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1. Introduction

The last Annual Report set out the responsibilities of Public Health working in the Local Authority and how we are working with partners to deliver on this in Stockton Borough together with partners. Since then, SBC Public Health has embarked on a significant programme of service reviews, consultation and needs assessment to ensure our services meet the needs of our population. This work will continue. Our focus is also shifting increasingly to addressing inequalities in our Borough; the release of the latest life expectancy figures highlighted the scale of the challenge we have: Stockton Borough is now the Local Authority area with the greatest inequality in life expectancy in the country. Though life expectancy is increasing as a whole, the gap in life expectancy between the most deprived and most affluent wards in our Borough is increasing. A man can now expect to live 16.4 years less in one part of our Borough, compared to a man in another part of the Borough. The gap for women is 11 years. This is a shocking statistic in a developed country such as ours and in an age when we have such medical and technological advantages. We know the evidence shows that more unequal societies have poorer health and wellbeing as a whole – so greater inequality has an impact on the whole population, not just on those in the greatest need. We also know that there are many complex reasons for such inequality including income, opportunity, social and community support and lifestyles. As Michael Marmot pointed out in his Review on Inequalities (REF), the evidence base shows that economic inequality (not necessarily absolute poverty) has the greatest impact on social inequality and on health and wellbeing outcomes across our population.

In Stockton, we have taken up the challenge to addressing inequality by focusing the delivery of our Joint Health and Wellbeing Strategy on this, through the Health and Wellbeing Board. New Partnerships have been formed to support this and we are producing a plan to show how we will both continue to deliver on universal services, whilst focusing our greatest efforts and resources on the most vulnerable groups. This report summarises the refreshed approach and describes some of the ways in which we are already delivering Marmot's principle of 'proportionate universalism' (REF). The challenge will be for all partners to align their plans and resources, so we can work together to deliver improvement. This can be difficult when pressures to deliver current 'reactive' services mean it is not easy to release resources to focus on prevention. However, we know that such 'invest-to-save' activity is needed to make our health and social care systems sustainable for the future, particularly in an environment where resources are scarce for all. We are already beginning to work with our Clinical Commissioning Group colleagues in this way, through their new requirements to focus on health inequalities and prevention.

In addition to outlining our work over the last year in delivering Public Health outcomes and setting out our approach to inequalities, this Report includes our progress against the three key messages in last year's Director of Public Health Annual Report:

- Read to your child every day
- Sugary drinks should only be a rare treat
- No alcohol in pregnancy

These challenges remain and work will continue to address them this year.

2. Addressing Inequalities in Stockton Borough

Though life expectancy as a whole is increasing in Stockton Borough, inequalities are also increasing (**Box 1**). Indeed, Stockton Borough is now the Local Authority area with the greatest inequality in life expectancy nationally; and the gap has widened in recent years.

Box 1: Life expectancy and inequality in Stockton Borough (REF)

Average life expectancy in Stockton Borough:

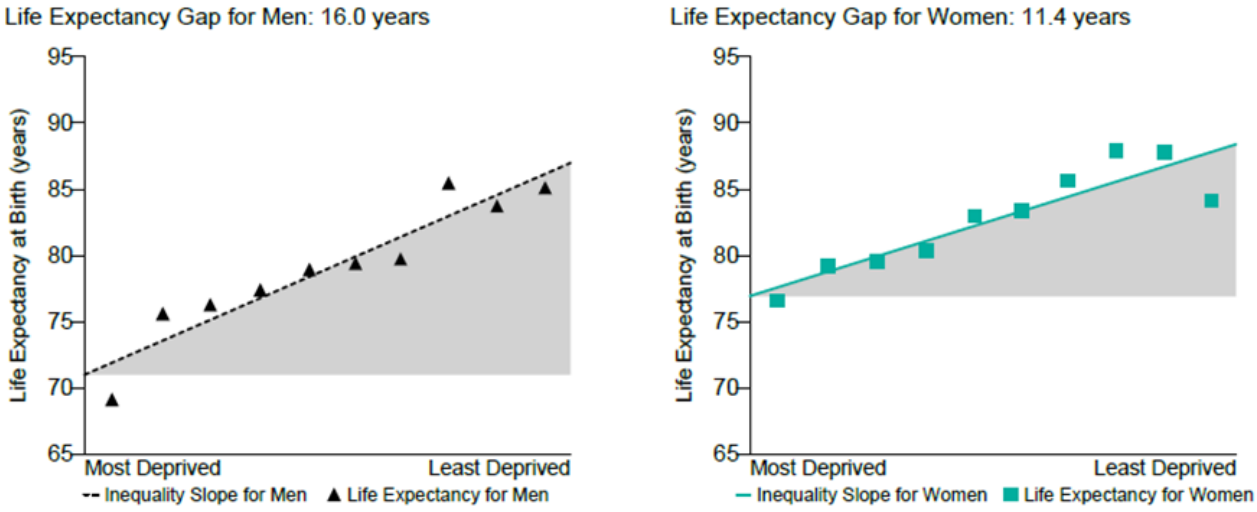
- Males: 78.3yrs (2010-12) from 76.9yrs (2007-09)
- Females: 82.3 (2010-12) from 81.2yrs (2007-09)

Inequality in life expectancy in Stockton Borough:

- Males: 16yrs (2010-12) increased from 14.8yrs (2007-09)
- Females: 11.4yrs (2010-12) increased from 10.4yrs (2007-9)

Figure 1 below illustrates the current life expectancy gap for men and for women. Importantly, the gap in life expectancy for the poorest decile of people in the Borough, is seven years less than the next most deprived decile.

Figure 1: Addressing inequality through proportionate universalism (Source: Stockton Health Profile 2014, PHE) (REF)



Several factors contribute to the current inequality, including the changing population of the Borough. Stockton is a growing Borough, with continued inward migration to some of the least deprived areas. In addition, improving health and wellbeing among the most deprived areas is challenging: as the inverse care law states (REF), those most needing support and services are the least likely to access them for a range of reasons, including access, resources and education. These factors mean a particular challenge in addressing health and wellbeing in the 10% 'anchored' in the bottom decile.

A recent independent report *Due North: Report of the Inquiry on Health Equity for the North* (September 2014 REF) also highlighted the increasing inequality between the North and the rest of England over the last four decades and recommended to:

- Tackle poverty and economic inequality within the North and between the North and the rest of England
- Promote healthy development in early childhood
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- Strengthen the role of the health sector in promoting health equity

This context highlights the poorest decile as a potential focus for targeted work locally. Data and evidence show that deprivation impacts on a broad range of health and wellbeing outcomes - many outcomes decline as deprivation increases. In order to help address the inequalities challenge, Public Health is leading the development of a Health Inequalities Plan to be adopted by the Health and Wellbeing Board and which will support the delivery of the Joint Health and Wellbeing Strategy 2012-18.

The Plan and associated work programme and monitoring framework, will apply Marmot's principle of ***proportionate universalism*** i.e. continuing universal provision to improve health and wellbeing across the population, whilst implementing targeted activity in the populations with the greatest need. We know that focussing solely on targeted activity will not support health and wellbeing across the whole population and could lead to decreased health and wellbeing across the population as a whole. (Evidence shows more unequal societies have poorer health and wellbeing as a whole). The new structures supporting the Health and Wellbeing Board will help the Board to deliver on this Plan: the Adults Health and Wellbeing Partnership and the Children and Young People's Partnership support the Board in developing strategic priorities and ensuring partnership work to deliver on them; the Adults Health and Wellbeing Joint Commissioning Group and the Children and Young People's Health and Wellbeing Joint Commissioning Group plan and deliver joint commissioning work to support the Strategy. Performance in outcomes across the population and more detailed performance for target populations will be monitored by the Health and Wellbeing Board and will inform action by the Partnerships and Joint Commissioning Groups.

