

CABINET

14 JANUARY 2014

THE HEALTH OF SCHOOL AGED CHILDREN: THE ANNUAL PUBLIC HEALTH REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2012/13

Portfolio Holders: Councillor Mike O'Brien, Children's Services (Lead Member)
Councillor David Brake, Adult Services

Report from/Author: Dr Alison Barnett, Director of Public Health

Summary

This report presents the Annual Public Health Report of the Director of Public Health for 2012/13. The report focuses on the health of school-aged children and makes recommendations for Medway Council and partners.

1. Budget and policy framework

1.1 The Health and Social Care Act 2012 gives a statutory duty for Directors of Public Health to produce an Annual Public Health Report and Local Authorities to publish the report. The Act also transferred public health responsibilities from the NHS to Local Authorities. This included responsibility for the Healthy Child Programme (5-19).

2. Overview of Annual Public Health Report 2012/13

- 2.1. This year's report focuses on the health of school aged children and aims to inform the development of the Healthy Child Programme (5-19) and the commissioning and provision of services.
- 2.2. Although the health of children in the UK is improving the UK does not compare well to other advanced economies in measures of child wellbeing. Similarly at a local level there is scope for taking more action to ensure that all children growing up in Medway do so in an environment and with services that promote health.
- 2.3 The report has four sections:
- The first describes the demographics of the population aged 5-19.
 - The second describes the main physical and mental health conditions affecting children and young people

- The third describes the lifestyle choices made by children and young people
 - The last describes a range of the wider determinants which impact on the health of this group.
- 2.4. The report makes recommendations to Medway Council and its partners to improve the health of children and young people.

3. Recommendations in Annual Public Health Report 2011/12

- 3.1 Protecting Health: The Annual Public Health Report of the Director of Public Health 2011/12 focussed on communicable diseases and environmental risks to health. It made recommendations to Medway Council and partners within the new public health system. Appendix 1 outlines the progress made during the year in implementing these recommendations.
- 3.2 The Annual Public Health Report (Appendix 2) has been circulated to Cabinet Members separately. It is also available on the Council's website:
<http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=115&MId=2764&Ver=4>

4 Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure of Medway Council and partners to address recommendations in the report	Opportunities to commission and deliver services to improve the health of children and young people may be missed.	Recommendations should be reflected in Council and partner's plans.	D2
		A report on progress in implementing the recommendations will be published with next year's Annual Public Health Report.	D2

5. Children and Young People Overview and Scrutiny Committee – 10 December 2013

- 5.1 The Director of Public Health presented her report on the Health of School Aged Children. She advised the Committee that the Annual Public Health Report is required to be published under the duties set out in the Health and Social Care Act 2012. The Act also transferred public health responsibilities from the NHS to Local Authorities, including the responsibility for the Healthy Child Programme (ages 5-19). The Chairman and other Members of the Committee welcomed the transfer of public health back to the local authority.
- 5.2 The Director of Public Health also advised that Appendix 1 to the report outlined progress against the previous Annual Public Health Report 2011/12. This included information about the immunisation and vaccination

programmes in Medway as well as details of the work of a task group tackling obesity in relation to planning policy.

- 5.3 The Committee had been invited to attend a Member briefing on the Annual Public Health Report, which had taken place immediately before the meeting.
- 5.4 Members welcomed the report which they thought informative and well presented and discussed the productive partnership work evidenced by some of the information within the document.
- 5.5 The Committee noted the report.

6. Health and Adult Social Care Overview and Scrutiny Committee – 18 December 2013

- 6.1 The Director of Public Health introduced the Annual Public Health report and advised Members that the Council now had a statutory responsibility to publish the report. The details of the report had been the subject of a Member briefing on 10 December.
- 6.2. The Director of Public Health then responded to Members' questions particularly relating to diabetes testing and the Committee noted the report.

7. Health and Wellbeing Board – 9 January 2014

- 7.1 The comments of the Health and Wellbeing Board will be reported to Cabinet in an addendum report.

