



Our area Our health



*...annual report from the Director
of Public Health 2008 - 2009*

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Welcome

This past year has seen the development of our first Joint Strategic Needs Assessment (JSNA) in South Gloucestershire. This is a collation of local data developed jointly by Adult Social Care, Children's Services and Public Health, with input from stakeholders and users. You can see it at www.sglos-pct.nhs.uk/.

This new needs assessment provides a comprehensive range of information - although its strategic nature and wide scope mean that it covers much more than just public health. In particular, it has a strong emphasis on the local planning of service provision.

My annual report this year does not duplicate the information in the JSNA, but builds on some of the findings that are of particular public health interest to help NHS South Gloucestershire and other local partners decide priorities for improving health. The first part looks at how the marked downturn in the economy may affect some of the predictions. It then moves on to highlight some of the key themes, particularly areas where health appears to be getting worse, adding extra analysis and commentary.

I hope you find this magazine-style document a 'good read' and the contents thought provoking. I am very keen to receive any comments and feedback.

Dr Chris Payne
Director of Public Health



Substantial growth in new housing – proposed 32,800 new houses by 2026.

This area has experienced rapid economic growth for over a decade. Growth is expected to continue, with 20,000 new jobs being created over the next 20 years.

..9.5% of all households and 29.5% of vulnerable households were living in fuel poverty. This is likely to be even higher now with recent rises in fuel prices.

Strategic planning and the 'credit crunch'

Since the JSNA was collated in August 2008, the world's economies have been engulfed with problems. This has resulted in national governments launching huge rescue packages for the banking system and a collapse in economic growth. This is currently playing out in economic recession.

We know that extensive job losses are likely. The price of crude oil has fallen from \$140 a barrel to below \$50. House building has slowed dramatically.

What will the impact of this be on the comments and predictions in the JSNA?

It is likely that the broad direction of predictions will remain correct, but their size and rapidity is now in question.

Energy costs are likely to rise in the long term. This, coupled with the ageing population and problems of adequate pension provision, means that fuel poverty is likely to be a growing problem.

Predictions of housing and population growth are particularly important for strategic planning. The likely minimum impact of the current economic downturn is a three to five year delay in housing growth. It is possible that some of the assumptions for population growth in the South West as a whole will lead to a lower overall requirement for housing.

It seems that the trend of increasing immigration may be already slowing with new national insurance numbers to Eastern European EU residents (in August 2008) dropping by five per cent, compared with a year earlier.¹



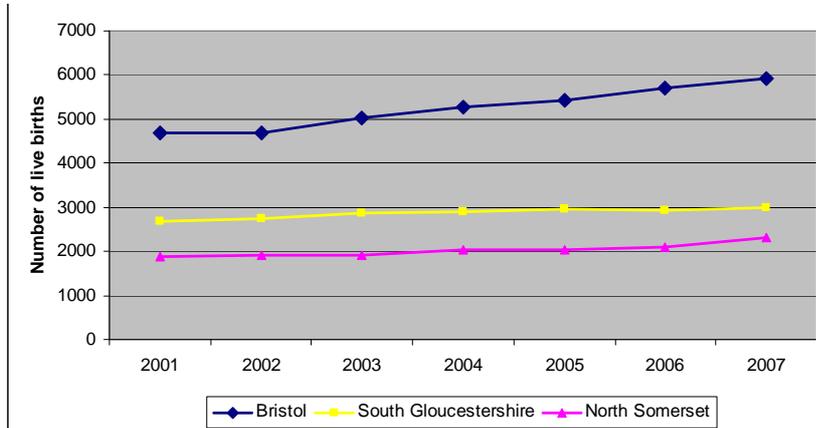
It is likely that the severe slowdown in house building and wider economy slowdown will lead to a dramatic reduction in the number of new migrants into the UK.

¹ Office for National Statistics (ONS) data from the Department for Work and Pensions released August 2008

Birth trends – take with a pinch of salt

The JSNA illustrates local birth rates with this striking graph.

Numbers of live births within local unitary authority areas 2001-2007



Source: Office for National Statistics data presented at www.nchod.nhs.uk

However, patterns of migration are a particularly important influence on birth trends. The higher level in Bristol reflects relatively high birth rates in new migrants. Any reduction in inward migration as a result of economic downturn is likely to reduce the birth rate over the next five years.

Growth in the elderly? This will happen

Birth rate and overall population projections are susceptible to a range of influences. However, the projected increase in the proportion of the elderly in the population is a much more secure assumption.²

The proportionate increase in the very old - particularly in numbers of older men - is most striking and reflects improving life expectancy.

The ageing population represents the single most important factor influencing future health and social care needs.



² ONS Revised 2006-based Sub-national population Projections published in June 2008

The JSNA says...

Likely future birth rates in South Gloucestershire are uncertain.

Data shows a contrast between a recent slight increase in the local birth rate, compared to a marked increase in Bristol city.

There will be around an extra 23,200 people aged over 65 years in South Gloucestershire by 2028 compared to 2008.

The biggest rise is in the over 85s. This group is expected to more than double in the next 20 years, from around 4,900 to 11,100.

The JSNA says...

In 2004-2006, the average life expectancy, locally, was 79.3 years for males and 83.6 years for females - both two years more than the national average.