3. Creating population impact

SBC Public Health is also adopting the proportionate universalism approach internally, as a way of working for the team. As well as working with Health and Wellbeing Board partners to deliver on the wider determinants of health such as housing, the environment and the economy, it is important that the Public Health team continues to work with others on evidence-based interventions that have the greatest health and wellbeing impact across the population. A challenge for the team in the coming year will be to ensure we have plans in place to address the common risk factors which evidence shows underlie many health and wellbeing issues, namely:

- Tobacco
- Alcohol
- Diet
- Exercise
- Hypertension (high blood pressure)
- Mental health
- Resilience

For example, tobacco, alcohol, poor diet, lack of exercise and hypertension are all common risk factors for heart disease, diabetes and cancer among other conditions. Lack of resilience increases

the risk of individuals adopting risk-taking behaviours and increases the risk of poor mental health. Addressing these 'causes of the causes' of poor health and wellbeing, will help ensure an upstream focus. As a team, Public Health will be ensuring we look at a true population approach for a range of priority areas i.e. considering our universal and targeted work, campaigns, service development and commissioning, needs assessment and community development work with the VCS and work with other partners e.g. other SBC departments. This DPH Report sets out some examples of current Public Health work to address inequality, including work planned for the coming year.

4. Examples of addressing inequalities in 2013/14

4.1 Update from the DPH Report 2012/13

Last year's DPH Report outlined three challenges to professionals, the community and stakeholders. An update on progress is outlined below.

Read to your child every day

Latest data show that only 50% of children at Early Years Foundation Stage (Q2 2014/15 figures) have reached a Good Level of Development – a measure of school readiness (41% in 2013/14, 62% in 2012/13 and 42% in 2011/12) (REF). Though Stockton Borough has improved faster than the national rate, this is compared to a relatively low baseline; and school readiness is even lower among children living in greater deprivation (31% in Stockton Town Centre ward) (REF). School readiness is an indicator of the support and opportunity children have received in early life and evidence shows that children starting school with a lower baseline, are more likely to demonstrate poorer health, wellbeing and educational outcomes later in life.

Stockton Borough is committed to giving every child the best start in life. SBC Public Health is funding the A Fairer Start initiative together with the CCG, to improve school readiness outcomes for 0-3 year olds in Stockton Town Centre ward. This ward has the highest levels of children coming into care, child protection cases and children in need, in the Borough. The A Fairer Start initiative is led by the VCS (Catalyst) and involves stakeholders from children's services, children's centres, midwifery, health visiting and academia. The key aims of the initiative are to improve cognitive development, nutrition and speech and language in 0-3 year olds, through innovative, community-led forms of service delivery and ways of working. The initiative will be evaluated with a view to roll-out across the Borough.

Public Health is working with colleagues in midwifery, health visiting and children's centres to develop integrated teams and pathways of support. This includes work with the CCG as commissioners of midwifery services to develop the service specification to facilitate improved pathway working across organisations. We are also working with teams to fund additional training to build capacity in applying bonding and attachment theories. Research evidence (REF) shows that disorganised attachment between babies / children and their primary care-givers increases the likelihood of child neglect.

The VCS consortium Synergy was also commissioned by the A Fairer Start Steering Group to engage with particularly vulnerable parts of the community to gauge their views on pregnancy and parenthood in the Town Centre; and to shape the development of services.

Sugary drinks should only be a rare treat

Dental health is important in giving children the best start in life. Poor dental health in children and young people can cause significant pain; impact upon a child's self-esteem, general wellbeing and education / school attendance; and can have longer-term health impacts. Children in parts of Stockton Borough experience extremely poor dental health, even by 5 years old.

Poor dental health in such young children is almost entirely preventable – it is mainly due to poor dental hygiene and to a diet high in sugary food and drink. There is also significant inequality between Stockton Borough schools regarding dental health (**Appendix 1**).

Public Health is funding a tooth brushing programme for all nursery and reception children. We have worked closely with schools and Public Health England to roll the programme out in the majority of the 24 primary schools with the worst dental health (the 40% with the worst dmft scores) this year (**Box 2**). As part of the tooth brushing programme, schools are receiving materials to help promote messages about good dental health – including sugar intake. Roll-out across all primary schools in the Borough will be complete by April 2015. Public Health is also working with NHS England to charge health visitors with promoting dental health in the families they work with, particularly in ensuring children are registered with a dentist, to help protect their dental health throughout their lives. We have also commissioned a new Family Weight Management Service (page XX of this report), which will help to address poor diet and physical activity among young people and their families.

Box 2: CASE STUDY FROM SCHOOL

No alcohol in pregnancy

FASD is the most common, non-genetic cause of learning disability in the UK; it is a lifelong disability that has no cure but is preventable. FASD is a term given for a range of disabilities that can be caused when a baby is exposed to alcohol during pregnancy, including behavioural, emotional, physical and neurological issues.

Stockton Public Health Team is working in partnership with the FASD network to train key staff groups including Schools, Youth Direction and Youth Offending teams, School Nurses and Midwives to both support the early identification of children and young people with FASD and to educate adults and young people about the risks of drinking alcohol during pregnancy.

Public Health, the FASD Network Stockton and North Tees and Hartlepool NHS Foundation Trust are developing a range of materials to promote the Stockton Public Health message that the best and safest choice for a mother and their baby is to avoid alcohol, both during pregnancy and when thinking about starting a family including:

- An information leaflet to be available through midwives, pharmacies, GP surgeries and children's centres
- An animation loop and mobile phone application which will provide information to practitioners, young people and the wider community about FASD and promote the Stockton Public Health message of abstaining from alcohol during pregnancy

Public Health is working in schools, together with the Education Improvement team, to implement a risk-taking behaviour approach through a toolkit and input to PSHE. This aims to build resilience in young people and covers a range of risk-taking behaviours, including sexual health, alcohol and alcohol in pregnancy. Intervention and brief advice training commissioned by Public Health for the past 4 years aims to skill up the children's and adults' workforce to recognise risk factors of drinking alcohol and to be able to deliver episodes of brief advice to change behaviour.

4.2 Programme of service reviews

SBC Public Health team has carried out a significant programme of service reviews and consultations over the last year, to ensure the services we commission meet the needs of our local population, including:

Family Weight Management

Obesity is one of the most significant Public Health challenges both nationally and locally. 21.6% of children are obese by year 6 (10-11yrs old) with even more overweight (2013/14 data, compared to 21.1% in 2012/13 and 22.1% in 2011/12) (REF). Obesity is a population-wide issue but with greater prevalence in areas of greater deprivation. Public Health commissioned a new Family Weight Management Service in 2014. The service model was developed through extensive consultation with e.g. the community, service users, professionals and schools. As a result, the new service will take a holistic family approach to providing weight management advice and support – particularly to children identified as overweight or obese through the National Child Measurement Programme (NCMP) and their families. It will particularly focus on providing targeted support to young people and families living in areas of greater deprivation. The newly commissioned school nursing service (which delivers the NCMP) will have responsibility for the Family Weight Management Service and will work with the new provider (MoreLife) to develop pathways of support.

School Nursing

Following a significant service review and consultation across a wide range of stakeholder, North Tees and Hartlepool NHS Foundation Trust were awarded the new contract in early December 2014. The service will deliver the new localised version of the national service specification for school nursing, which focuses on the Public Health role of the school nurse. School nurses have a range of skills and experience from mental health and emotional wellbeing support to sexual health advice and coordinating the care of children who have additional medical needs. The new service is an opportunity to make school nurses very visible in schools and to be a key contact of support and advice for children, young people and their carers. We are looking forward to working with the new service to ensure provision across the whole population, with a particular focus on the areas of greatest need and closer links with health visiting and midwifery services as part of the Healthy Child Programme pathway for 0-19 year olds.