8. Legal and financial implications

- 8.1. Whilst there are no direct financial or legal implications arising directly from the contents of this report, the Annual Public Health Report should influence future prioritisation and allocation of resources.
- 8.2. The Director of Public Health has a statutory duty under the NHS Act 2006 to prepare an annual report on the health of the people in the area of the local authority and that the local authority must publish it.

9. Recommendation

- 9.1 The Cabinet is asked to consider the comments of the Overview and Scrutiny Committees and the Health and Wellbeing Board and note the Annual Public Health Report 2012/2013.

10. Suggested reasons for decision

- 10.1 The production of the Annual Public Health Report is a statutory requirement.

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Background papers

None

Protecting health - the Annual Public Health Report (APHR) 2011/12
Progress since publication in October 2012

Chapter	Recommendations for action	Progress
Communicable Diseases	Immunisation is the most important intervention for preventing communicable diseases so efforts must continue to achieve high uptake rates in Medway.	<p>In Medway childhood vaccination rates mostly remained well above the England average between July 2011 and June 2013. Uptake for almost all of these has continuously exceeded 95%. In particular uptake of first MMR at 24 months exceeded 95% more or less continuously during this time and uptake of 2 doses at aged 5 hovered at around 90%.</p> <p>The uptake of HPV vaccination (which now protects against genital warts as well as cervical cancer) has increased year on year in Medway with 83.2% of girls in year 8 receiving the full 3 doses in 2012/13.</p> <p>Responsibility for commissioning immunisation programmes moved to NHS England in April 2013 with a designated team employed by Public Health England embedded within each NHS England area team. Uptake of immunisation programmes is monitored and challenged by the DPH as part of the Council's new responsibility for public health.</p>

Chapter	Recommendations for action	Progress
	<p>Chlamydia is the most commonly diagnosed STI in Medway patients, particularly in people aged under 25, and is often asymptomatic. Raising awareness among sexually active 15 to 24 year olds and ensuring continued availability of chlamydia screening in a range of different venues accessible by them, is essential.</p>	<p>The Public Health Directorate have sought to raise awareness of chlamydia among 15-24 year olds by attendance at Fresher's Fayres at the Universities at Medway and other community outreach events as well as via sex and relationship education sessions at some Medway secondary schools.</p> <p>Analysis of the yield (% positive screens) for the period April 2012 – March 2013 found that the highest (24%) was in HMP Cookham Wood. There was also a high yield at Mid Kent College (7.9%). Average yield in 2012 – 2013 was 5.9%. So while screening sessions continue to be available in a variety of settings across Medway working with Youth Offending Team and Mid Kent College are a priority.</p> <p>Training has been delivered to health care professionals (including contraceptive and sexual health nurses) and also youth workers.</p> <p>Local marketing materials are being developed to display in schools, universities, colleges, GP practices, pharmacies, barracks, Medway Foundation Trust and youth services to inform young people and staff of the risk of being infected and the importance of regular testing</p>
<u>Immunisation and Vaccination</u>	<p>The reason for the considerable variation between GP practices in vaccine uptake rates, with a number of practices having very poor levels of uptake for a range of vaccinations needs to be understood and addressed.</p>	<p>The APHR was sent to all practices in Medway and a presentation on this aspect of the report was given to practice nurses (who give most of the childhood immunisations) in December 2012.</p> <p>Responsibility for monitoring the performance of GP practices has rested with NHS England since April 2013.</p>
	<p>Although better than the regional and England average, MMR rates in Medway are still lower than the WHO recommended levels for preventing a measles outbreak. As there have been outbreaks of measles in the UK and Europe in 2011, there is need to increase MMR vaccination rates by better intelligence and targeted action.</p>	<p>Following a large outbreak of measles in Wales which started towards the end of 2012, there was a national campaign to ensure that young people aged 10-16 who had missed vaccination when they were young children (due to the MMR scare) were offered vaccination by September 2013.</p> <p>This was implemented successfully in Medway with the result that up to Nov 2013 only 2 cases of measles have been confirmed in Medway compared to 51 in 2012 and 85 in 2011.</p> <p>Uptake of first MMR at 24 months between July 2011 and June 2013 has exceeded 95% more or less continuously and uptake of 2 doses at aged 5 has hovered around 90% during this period.</p>