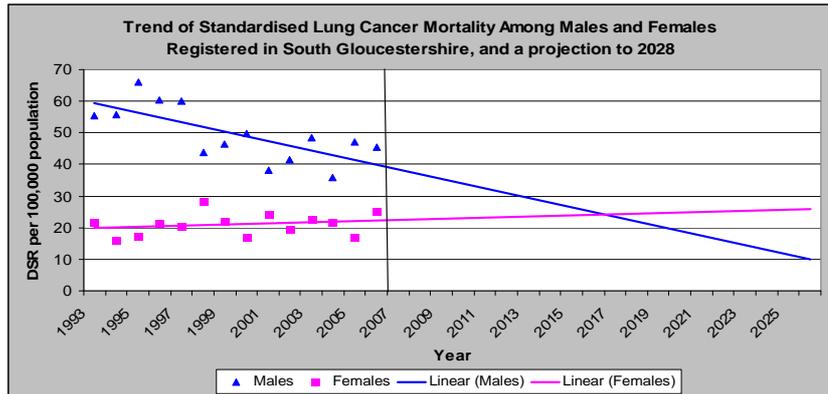
Life expectancy for South Gloucestershire residents is improving steadily, but with that for men improving faster than that for women.

There has been an increase of 3.6 years for males and 3.0 years for females (from 1991/93 to 2004/06). These increases are similar to national increases.

Life expectancy – smoking does matter

Some aspects of women's health are worsening compared to men's health, particularly those related to cigarette smoking. The graph below shows a declining mortality rate from lung cancer in men, but a plateau, or slight increase, in women.

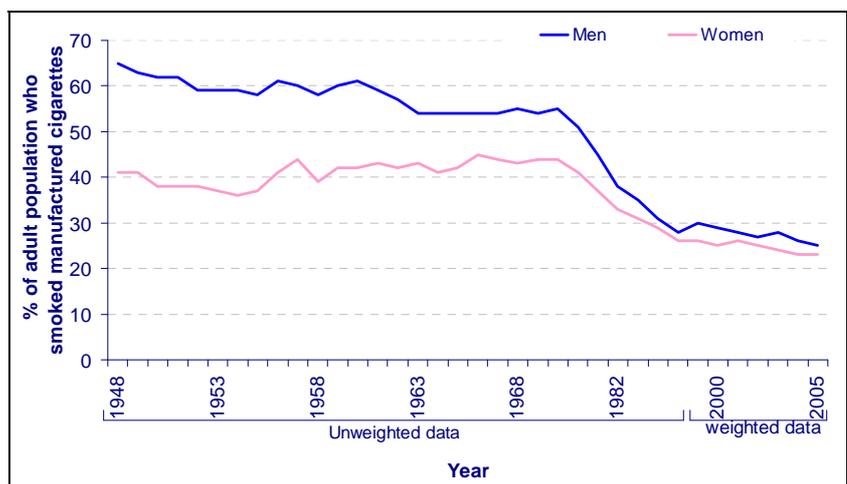
Lung cancer mortality rates in South Gloucestershire and projection to 2028



Source: National Centre for Health Outcomes Development, 2007.

This reflects a slower reduction in smoking in women over the past 60 years, particularly in the period between 1948 and the early 1970s.

Percentage of people aged 16 and over who smoke cigarettes, Great Britain 1948-2005



Source: <http://info.cancerresearchuk.org/cancerstats/types/lung/smoking/>

SMOKEFREE South Gloucestershire

Thinking about stopping smoking? For further information telephone 0117 330 2439 or email nhsstopsmokingservice@sglos-pct.nhs.uk

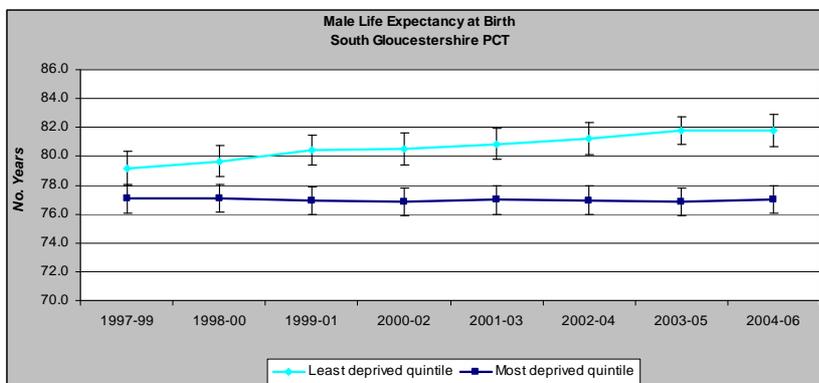
Inequalities in health – worse for men and better for women

Previous annual reports have highlighted the poorer health of people living in the more deprived areas of South Gloucestershire and of some specific population groups.