Domestic abuse

A new service was commissioned by Public Health in 2014 and further work will be implemented to provide support to victims and perpetrators through the new service. Since recommissioning, there have been referrals from a broad range of agencies with the Police, social services and self-referral accounting for approximately 50% (REF). At Q1 2014/15, 408 people were using the domestic abuse support services, comprising a high number aged 19-35 years old and renting through social or private landlords. Referral rates from the most deprived wards are significantly higher than for more affluent areas: Newtown accounts for 11% of referrals alone (REF). Numbers of domestic abuse victims appear to have remained constant over the last couple of years and Public Health will continue to monitor this. Police data shows a decrease in domestic abuse incidents since 2011 (**Appendix 2**).

Following a service review and extensive consultation, Public Health has worked with partners to produce a Stockton-on-Tees Domestic Abuse Strategy (2014-2017). The strategy will be supported by an annually reviewed and refreshed action plan based on consultation and data analysis. Domestic abuse does not only occur within the most deprived areas, though local data suggests that most incidents happen in these areas. A range of awareness-raising activities are planned for 2014/15.

Other service reviews and consultations

In 2013/14 we reviewed our current stop smoking service provision and tendered for the new contract, which was won by North Tees and Hartlepool NHS Foundation Trust. We are pleased to continue to work with the Trust on this challenging agenda and are maintaining close links with national research and advice about the impact and use of electronic cigarettes. A review of Public Health-commissioned breastfeeding support services is also underway, working with a range of partners.

Public Health has been involved in a range of other service consultations and commissioning processes this year including: the Young Carers' Service working with Children's Services colleagues; and the Targeted Mental Health in Schools service working with Children's Services colleagues and schools.

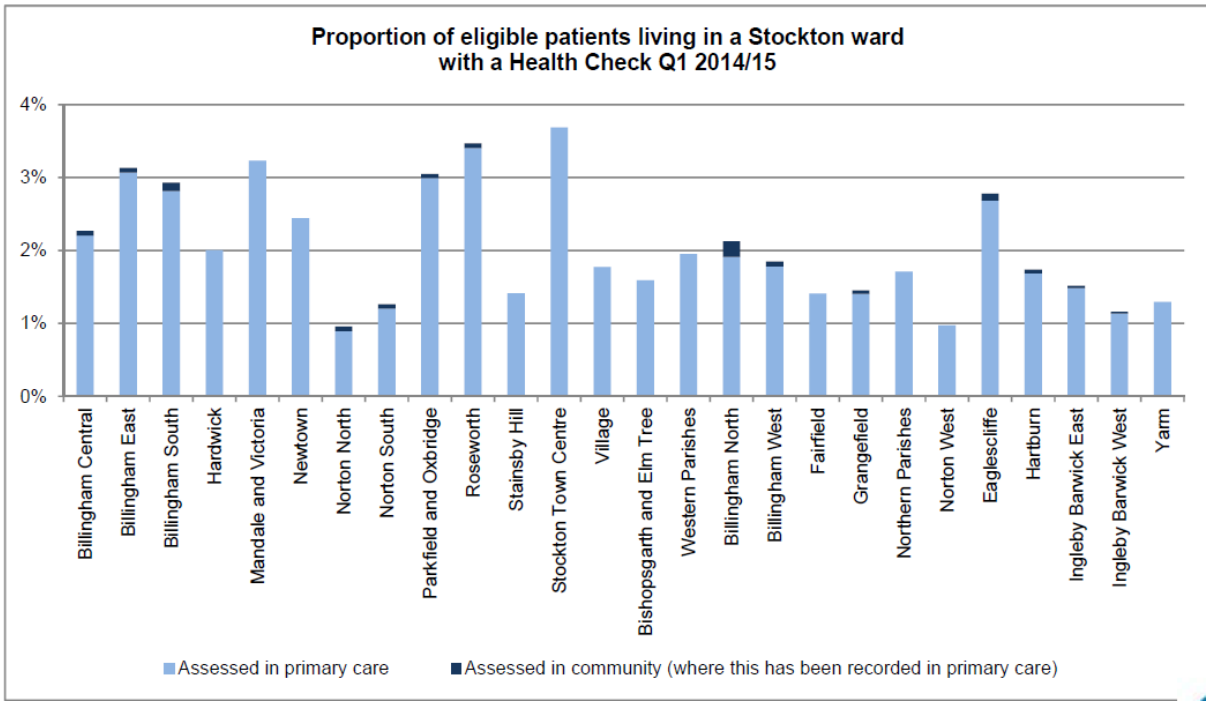
4.3 Further work to address health inequalities

Reducing risk from cardiovascular and respiratory disease

The most recently available data from the Public Health Outcomes Framework (PHOF, 2010/12, REF) shows that both mortality from both preventable causes and communicable disease is lower than the North East average: 205.9 per 100,000 in Stockton Borough compared to 226.9; and 59.5 per 100,000 in Stockton Borough compared to 71.3 respectively. However, we know these figures mask inequality within the Borough. In addition as outlined in last year's report, the Public Health England *Longer Lives* report highlights that premature mortality (in under 75s from preventable causes) is higher in Stockton Borough than the England average, particularly driven by mortality from cancer and COPD. Preventable mortality is higher in more vulnerable groups e.g. smokers, those living in areas of greater deprivation, routine and manual workers.

NHS Health Checks are a universal intervention for 40-74yr olds; however, historical uptake has been lower in groups with the most coronary heart disease, stroke and type II diabetes i.e. in areas of greater deprivation. SBC Public Health and the Tees Valley Public Health Shared Service have been working with primary care to implement contractual arrangements that particularly encourage assessment of the most vulnerable. These arrangements are proving successful in increasing uptake in these target groups and will support the Board's work to reduce inequalities across the Borough. Recent local data shows 56% of eligible patients in the Borough received the NHS Health Check in Q1 2014/15 (56%); and that uptake of the assessment is higher in the wards of greater deprivation (66%) (**Figure 2**). Public Health is also working with the CCG and VCS to further increase uptake of the NHS Health Check.

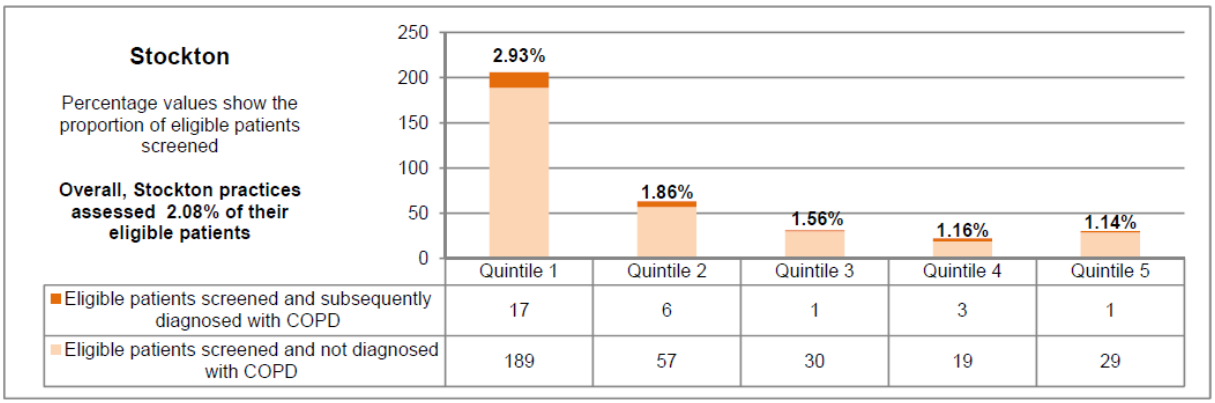
Figure 2: NHS Health Checks uptake Q1 2014/15 (Source: Tees Valley Public Health Shared Service, 2014)



A similar approach has been adopted to increase the uptake of the Public Health-commissioned Lung Check, which helps to find cases of Chronic Obstructive Pulmonary Disease (COPD) in smokers over 35yrs old, particularly in the areas of greatest deprivation. Data shows recorded COPD prevalence in Hartlepool and Stockton-on-Tees CCG is lower than the estimated prevalence (estimated prevalence is 3.41 compared to 2.93 in England) (REF- PHOF??). However, undiagnosed COPD prevalence in our CCG is lower than in England, which points to the success of the Lung Check. Local data shows that 87% of the eligible population in Stockton Borough were assessed for COPD at Q1 2014/15. Of these, 12.9% were diagnosed with COPD who are unlikely to have otherwise received a diagnosis. **Figure 3** also shows the greatest proportion of the eligible population screened and diagnosed, were from the most deprived areas in the Borough.

