

North Somerset Council

REPORT TO HOSP

DATE OF MEETING: 21 JULY 2016

SUBJECT OF REPORT: NORTH SOMERSET DIRECTOR OF PUBLIC HEALTH REPORT 2015

TOWN OR PARISH: BOTH

OFFICER/MEMBER PRESENTING: NATALIE FIELD, INTERIM DIRECTOR OF PUBLIC HEALTH TEAM, PEOPLE & COMMUNITIES

KEY DECISION: N/A

RECOMMENDATIONS:

That the panel consider and endorse the report and key messages and recommendations as listed:

- The need to develop a whole-system approach to prevent and reduce childhood obesity
- Addressing maternal obesity
- Supporting all women to stop smoking in pregnancy and achieving smoke-free environments for children
- Reducing the stigma associated with perinatal mental illness as this prevents women being open and asking for the help they need
- Improving breastfeeding rates in areas of traditionally low breastfeeding prevalence
- Continuing to improve the immunisation uptake for children and pregnant women
- Further integrating Health Visiting and Children's Centres services to improve outcomes in a holistic way with families
- Further investigation of inequalities in outcomes for children and families across North Somerset through the Joint Strategic Needs Assessment (JSNA)
- Promoting good oral health in the early years, through implementing the West of England oral health strategy
- Maintaining a focus across all agencies on prevention and early intervention in challenging economic times
- Improving data linkage through early years providers to enable better tracking of outcomes for children

1. SUMMARY OF REPORT

1.1 The Director of Public Health (DPH) report for 2015 is titled 'Early Years – The Best Start in Life '

1.2 The report utilises the healthy child programme framework to describe the key areas that affect the health and wellbeing of children from conception to age five, a period described as the most critical in terms of a child's development and future life chances.

The report covers:

- Pre-conception and pregnancy
- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Health weight, nutrition and physical activity
- Managing illness and reducing accidents
- Support to be ready for school

1.3 A full copy of the report is available from the following link: www.n-somerset.gov.uk/my-council/policies/people-communities-housing/

2. POLICY

2.1 It is a statutory function of the DPH as per section 73A (7) of the NHS Act 2006 (inserted by section 30 of the Health and Social Care Act 2012) to produce an independent report on the health of the population and for the local authority to publish the report.

3. DETAILS

3.1 There are around 2,000 live births per year in North Somerset. There are many lifestyle factors that are important to a healthy pregnancy and birth including having a healthy weight and diet, being physically active, stopping smoking, avoiding alcohol and drugs and looking after mental health and wellbeing.

3.2 The perinatal period is when women are at an increased risk of mental health problems, including depression, anxiety and post traumatic stress. One in five women on average will experience mental illness during pregnancy or in the first year after birth. All health and care professionals have a role in identifying and supporting women who may be affected by poor mental health.

3.3 Breastfeeding has numerous physical, emotional and behavioural benefits for mother and baby. Breastfeeding rates are known to be lower in some groups such as younger mothers. In North Somerset around 82% of babies are breastfed from birth with 50% still being breastfed at 6-8 weeks. This compares well with the National figures of 74% and 44%.

3.4 Children's centres play a crucial role in providing advice and supporting parents of under 5's. Parenting programmes, health visitors, family support workers and more specialist interventions are available through Children's centres.

3.5 Children who are overweight or obese tend to maintain this into adulthood with the associated health risks. Being overweight can also contribute to psychological problems and teasing and bullying. Eating well and being physically active are both important for the prevention and management of overweight and obesity. In North Somerset in 2014/15 21.6% of reception children (aged 5) were overweight and 7.5% obese. The National figures for the same age group was 21.9% and 9.1%. A national childhood obesity strategy is due to be published in 2016.

3.6 Eating well is also important for oral health and reducing sugar intake was a key theme in 2015 with the announcement of a new tax on sugary drinks. Eleven percent of 3-year olds and 30% of five year olds in North Somerset have tooth decay. The public health team have launched a West of England wide oral health promotion strategy.

3.7 Immunisation for both pregnant women and children is an important way to protect against preventable infectious diseases. Whilst the overall uptake of childhood vaccines is good in North Somerset, there is variation in the proportion of fully vaccinated children when assessed across Children's centre reach areas (range from 87% in Weston South to 94% in the North). It is important to note that a report found 10% of deaths in pregnant mothers before or during child birth were due to 'flu infection. Less than half (47%) of pregnant women uptake the 'flu vaccine offer in North Somerset, similar to the low national figure (44%).

3.8 Injuries are the leading cause of death in children and children under five are at particular risk of choking, falls, poisoning, burns/scalds and drowning. Thankfully deaths are rare but there were 173 hospital admissions in 2014/15 for injuries to children aged under five.

3.9 Second hand smoke is particularly harmful to developing lungs and airways. Children also breathe more rapidly and smoke exposure is related to lower respiratory tract infections, middle ear disease, asthma and severe outcomes such as meningitis and sudden infant deaths. In 2015 it became illegal to smoke in a vehicles with children under the age of 18 present.

3.10 Access to good early year's education is the final section of the report and is important in cognitive development and literacy and language. A high percentage (99%) of families in North Somerset take up the funded early year's provision. The percentage of children reaching a good stage of development outcomes at reception are 69.9% compared to 60.4% nationally. However, outcomes are lower for those children entitled to free school meals.

4. CONSULTATION

4.1 No formal consultation on this report was conducted. In the development stage, the concept and topic were discussed with the Directorate Leadership Team in the People and Communities Directorate and by the North Somerset Clinical Commissioning Group.

5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications of this report, but the approach to implementing the recommendations will need financial consideration when being addressed.

6. RISK MANAGEMENT

6.1 The report has been produced in accordance with the requirements of the statutory function of the Director of Public Health as detailed in section 2.1.

7. EQUALITY IMPLICATIONS

7.1 The Director of Public Health report looks at the health of the whole population and specifically draws attention to groups with poorer health outcomes. There is unlikely to be a negative impact of this report on any group outlined in current equalities legislation.

8. CORPORATE IMPLICATIONS

8.1 Failure to produce and publish a Director of Public Health report would be a risk corporate reputation and non-compliance with statutory regulation as detailed in section 2.1

9. OPTIONS CONSIDERED

9.1 Other topics were considered for this report. The report focusses on a key issue related to the health and wellbeing of the population of North Somerset and is based on priorities identified by the DPH.

AUTHOR

Natalie Field, Interim Director of Public Health, People & Communities Directorate.

BACKGROUND PAPERS

The report is available from: www.n-somerset.gov.uk/my-council/policies/people-communities-housing/