Inequality in life expectancy

The graphs below from the JSNA show the differences in life expectancy for men and for women in the most deprived and least deprived quintiles in South Gloucestershire.³

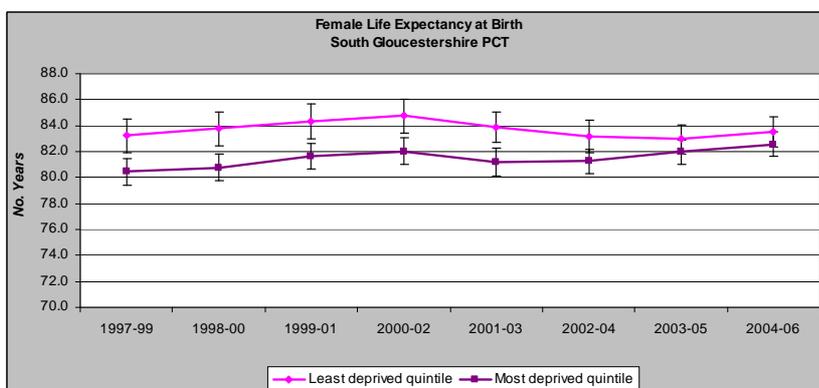
Male life expectancy at birth in South Gloucestershire in the least deprived and most deprived quintiles



Source: http://nww.avon.nhs.uk/phnet/spotlight/south_gloucestershire.htm#Life#Expectancy

For women, the difference in life expectancy in the most and least deprived quintiles appears to have reduced to the point where the difference (one year) is not statistically significant.

Female life expectancy at birth in South Gloucestershire 1997-99 to 2004-06



Source: http://nww.avon.nhs.uk/phnet/spotlight/south_gloucestershire.htm#Life#Expectancy

There is a widening difference in life expectancy for men, with those in the more affluent areas benefiting from an increase in life expectancy over the past eight years. In contrast there has been no significant improvement for those men living in the most deprived areas.

The picture for women in previous years has not been clear cut, but data for this year's JSNA appears to show a narrowing of the gap between the most and least deprived areas.

³ Quintiles - equal fifths of the population ranked by deprivation score

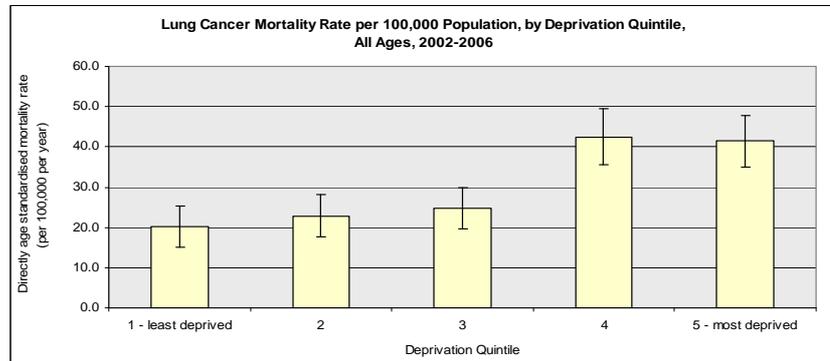
The JSNA says...

There are higher smoking rates (and death rates from smoking-related disease) in women (as for men) in more deprived areas.

Overall death rates from breast cancer are reducing, despite an increase in the number of new cases.

However, this picture should be treated with caution, given the importance of smoking as a cause of premature death.

Lung cancer mortality rate by deprivation quintile all ages 2002-2006



Source: National Compendium of Clinical Indicators, 2007 and Index of Multiple Deprivation, Income Domain.

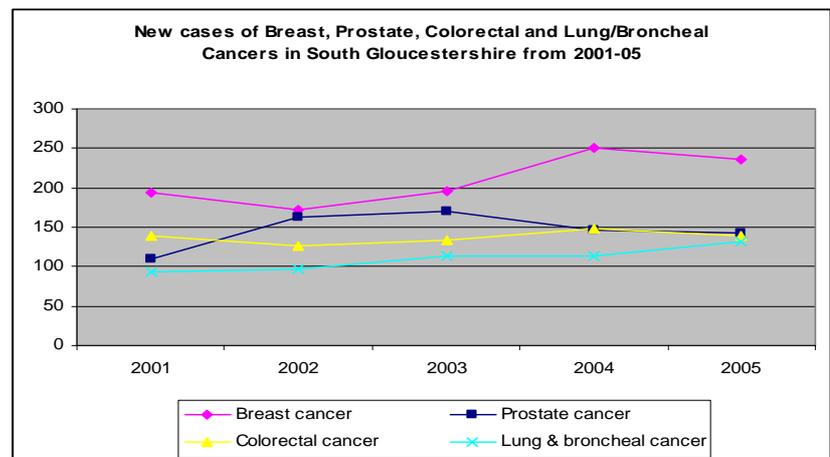
Further analysis is needed to fully understand the apparent narrowing of the gap in female life expectancy between the most and least deprived quintiles.

It is notable that the narrowing appears to be largely due to life expectancy in the least deprived quintile (*more* affluent) failing to improve – the opposite picture to male life expectancy.

One consideration is the impact of breast cancer as a cause of death.

Breast cancer is the only major cause of death that is more common in women from higher socio-economic groups.

New cases of cancers in South Gloucestershire from 2001-2005



Source: South West Cancer Intelligence Service

The prison population – the worst health in the area?

South Gloucestershire has two prisons, Leyhill - a male open prison and Eastwood Park - a female prison. There is also a young offender's institute (YOI) - Ashfield - for male young offenders (15-18 years).

There has been a rapid increase in the population at Ashfield. In recent years it has more than tripled, from 128 boys in August 2004 to 400 in August 2007.

Estimates of the prevalence of mental health disorders among young people in custody vary, but at least 40% of young offenders have been found to have a diagnosable mental health disorder.⁴

Eastwood Park is a local closed female prison with a maximum capacity of 362. It also contains facilities for young offenders and a newly built mother and baby unit.