Work will continue to further increase uptake and strengthen links between the Lung Check and Stop Smoking Service and between the Stop Smoking Service and other services.

Figure 3: Lung Check: Q1 2014/15 data – Targeting the Check (Source: Tees Valley Public Health Shared Service, 2014)



	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Eligible patients screened and subsequently diagnosed with COPD	17	6	1	3	1
Eligible patients screened and not diagnosed with COPD	189	57	30	19	29

Smoking

Despite a history of highly successful stop smoking services in the Borough, smoking remains the single biggest cause of death and as much as 45% of people in parts of some wards smoke (Stockton Borough prevalence 19.8% in 2013, REF health profile). 2012/13 data showed the number of quitters per 100,000 smoking population was the third highest in the North East. However, some of the most deprived wards within Stockton have rates which are nearly double the Stockton average. 2013/14 data so far shows a challenge in reaching our target, which reflects the national trend of reduced quit rates through stop smoking services. The Stockton reduction in quitters from the stop smoking service, however, below the national trend of approximately 13%. Our service still saw 431 completions in Q4, resulting in a final figure of 1522 quitters across the year. We are working closely with our provider to better understand the patterns of access and successful quit through the service. Data based on 2012/13 estimates (**Figure 4**) shows variation across wards in setting quit dates (23.5% in Norton South to 3.2% in Northern Parishes) and in quitting smoking (8.4% in Norton South to 1.2% in Northern Parishes). The patterns are not necessarily associated with deprivation e.g. 8.1% of people in Bishopsgarth and Elmtree who set a date, successfully quit. This warrants further work and analysis to ensure we tailor services and campaigns to populations in the most appropriate way. Public Health will also continue to work with partners to reduce smoking in pregnancy; though 2013/14 data (18.2%) shows a reduction since 2009/10 (22.1%) (REF health profiles), prevalence is much higher in the most deprived wards. We also plan to carry out further targeted interventions in 2014/15 for target groups, particularly young people and mental health service users.

Figure 4: Smoking prevalence and quitters by ward, 2003-05 and 2012-13 (Source: Tees Valley Public Health Shared Service, 2006; ONS 2012/13)

	2003-5	2012 (Estimates using 2003-5)			Stop smoking figures 2012-13			
Wards	**%smokers**	**Pop. 18+**	**%smokers**	**No. smokers**	**Quit dates set**	**No. quit**	**%smoking pop. set date**	**%smoking pop. quit**
Eaglescliffe	17.9	8,308	12.0	996	157	74	15.8	7.4
Yarm	16.0	8,078	10.1	816	175	65	21.4	8.0
B'ham East	37.9	5,665	32.0	1,811	168	73	9.3	4.0
Hardwick	38.5	5,134	32.6	1,671	289	123	17.3	7.4
Town Centre	47.6	5,201	41.7	2,170	259	93	11.9	4.3

NB: 2012 data is based on 2012/13 mid-year population estimates, using 2003-05 data). The wards shown are a selection to show the range across the Borough in deprivation and outcomes. Eaglescliffe and Yarm are the two least deprived wards in the Borough with the best overall health outcomes. The Town Centre and Hardwick are the two more deprived wards in the Borough with the poorest overall health outcomes. Billingham East sits in the middle of the range.

Smoking data (**Figure 4** and **Figure 5**) serves as an example to illustrate the importance of addressing inequalities as described earlier in this report (page XX). **Figure 5** sets out both the absolute reduction and proportionate reduction in smoking prevalence in the selected wards between 2003-05 and 2012, based on the data in **Figure 4**. Though the absolute change in smoking prevalence is approximately the same across all wards shown (about 6%), the proportionate change is less in the more deprived wards. In other words, less smokers have quit between 2003-05 and 2012/13 in the more deprived wards and Public Health needs to work harder in these wards to achieve the same benefit as in the less deprived wards. In addition to providing services across the population, we need to ensure our work (services, awareness-raising, community work, etc.) is targeted and tailored effectively in the populations with greatest need. This difference will also contribute to the difference in life expectancy across deciles illustrated in **Figure 1** (graphs). It is also possible that the population is growing in the areas of least deprivation and that incoming residents to these areas are also less likely to smoke.

Figure 5: Absolute and proportionate change in smoking prevalence by ward between 2003-05 and 2012/13 (Source: Tees Valley Public Health Shared Service, 2006; ONS 2012/13)

Wards	%smokers 2003-05	%smokers 2012/13	Absolute change	Proportionate change (%)
Eaglescliffe	17.9	12.0	5.9	-33
Yarm	16.0	10.1	6.1	-38.1
B'ham East	37.9	32.0	5.9	-15.6
Hardwick	38.5	32.6	5.9	-15.3
Town Centre	47.6	41.7	5.9	-12.4

NB: 2012 data is based on 2012/13 mid-year population estimates, using 2003-05 data).

Fuel poverty and excess winter deaths

In 2012/13 it is estimated Stockton-on-Tees had levels of fuel poverty similar to the regional average: approximately 10.3% of households (but 31% on one area of the Town Centre) (Stockton Borough Council data, based on Department for Energy and Climate Change methodology). However, this figure hides inequality within the Borough. In Stockton-on-Tees, on average 73 more people die during the winter compared with other times of the year. Around 40% of excess winter deaths are due to cardiovascular disease (including heart attacks and strokes) and around a third are due to respiratory illness (e.g. COPD). Excess winter mortality is linked to poorly heated housing and low household income. Work is underway across partners including Housing and Public Health to help address this. For example Public Health has put over £240k across 2013-14 and 2014-15 to fund the Warm Homes Healthy People project, which has supported 3,500 homes between February 2011 and March 2014. It includes boiler service and repair, referral for falls interventions and promoting the influenza vaccination among vulnerable groups. 1,800 people have also received a winter warmth assessment and a slips trips and fall assessment in their home.

Substance misuse

Substance misuse: Drug-related admissions to hospital vary across the Borough and are significantly higher in wards of greater deprivation – particularly the Town Centre ward – than other wards (**Figure 6**). Public Health ward profiles for the selected wards in **Figure 6** are appended (**Appendix 3**) for wider information.