Chapter	Recommendations for action	Progress
	<p>The Department of Health target for flu vaccination uptake in people under 65 years of age in at risk groups has increased from 60% to 70% for 2012/13, and the staff programme uptake needs to be above 45%. More work is needed to ensure that these targets are met.</p>	<p>In 2012/13 Medway had the highest seasonal flu vaccination uptake by patients in South East Coast for the second year running with uptake figures of :</p> <ul style="list-style-type: none"> • aged 65 years and over - 73.4%: target met • under 65 years and at risk - 52.8% - target not met • all pregnant women - 41.0% – target not met <p>NHS England now commissions the patient programme.</p> <p>The responsibility for the staff seasonal flu programme rests with individual healthcare providers with NHS England having oversight and performance managing since April 2013.</p>
	<p>Health professionals seeing children and families should take the opportunity to review their vaccination status at each visit and encourage catch-up immunisations where these are needed.</p>	<p>This is occurring as immunisation rates have continued above average.</p>
<u>Environment</u>	<p>The Council will have new statutory public health duties from April 2013. It is clear that there are many opportunities for the council to improve and protect health using its current and new powers and responsibilities. These include planning and licensing, use of the Community Infrastructure Levy, commissioning of services and leadership of partnerships. It is recommended that Medway Council, in developing its vision and strategy for public health, considers how it can ensure that public health benefits are realised across the breadth of the Council's responsibilities.</p>	<p><u>Planning</u></p> <p>The Public Health Directorate organised a 'Tackling obesity through healthy eating and healthy planning' workshop in January 2013. The day was attended by a number of elected members, council officers from various departments and colleagues from other Local Authorities who have made progress in this area, showcasing the processes they have followed. Topics of debate included how planning and regulation can influence food access and how the environment affects broader food access for the community. There was a strong consensus of opinion that Medway Council should consider what options it had to positively influence the environment, to create a less obesogenic Medway. The priority action was to consider the regulations and policies currently in place, so a task group made up of Public Health, Planning Policy and Development Management officers was formed.</p> <p>This task group conducted a full review of all Medway planning policies and their potential impact on obesity. All policies were rated on their impact on the following areas which the evidence base suggests impact on obesity levels;</p>

Chapter	Recommendations for action	Progress
		<p>concentration and diversity of retail and land use mix, access to healthy food including local small-scale food production and sale, access to open space, opportunities for exercise and good design, proximity of retail to sensitive land uses, transport and safety, pollution and visual impact of food retail unit and crime and disorder. The review highlighted that Medway has many positive policies that already support a healthy environment and that some policies could be expanded to be even more explicit, to have a greater impact.</p> <p>The recommendations of the task group are that in the longer term, planning policies that address health issues should be included in Medway's Development Plan. In the interim it is proposed to produce a guidance note dealing with planning and obesity. This proposal will be considered by Business Support Overview and Scrutiny Committee, Medway Council Cabinet and Medway Health and Wellbeing Board. Subject to approval and dependent on the comments returned in the consultation, a guidance note may be created and approved by Cabinet in May 2014.</p> <p><u>Licencing</u> An Alcohol Partnership Group has been formed to develop solutions for alcohol related problems. This group is currently attended by Public Health, elected Members, the Police and the Licensing Team, but is being expanded to include the Head of Environmental Health, Trading Standards and Community Safety. Once problems have been analysed and evidenced, options such as s.19 notices, Best Bar None, Reducing the Strength, BID's, Pubwatch, the Traffic Light Scheme, cumulative impact, server training, Purple Flag and Community Alcohol Partnerships will be considered.</p>