Mental health problems and drug and alcohol use are high, as they are among male prisoners.⁵

Based on a recent appraisal of prison health in the South West, 75% of incidents of self harm in the South West were attributed to Eastwood Park.

Reported rates of self-harm in each prison in South Gloucestershire

Prison (capacity)	2003	2004	2005	2006	2007
Ashfield (400)	286	239	172	224	142
East wood Park (362)	789	1,163	2,597	2,147	2,013
Leyhill (512)	0	1	2	5	4

The health of people in prison is poorer than that of the general population, with high rates of drug use and mental health problems.

In an in-depth study of 30 female prisoners in a rural detention centre, 63% reported having drug problems, 80% alcohol problems and 70% were found to be in the clinical range for mental health problems. Sexual abuse and sexually transmitted infections were also commonly reported.⁵

⁴ DH 2004 NSF for Children, Young People and Maternity Services: The mental health and psychological wellbeing of children and young people. DH

⁵ Kane M and DiBartoli M 2002 Complex physical and mental health needs of rural incarcerated women. Issues in Mental Health Nursing. 23 (3): 209-229, 2002 Apr-May

The JSNA says...

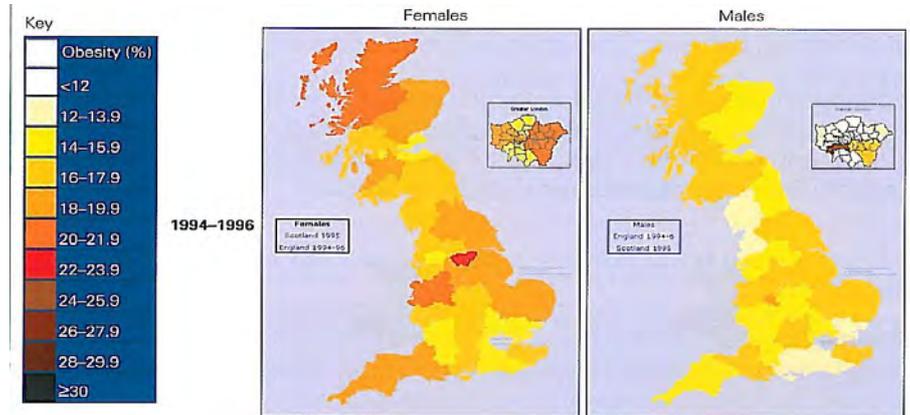
The recent increase in levels of obesity in children and adults has happened remarkably quickly.

A similar pattern is seen in most developed countries, although the increase in childhood obesity has been particularly rapid in the UK.

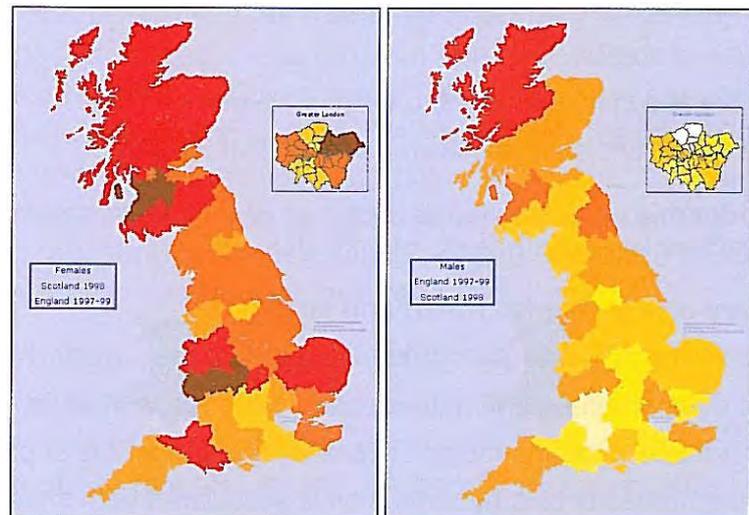
Obesity – everybody's business

The rapid increase in obesity levels between 1994 and 2002 is illustrated below.

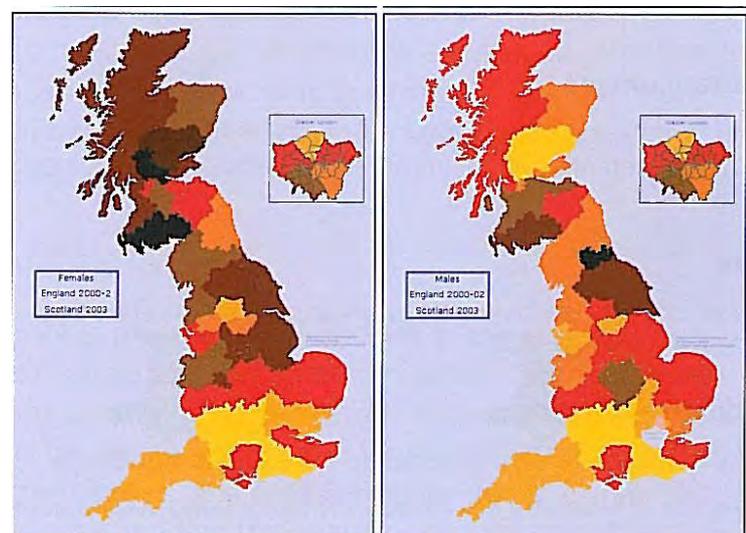
Obesity in England and Scotland 1994-1996



Obesity in England and Scotland 1997-1999



Obesity in England and Scotland 2000-2002



Source: Foresight 2007 Tackling Obesity: Future choices - project report. Government Office for Science

The JSNA says...