Figure 6: Drug-related admissions in selected wards, 2011-12 (Source: SUS Inpatient data, 2012)

Decreasing deprivation

Indicator	Town Centre	Newtown	Stainsby Hill	Village	Billingham North	Eaglescliffe
Drug-related admissions (rate per 1,000 pop. 2011-12)	4.0	2.75	1.4	1.5	0.4	0.2

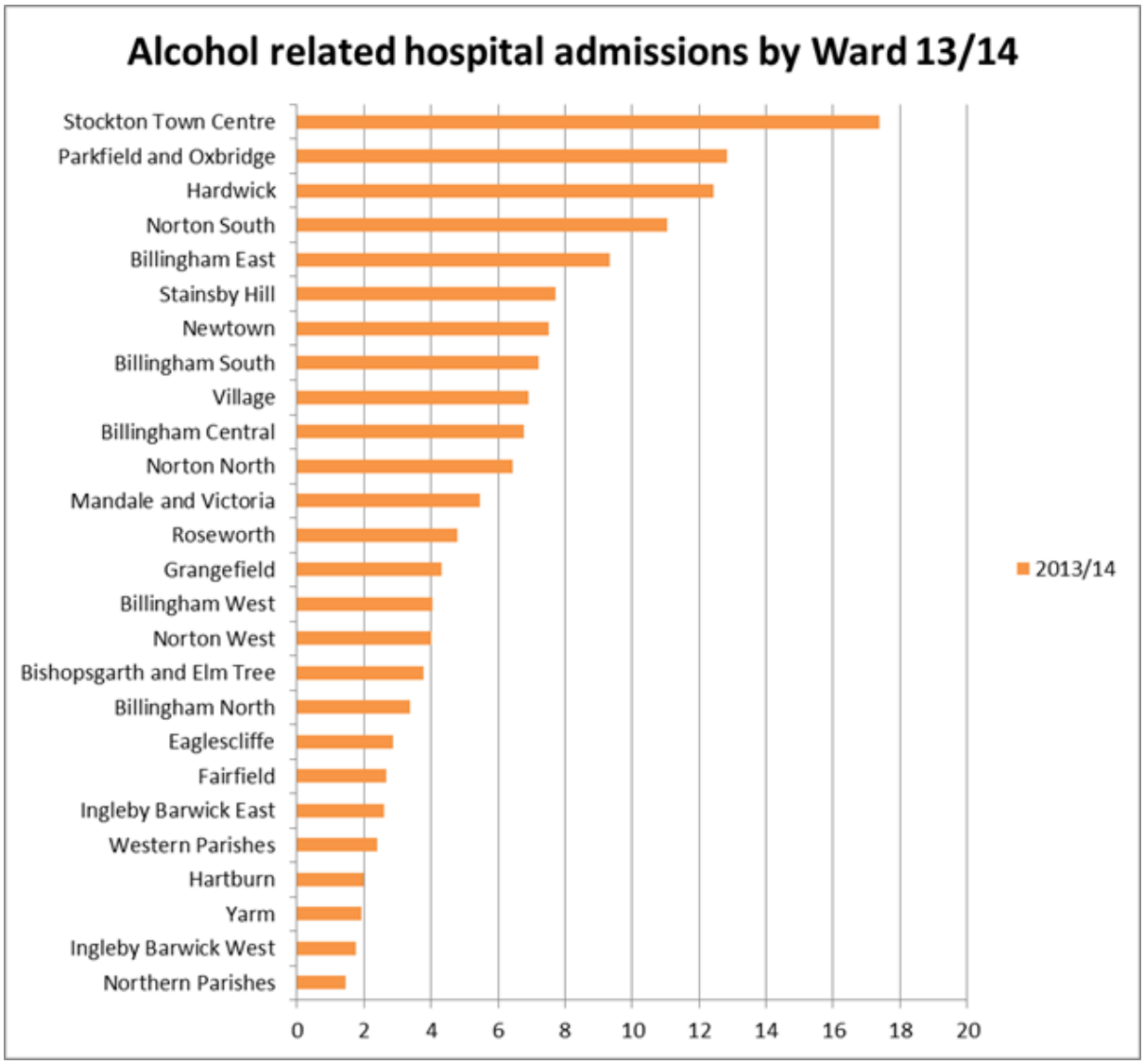
NB: The wards shown are a selection to show the range across the Borough in deprivation and outcomes. Eaglescliffe is the least deprived ward in the Borough with the best overall health outcomes. The Town Centre is the most deprived ward in the Borough with the poorest overall health outcomes. Stainsby Hill and Village wards sit in the middle of the range; and Newtown and Billingham North wards sit within the lower and upper quartiles of the range in terms of deprivation and overall health outcomes.

Public Health commissions the drug treatment service; data shows that Stockton Borough has historic and ongoing high levels of penetration into the opiate-using community with extremely low levels of new opiate addiction coming to our attention. The proportion of those in drug treatment, who successfully completed treatment and did not re-present within 6 months, improved from the 2010 baseline of 3.9% of the opiate using caseload, to 4.6% in Q4 2013/14 (local performance data). For non-opiates, successful completion fell from the 2010 baseline of 40.1% to 31.4%. This is in-line with our focus on opiate clients and in particular, those that have been in treatment for four years or more. Public Health is working with treatment providers to attempt to develop new sources of referral for non-opiate users, though fewer drug-related arrests and the new arrest referral process are likely to keep new non-opiate referrals below levels seen in recent years.

Alcohol

Mortality rates for chronic liver disease are in decline for the Borough and are below the North East average (21 per 100,000 compared to 22.3, 2011-13 data) but remain higher than the England average. Males are more likely to be affected by liver disease. This pattern is reflected in under-18 admissions to hospital for alcohol specific conditions (61 per 100,000 population in Stockton Borough (based on latest data 2008/10) (REF). Total wholly related alcohol admissions for adults declined as a whole during 2012/13 but have increased in most wards between 2011/12 and 2013/14 (**Appendix 4**). Admissions have also increased since 2006/7. 63% of admissions are male and the 50-54 age group is admitted more than any other. Female admissions are highest in 40-44yr olds (REF). Admissions are higher in wards of greater deprivation or where there is a greater night-time economy (**Figure 7**). The number of adults admitted to hospital with alcohol specific conditions is also in decline.

Figure 7: Wholly attributable alcohol admissions by ward 2013/14 (rate per 1,000 >18yr olds) (Source: SUS Inpatient data, 2013/14)



Public Health commissions an alcohol treatment service for those with an alcohol problem. Stockton Borough has a multiagency alcohol action plan covering prevention, treatment and control, including: intervention and brief advice training for the adult and children's workforce; the SAFE project in North Tees A&E between Youth Direction, Public Health and Lifeline to offer advice, information support and signposting; and workforce training on Foetal Alcohol Spectrum Disorder.

Beyond our commissioned services for both drugs and alcohol, Public Health is planning to undertake work across the whole population to raise awareness, influence partners and better understand need to inform any further service commissioning. For example a focus is needed on young women 18-24yrs, where alcohol consumption appears to be increasing in contrast to the national picture.

Mental health and wellbeing

Self-reported wellbeing is above that of the region (according to PHOF data). However, in 2012/13, Stockton-On-Tees had significantly more adults with a diagnosis of depression and / or anxiety than England (7% compared to 5.8% for depression; 1.2% compared to 1% for anxiety; 14.8% compared to 12% for both) (QOF / GP survey data, 2013 REF). Stockton also has a higher rate for suicide and undetermined injury deaths than the national average, but below that of the North East (2012 data). Admissions due to intentional self-harm in >18s are highest in the most deprived wards (**Figure 8**). A Tees Suicide Prevention task force and associated action plan are in place to address local challenges and since 2011, an early alert system has been implemented with coroners to allow for 'real time' alert to potential deaths by suicide across Teesside.

Figure 8: Admissions due to intentional self-harm in selected wards (Source: SUS Inpatient data, 2011-14)

Decreasing deprivation

Indicator	Town Centre	Newtown	Stainsby Hill	Village	Billingham North	Eaglescliffe
Numbers of admissions due to intentional self-harm (2011-14)	193	118	45	65	60	25

Admissions for suicide and self-harm among young people are also higher than the England average. Targeted training is available for specific work groups to recognise self-harm in children, young people and adults. Work is also ongoing to coordinate the support 'offer', reduce stigma and understand the increased admission rates for children.

Stockton Borough is predicted to see the second highest increase in dementia prevalence in the North East between 2012 and 2020 (25.2% compared to 22.5% in the North East and 23.2% in England) (REF). This equates to an additional 550 people in the Borough. Dementia is a key workstream of the Better Care Fund and Public Health is a partner in this work. A range of work is underway and dementia diagnosis increased by 7.6% between 2011 and 2012 (compared to a 3.6% increase in the North East and a 3.1% in England). However approximately 53% of people remain undiagnosed (compared to 50% in the North East and 56% in England) (REF).