Each year school nurses weigh and measure local schoolchildren in reception and Year 6 as part of the National Child Measurement Programme.

Obesity in South Gloucestershire is increasing in line with national trends. [Latest data for South Gloucestershire shows:

..19.6% of reception children are overweight or obese

..27.5% of Year 6 children are overweight or obese.]



The causes of the increase in obesity are complex. A Foresight report refers to an 'obesogenic environment' which can lead to increased calorie consumption and reduced physical activity.⁶ It maps the links between food production, marketing, consumption, patterns of work, recreation, entertainment, physical environment, transport, individual decision making and social behaviours.

Two broad approaches to tackling obesity are through prevention and weight management. Locally, initiatives have a major focus on children and young people.

Local initiatives include...

- Breastfeeding peer support training programme
- Breastfeeding support for young mums
- Promoting a Healthy Lifestyle through Childcare project
- Healthy Schools Plus
- Mind, Exercise, Nutrition....Do it! (MEND) for children aged 7-13 and their families
- Breakthrough Active – mentoring programme with a physical activity specialist
- Adult weight management on referral pilot scheme in partnership with 'Exercise on Prescription'
- 'Making a Healthier Crust' project - work with local food manufacturers and retailers to encourage them to use less salt, fat and sugar.

Halting the obesity epidemic is not just about individual behaviours, but creating an environment that supports people to develop sustainable activity and healthier eating habits. Locally, the focus of current action is food consumption/production and individual physical activity.

However, tackling obesity requires a whole range of changes at a national, local and organisational level to support individual behaviour change. Designers, architects and spatial, town and transport planners can encourage physical activity through careful design of the built environment.

Coordinated action across many areas of local government is needed. We need to consider how health can be integrated into the planning process and increase understanding of how this can be achieved.

⁶ Foresight 2007 Tackling Obesity: Future choices - project report
Government Office for Science

'In the UK over the last twenty years, the incidence of common allergic diseases has trebled, giving this country one of the highest rates of allergy in the world.' Royal College of Physicians 2003

Peanut allergies, that can have fatal consequences, were once rare but are now estimated to affect one in 70 children.

Currently 6.7% of patients registered to GPs in South Gloucestershire are recorded as having asthma.

Asthma and allergies are getting worse - and we don't really know why

Respiratory conditions and allergies are common in developed countries. Eczema is common among children and asthma is very common amongst children and adults.

Main findings of an RCP study

- Asthma, rhinitis and eczema have increased in incidence two to three-fold in the last 20 years.
- Hospital admissions for anaphylaxis have increased sevenfold over the last ten years.
- Food allergy is increasingly common. Peanut allergy has trebled in incidence over four years.
- Adverse drug reactions account for five per cent of all hospital admissions in the UK.
- Some eight per cent of healthcare workers now have an allergy to latex rubber.

Royal College of Physicians 2003 Allergy: The unmet need

Another study found that all allergies tend to be more commonly recorded among patients from affluent areas compared with patients from deprived areas.⁷

A local Viewpoint Survey in 2008 found...

- 25% of respondents reported having hay fever
- 11% reported having asthma
- 9% reported having eczema
- 20% reported having other allergies: 5% other food; 2% penicillin; 1% latex; 1% nuts; 1% plasters; 6% dust mites; 4% other.

Asthma is one of the most common allergies. National studies suggest 12-15% of children suffer episodes of wheezing characteristic of asthma and less than five per cent suffer persistent or repeated attacks.⁸



⁷ Primary care epidemiology of allergic disorders: analysis using QRESEARCH database 2001-2006. Final Report to the Information Centre and Department of Health. June 2007

⁸ www.laia.ac.uk/93_6/93_6.htm

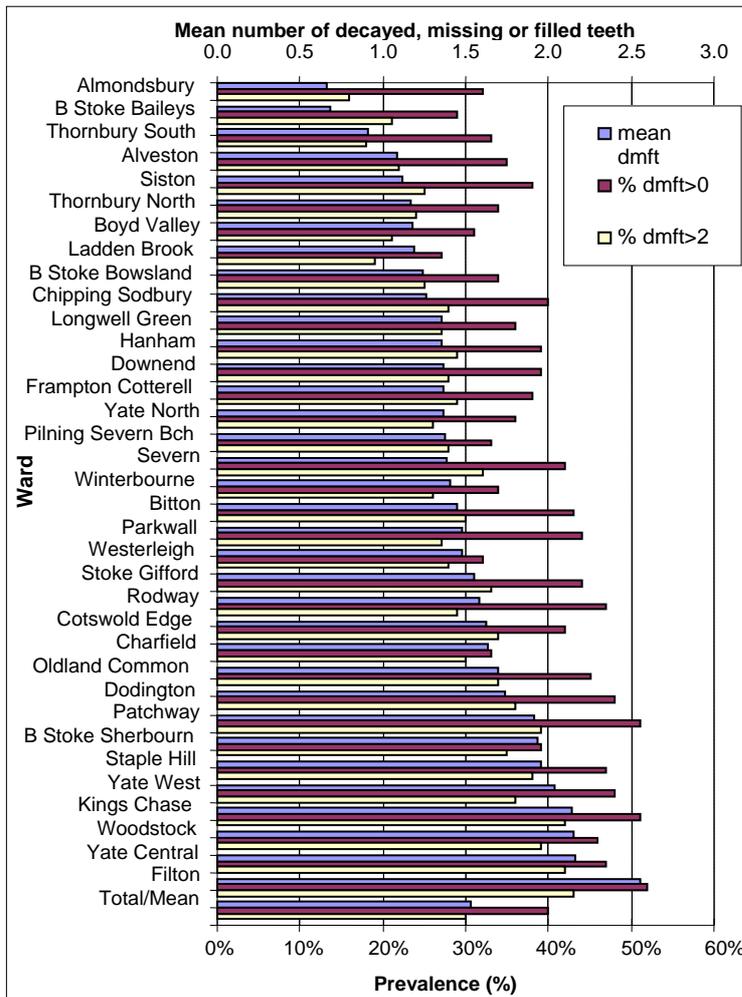
Dental health – would fluoridation help?

The possibility of adding fluoride to the local water supply is an emotive topic and would only be considered if local consultation showed good public support.

In February 2008, the South West Strategic Health Authority asked for preliminary views from PCTs on how any proposal for local fluoridation should be taken forward. In December 2008, the PCT board agreed to ask for further exploratory work to be carried out, before any wider public consultation to gauge public opinion and the level of local support.

In 2006, as part of a national monitoring programme, dentists examined 11,503 five to six year-old Year 1 children in a census survey of schools in Bristol, Bath & North East Somerset, North Somerset and South Gloucestershire.

Dental decay status of 5-6 year old children (Year 1) in 35 South Gloucestershire wards



Source: Dental survey, John Boyles and Caroline Drugan 2007

The JSNA says...

Dental health in South Gloucestershire's children is relatively poor, with slightly higher than national average rates of decayed, missing and filled teeth (DMFT).

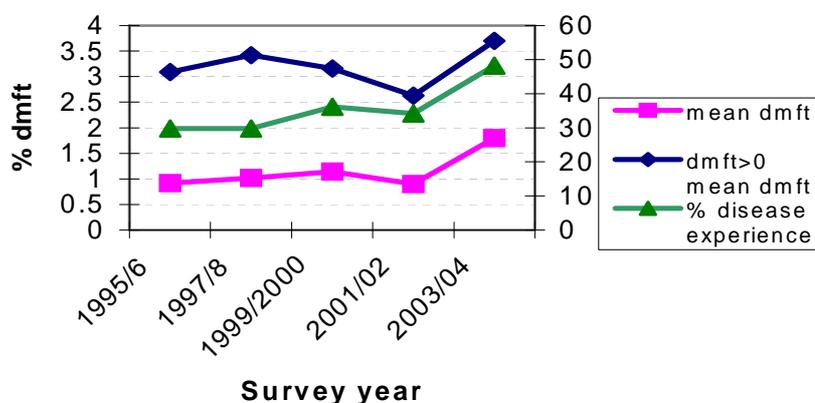
There is a strong link between high rates of dental decay and the most deprived wards, with more than 40% of children in Filton, Kings Chase, Woodstock, Yate Central and West having a DMFT score of 2.0 or greater.

The JSNA says...

Successive surveys across the former Avon area appear to show deteriorating dental health in local children.

Despite the poor rates of dental decay, missing and filled teeth in South Gloucestershire, the population per dentist is better than the national average.

Dental decay in five year old children in Avon 1995/6 - 2003/4



Source: Oral Health Improvement Strategy 2006

In 2008, the directors of public health in the former Avon area commissioned a piece of dental public health work to make a preliminary assessment on whether fluoridation was worth considering.⁹

Key points from the report

- Fluoridation is safe and effective in reducing dental decay.
- Alternative approaches to improving dental health, based on improving individual behaviour, are less effective, particularly in poorer communities.
- Fluoridation would lead to a likely 30% reduction in tooth decay (decayed, extracted or filled primary teeth) in 5-6 year olds, and a 12% increase in those with no decay.
- The benefits of fluoridation would be most apparent in children and those with poor dental health, but would apply to the whole population with some natural teeth, including adults.
- Health benefits would include a reduced need for hospitalisation and administration of general anaesthetics to children.

The next step will be a technical feasibility study to be carried out prior to public consultation to gather local views.

⁹ Downer M 2008 Fluoridation of South Gloucestershire's Water Supplies.

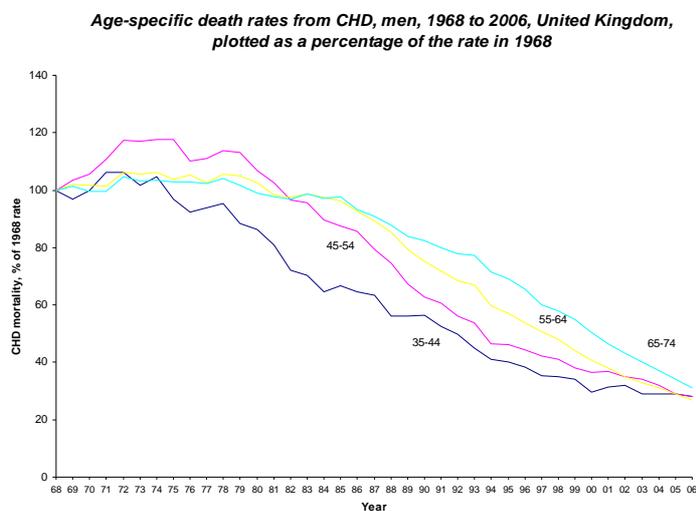
Three trends - and three different messages

Three graphs in the JSNA tell three rather different and interesting stories.