Public Health is working together with partners to implement a range of population mental health and wellbeing initiatives, including:

- Dementia Friendly Communities project to engage communities and businesses, develop a knowledge/support hub and the Halcyon Centre LiveWell Dementia Hub
- Tees-wide Training Hub to increase mental health knowledge and skills in settings across the Tees Valley
- Developing the dementia workstream of the Better Care Fund, together with CCG and adult social care colleagues
- Overseeing and implementing the Risk-Taking Behaviour toolkit in all secondary schools, which includes information on mental health and wellbeing and focuses on building resilience in young people

- Health needs assessment regarding children and young people's mental health and wellbeing to provide recommendations for commissioning and service development

The team is also undertaking targeted activities to support vulnerable groups, such as consultation with BME communities regarding dementia, to increase awareness and support access to community services.

Sexual health

Latest national (2012) data shows 72% of all sexually transmitted infections (STI) diagnoses in Stockton were in young people aged 15-24yrs. The under-18 conception rate for Stockton was 40 per 1,000 15-17yr olds. This is higher than both the North East Average of 35.5 and the England average of 27.7 (REF). Rates for the Borough have fluctuated since 1998, compared to an overall decrease in the North East and England (**Appendix 5**) and **Figure 9** shows an example of variation in rates across the wards. These data show the importance of targeted work to reduce under-18 conceptions though absolute numbers are small; this is a priority for the Borough in the sexual health action plan currently being developed based on the recent health needs assessment.

Local data (2013) shows the Chlamydia diagnosis rate (3,310 per 100,000 15-24yr olds) is the second highest in the region (REF). Local work around Chlamydia screening focusses on increased targeting of high-risk groups and on increasing access to testing through e.g. pharmacy settings. A Stockton Borough sexual health action plan is being compiled following the recent health needs assessment, to cover the whole population but with particular focus on young people. This will include the development of outreach services. The process of reviewing current sexual health service provision against the contract has also just commenced, which will shape future service models, including outreach provision to target groups.

Figure 9: Under-18 conceptions in selected wards, 2010-12 (Source: Tees Valley Public Health Shared Service, 2012)

Topic	Town Centre	Newtown	Stainsby Hill	Village	Billingham North	Eaglescliffe
Under-18 conceptions (rate per 1,000 15-17yr olds) 2010-12 data	112.5	60.9	48.8	50.7	14.7	16.8

Trading Standards and Licensing

Trading Standards and Licensing are now part of the Public Health service area in SBC and are contributing to Public Health outcomes in various ways. Two examples are given below in **Boxes 3** and **4**.

Box 3: Doorstep crime

Tackling social inequalities and ensuring all residents live in safe neighbourhoods without the fear of crime is crucial in reducing health inequalities (Marmot REF). Tackling doorstep crime continues to be a high priority for the Trading Standards and Licensing Service with 2014 proving a successful year in disrupting this type of activity. SBC Trading Standards Officers were already investigating a building firm for duping pensioners, when an alert Police officer searched the company's van and identified further victims, evidencing the size of the fraud across the North East. The investigation was carried out in conjunction with the NERSOU Police Team (North East Regional Special Operations Unit). SBC also supports and contributes to a national project to:

- Survey LA Trading Standards Services to establish where and how much enforcement against Door Step Crime was taking place
- Carry out a Victim Impact Survey to establish the nature of victims, the impact of this crime, the contributory factors to victimisation and to identify prevention opportunities
- Critically review the intelligence held nationally within Trading Standards and Police partner agencies
- Engage with the third sector organisations to see how partnering can be developed to build prevention and safeguarding capacity.

Box 4: Allergen information for consumers

Allergy and intolerance to foods are significant health issues in the UK and internationally. 1-2% of adults and 5-8% of children in the UK have a food allergy, with up to 1 in 55 children having a peanut allergy. An estimated 1 in 100 people have coeliac disease, an autoimmune response to gluten proteins found in a number of cereals. In addition, some people need to avoid certain foods because of a food intolerance (REF). Most consumers are familiar with allergen warnings on packaged foods but the new Food Information Regulations, which came into force in December 2014, extend the warning requirements to loose foods and food sold by caterers. As a result all food businesses including restaurants, takeaways, bakeries and delicatessens must declare any of 14 identified allergenic ingredients including peanut, nuts, gluten, eggs and fish. The Trading Standards and Licensing Service has devised a simple guide to the new requirements and is offering assistance to food business operators to ensure they understand and implement the changes.

4.4 Specialist Public Health support and advice to the NHS

SBC Public Health has worked closely with CCG colleagues throughout the last year to provide specialist Public Health advice and support; inform commissioning intentions; and identify areas of joint planning, working and commissioning. Delivering this support is one of our mandatory services and joint working has been developed significantly in the past year. We have had the opportunity to feed into a range of policy and service development discussions, including the development of a range of CCG strategies including: Primary Care, Mental Health, Dementia and Learning Disabilities. We are also currently working closely with the CCG in reviewing their maternity services

specification, enabling us to ensure Public Health priorities such as breastfeeding and stop smoking support are included; and helping us to begin to develop more streamlined Healthy Child pathways between midwifery, health visiting (which we will commission from October 2015) and school nursing.

We are also working with CCG colleagues to implement the Joint Health and Wellbeing Strategy, through identifying common work areas, specifying how the CCG can contribute to the Strategy's cross-cutting themes and how the CCG can address inequalities within these themes. Public Health has representation on a range of CCG strategic groups and workstreams, including input to the Clinical Quality Groups to look at issues such as clinical variation in referral and treatment practices. The recently-published NHS Five Year Forward View (October 2014) articulated the role of the NHS – and CCGs in particular – in prevention and addressing inequality. This forms a strong basis for our work as partners to address some key health and wellbeing challenges.

Public Health is working closely with CCG and adult social care to develop and implement Better Care Fund (BCF) plans. In particular we will be leading a workstream on health inequalities, ensuring the BCF programme has the appropriate focus on prevention. We are also providing input to work in developing the integrated multi-disciplinary team model which is key to the programme; and to the dementia workstream.

5. Health Protection

Implementing the Health Protection Plan

Partners also continue to work together to implement the Health Protection Plan for Stockton Borough 2013-16.

Protecting the public from communicable disease: SBC Environmental Health works with Public Health England and colleagues in the Tees Valley to implement effective outbreak control plans in the Stockton area. In 2013/14 SBC Environmental Health investigated 292 confirmed reports of food poisoning and 21 suspected outbreaks. This plan of work is supported by a regular programme of food premises inspections, sampling and complaint investigation. In one case a prosecution was necessary in a residential care home following a food poisoning outbreak and non-compliance with food hygiene legislation.

Protecting the public from environmental hazards: SBC Environmental Health implement Stockton's Contaminated Land Strategy and Air Quality Review and Assessment in consultation with Public Health England, Tees Valley colleagues and the Environment Agency. Work involving protection from environmental hazards includes:

- Ongoing work in partnership with the Environment Agency and Public Health England on the legacy of waste Chromium in the area in and around the former Elementis site at Urlay Nook
- Project work with Public Health England to survey Radon gas levels in properties in the North West of the Borough
- Air Quality monitoring programme feeding into the national database and Annual Tees Valley Air Quality report

Box 5: BHAW case study

Immunisations

The Director of Public Health has a role in ensuring robust plans are in place to protect the health of the population, including regarding screening and immunisations. The latest national picture (PHOF 2012/13 data) (REF PHOF) and local data (**Appendix 6**) shows that the majority of children in Stockton Borough are protected through childhood immunisations. Coverage of some immunisations in Stockton Borough are slightly lower than the North East average e.g. for MMR at 5yrs old; and Influenza for those aged 65yrs+ and at-risk individuals – partners are working together to improve these further.