CHD death rates – a success story but do we know why?

The JSNA highlights the 50% reduction in death rates from coronary heart disease over the past 15 years. Taking a longer perspective, over the past 50 years, the national decline is even more dramatic.

Coronary heart disease mortality rates 1968-2006



Source: www.heartstats.org/temp/Figsp1.4bspweb08.xls

It is worth noting that the start of the decline in the early 1970s coincides with the start of the steep drop in smoking rates (see page 4). The continuing decline is most marked in older age groups.

The National Service Framework (NSF) for coronary heart disease was not introduced until 1990. Therefore, the widespread implementation of secondary prevention



(statins and aspirin) can only have accounted for a small part of this decline.

The mortality rate from coronary heart disease in South Gloucestershire is steadily declining, as it is nationally.

Nevertheless, circulatory diseases are the second major cause of premature death for adults, accounting for approximately 23% of all deaths of under 75 year olds in South Gloucestershire.

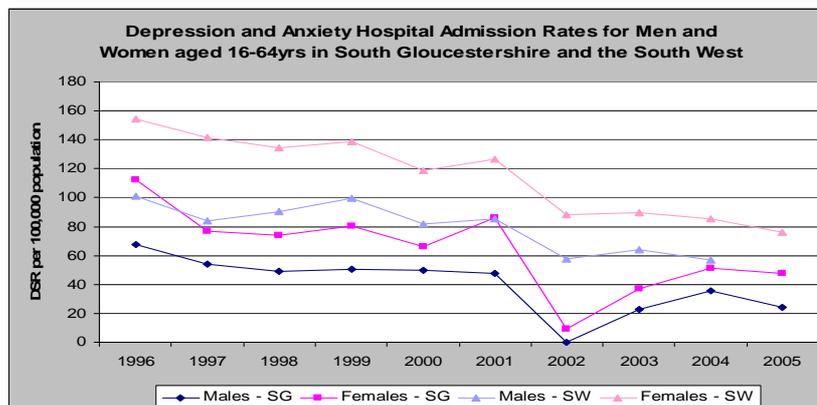
Depression is the most common mental health condition.

South Gloucestershire has lower rates of psychiatric hospital admissions for depression and anxiety than the South West average for both men and women. However, hospital statistics for mental health problems only tell a limited story.

Mental health services – a success story

The second graph shows a reduction in admission rates for men and women for depression and anxiety over the past ten years in South Gloucestershire - a similar pattern to that for the South West as a whole.

Depression and anxiety hospital admission rates for ages 16-64 years 1996-2006



Source: HES data extract from SWPHO

In contrast to coronary heart disease, which appears to be genuinely reducing in incidence, a series of national surveys have confirmed that the rates of anxiety and depression are *not* decreasing.¹⁰

The decline in admission rate is concurrent with the implementation of enhanced mental health community services under the joint commissioning strategy of NHS South Gloucestershire and South Gloucestershire Council.

The Avon and Wiltshire Mental Health Partnership NHS Trust has developed home treatment services as an alternative to admission. Primary care and other interventions provide treatment earlier in the care pathway than was previously the case.

At least some of the reduced use of inpatient care, therefore, may be due to better management in the community, including investment in community teams, better outreach, primary care counselling and improvement in drug treatments.

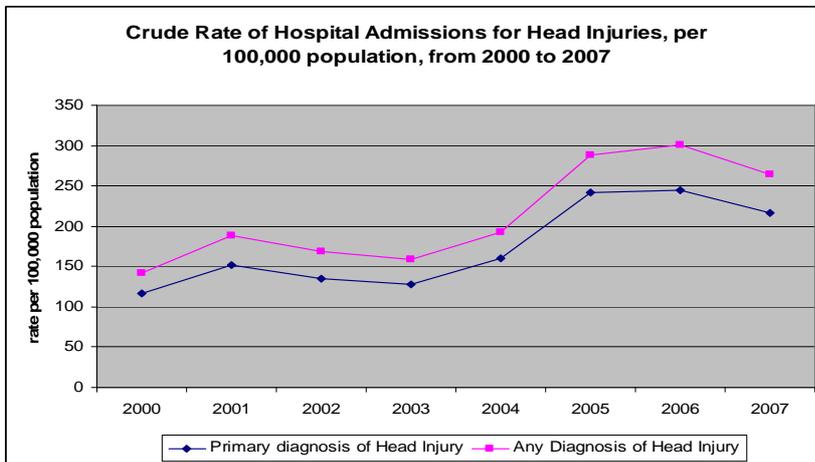
Suicide rates are a poor indicator of overall mental health, but the slight decline over a similar period provides some reassurance that access to specialist help has not deteriorated.

¹⁰ Singleton N and others 2001 Psychiatric morbidity among adults living in private households 2000 London: The Stationery Office

Head injuries increasing – or not?

The third graph is interesting because the story it appears to tell is probably untrue. It suggests that since 2005 local people are suffering more head injuries each year than in the previous five years.

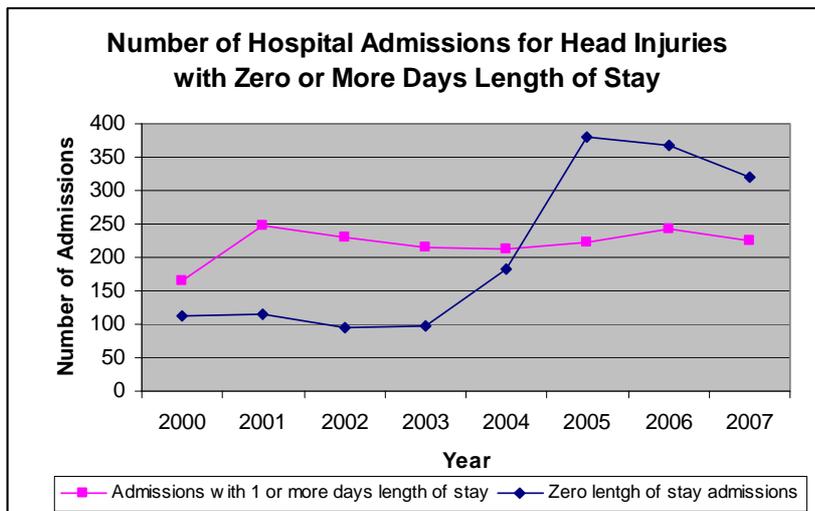
Hospital admission rate for head injuries 2000-2007



Source: Local Hospital Episodes Extract (AXIOM 2000-2007) using ICD S00-09 codes South Glos Registered Population. Rates calculated according yearly population (GP registered population)

However, the introduction of a maximum wait of four hours in Accident and Emergency (A&E) has altered the way that patients are managed. Some that previously might have been simply observed in A&E are being admitted for a few hours. If we separate out these 'zero length of stay' patients – those admitted for only a few hours - a dramatic picture emerges, with a three to four-fold increase in this group over two years, subsequently maintained.

Hospital admissions for head injuries and length of stay 2000-2007



Source: Local Hospital Episodes Extract (AXIOM 2000-2007) using ICD S00-09 codes.

On average almost 400 people a year from South Gloucestershire are admitted to hospital with a primary diagnosis of a head injury.

National statistics show that the 'typical' head injury occurs in males (66%) with a mean age of 38 years. In this age group, alcohol and substance abuse have a considerable impact on rates of injury.

The JSNA says...

Consumption of alcohol has increased over the past ten years, particularly by women and young people.

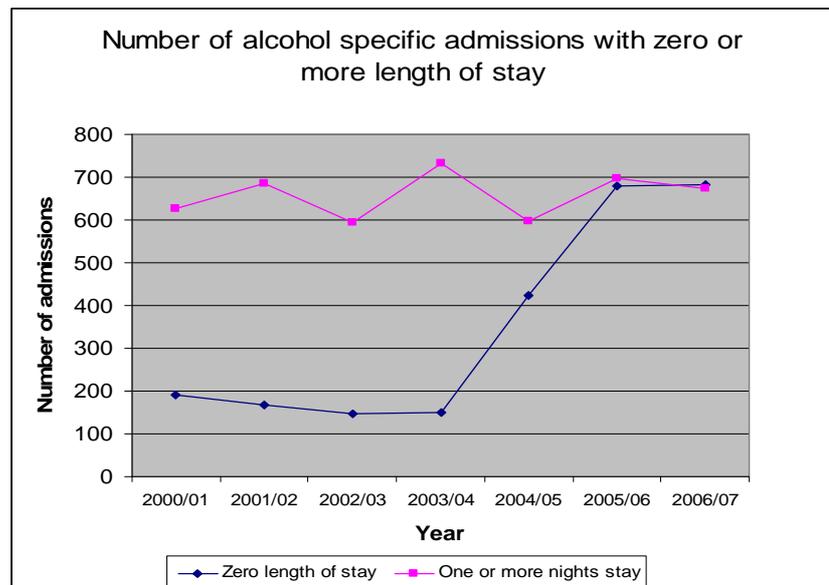
Alcohol is implicated in approximately 35% of all attendances at A&E departments.

It is likely that this is pure 'extra' activity, as the number of admissions for one night or more has remained stable. This analysis gives reassurance that the increase in admissions is not evidence of a sudden increase in head injuries, rather that people with less severe head injuries (that used to be observed in A&E) are now admitted for a few hours. Admissions are more costly than observation in A&E and further investigation would be needed to show whether this extra cost is justified by any significant improvement in care.

...and a similar picture for alcohol?

A similar picture emerges for admissions due specifically to alcohol, with an apparent dramatic increase. However, we see that the number of admissions for one night or more has remained stable, whilst the number of patients 'admitted' for a few hours has shown a huge increase.

Alcohol specific admissions and length of stay



Source: Local Admitted Patient Care database extract

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Further copies of this report can be obtained from www.sglos-pct.nhs.uk or from Sue Shortman: Tel: 0117 330 2479.

Thanks to everyone in the Public Health Directorate for their contributions

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