There is some variation in vaccination uptake between wards across Stockton Borough, not always associated with levels of deprivation. For example, MMR 1st dose uptake varies from 85.71% uptake in Bishopsgarth and Elm Tree ward, to 100% in many other wards including areas of relative deprivation such as Parkfield and Oxbridge ward, and Billingham East ward (REF). Cross-Borough learning will inform plans to improve local uptake. SBC Public Health will continue to work with the NHS Area Team as they develop plans to increase uptake of immunisation programmes; and with the CCG which is targeting groups to increase flu vaccination uptake.

Screening

SBC Public Health and the Tees Valley Public Health Shared Service are working with the CCG to identify variation in cancer screening uptake in the population. This work is focusing initially on bowel cancer screening uptake, as invitations to participate in bowel screening are sent to patients by their GP practice. Screening uptake varies widely across the Borough e.g. 61% in a Norton GP practice, compared to 46% in a Hardwick GP practice (Q4 2013/14 data REF). Breast cancer screening uptake also varies across the Borough: 81.5% of females 50-70yrs were screened in the last 36 months in a Norton GP practice, compared to 51.1% in a Hardwick GP practice (Q4 2013/14 data REF).

Understanding the reasons behind variation between practices is important and may not always be solely linked to deprivation e.g. cervical cancer screening uptake is low across the Borough. Cultural factors may have an impact, though potentially not as great as assumed e.g. cervical screening uptake is higher in Queens Park Medical Centre in Stockton Town Centre than in the Hardwick practice, despite a greater BME population in the Town Centre ward. Public Health and the CCG are scoping a pilot project to use the MOSAIC tool and GP screening data, to effectively target messages about bowel cancer screening and interventions where uptake is low; and we will work with local communities to help address the variation in screening uptake.

Major Incident Plan and Emergency Planning

Several local and regional emergency planning exercises have been carried out this year, to help ensure that the health, social care and emergency response system is prepared to respond as needed. SBC Public Health has been working together with the Emergency Planning Unit, other Local Authority departments and Public Health England to update the SBC Major Incident Plan to support this.

6. Closing remarks

This report provides a snapshot of the activity Stockton-on-Tees Borough Council Public Health team is undertaking to address health needs and inequalities across the Borough. The Public Health team has been enthusiastically welcomed into SBC and we are ever mindful of Dr. McGonigle's remark:

'Upon the broad minds and vision of our Local Authorities the future health of our population depends'

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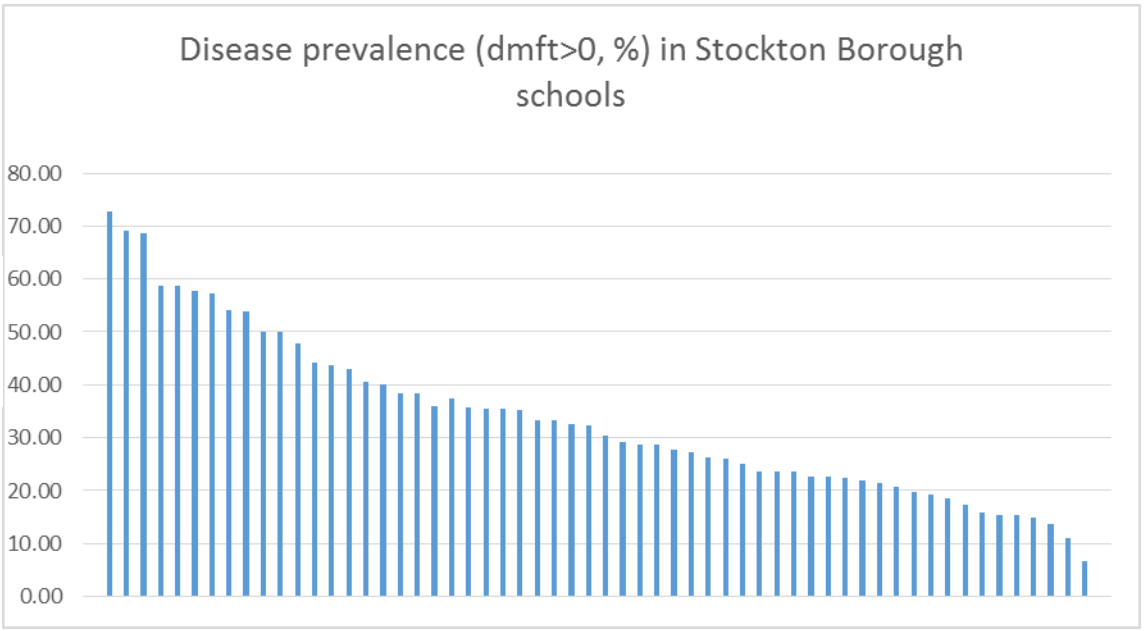
APPENDICES

Appendix 1: Dental disease prevalence in Stockton Borough schools, 2011/12 (Source: Dental health survey of 5 year-olds, Stockton-on-Tees primary schools, 2011/12)

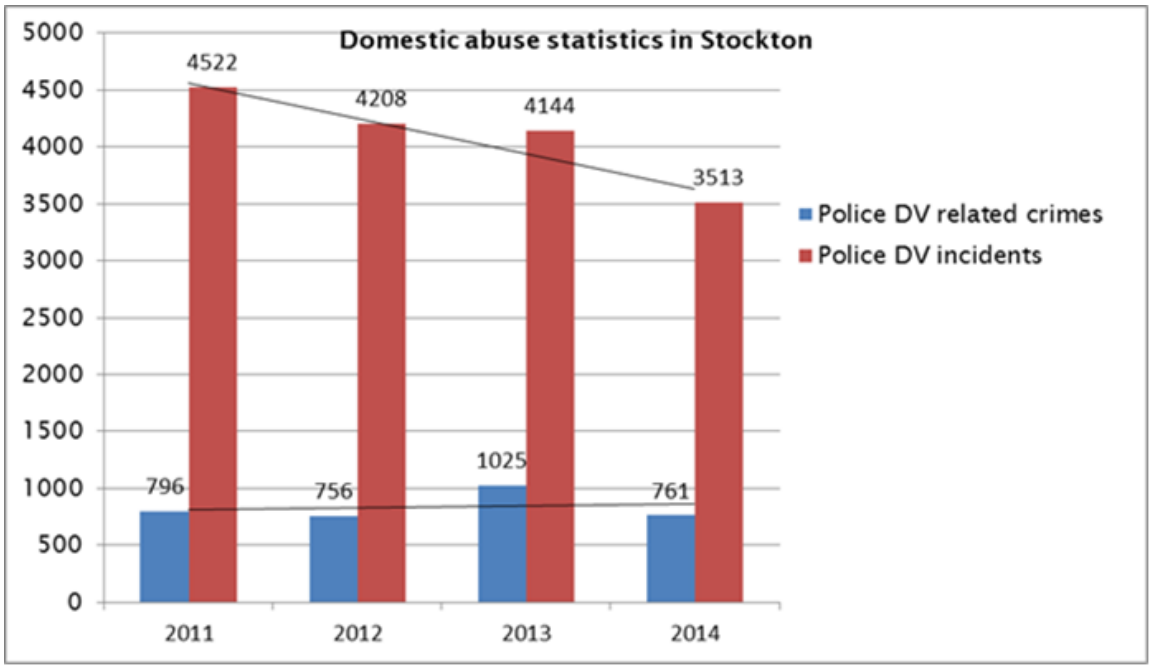


Disease prevalence (dmft)

Stockton Borough schools

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

Appendix 2: Domestic abuse incidents and related crime in Stockton Borough 2011-14 (Source: Cleveland Police, 2014)



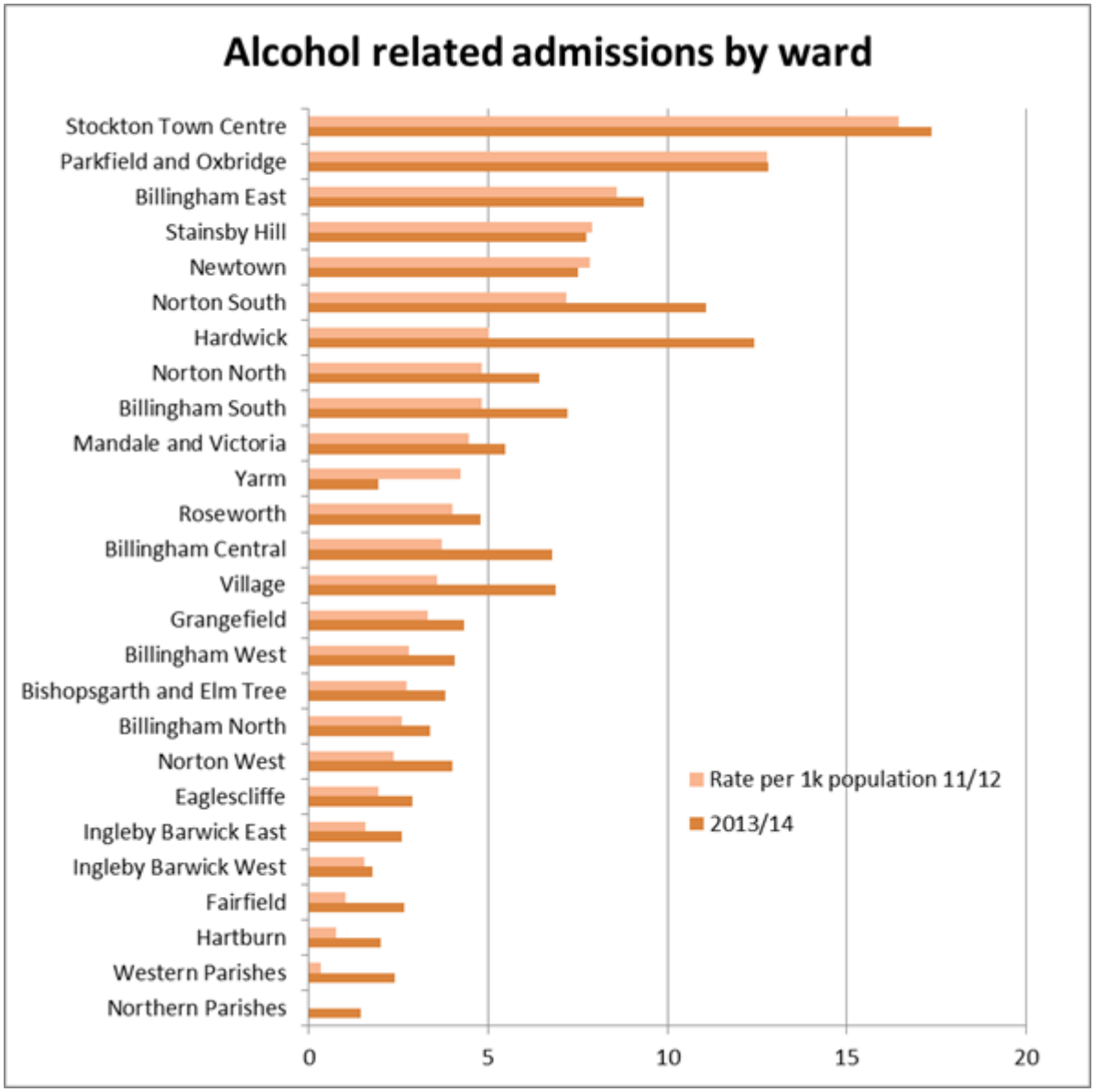
No. of incidents

NB: Cleveland Police is currently reviewing the way domestic abuse incidents and crimes are recorded.

Appendix 3: Public Health ward profiles of selected wards (Source: Tees Valley Public Health Shared Service, 2014)

TO BE INCLUDED

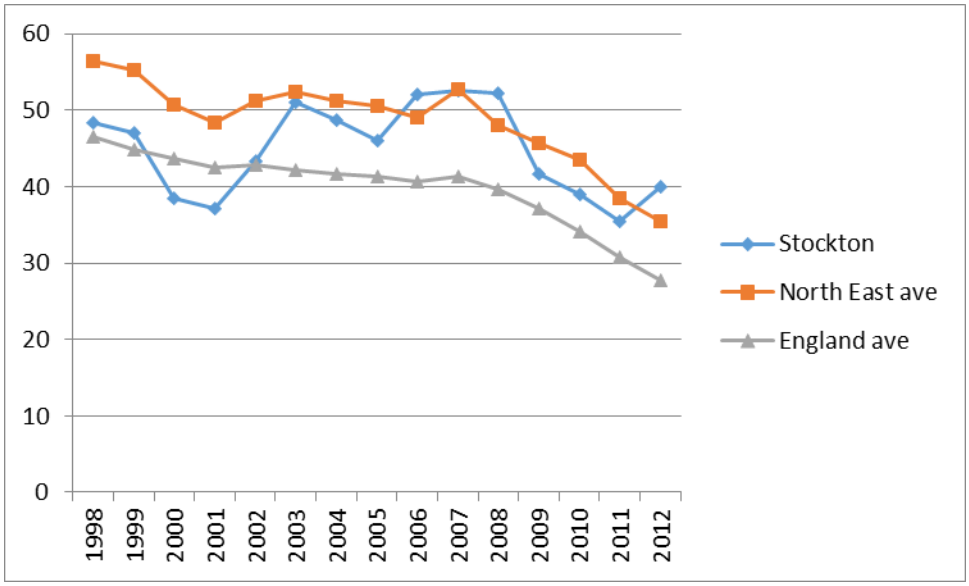
Appendix 4: Change in total wholly alcohol related admissions between 2011-12 and 2013/14 by ward (Source: SUS Inpatient data, 2011/12- 2013/14)



Appendix 5: Under-18 conception rates in Stockton Borough 1998-2012 (Source: ONS, 2013)

Rate 15-17yr olds per 1,000

Year



Appendix 6: Childhood Immunisations Stockton Borough: 2013/14 (Source: Durham & Darlington NHS England Area Team, 2014)

		TOTALS 2013-14		
Stockton on Tees	**12 month cohort**	**Eligible**	**Immunised**	
	DtaP/IPV/Hib *Primary*	2417	2314	**95.74%**
	Men C *Infant*	2417	2304	**95.32%**
	PCV *Infant*	2417	2292	**94.83%**
	24 month cohort			
	DtaP/IPV/Hib *Primary*	2478	2405	**97.05%**
	MMR *1st dose*	2478	2343	**94.55%**
	Men C *Infant*	2478	2349	**94.79%**
	HiB/Men C *Booster*	2478	2337	**94.31%**
	PCV *Booster*	2478	2343	**94.55%**
	5 year cohort			
	DT/Pol *(Primary)*	2466	2403	**97.45%**
	DTaP/IPV *(Booster)*	2466	2257	**91.52%**
	Pertussis *(Primary)*	2466	2405	**97.53%**
	HiB *(Infant)*	2466	2398	**97.24%**
	Men C *(Infant)*	2466	2359	**95.66%**
	HiB/Men C *Booster*	2466	2323	**94.20%**
	MMR *1st dose*	2466	2334	**94.65%**
	MMR *2nd dose*	2466	2234	**90.59%**
	PCV *Infant*	2466	2310	**93.67%**
	PCV *Booster*	2466	2285	**92.66%**

DtaP = Diptheria, Tetanus & Polio; IPV = Inactivated Polio Vaccine; HiB = Haemophilus influenzae type b; Men C = Meningitis C; PCV = Pneumococcal conjugate vaccine; DT = Diptheria; Pol = Polio; MMR = Measles, Mumps & Rubella