Director of Public Health Report North Somerset Council 2016/17

North Somerset COUNCIL

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An electronic version is available at

www.n-somerset.gov.uk/my-council/policies/people-communities-housing

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Introduction

The Director of Public Health (DPH) Annual Report provides a commentary on local health issues based on the latest data. In previous reports we have taken a series of themes based on analyses of the major public health challenges in North Somerset but this report goes back to basics and presents a range of information to inform commissioners, policy makers, service providers and politicians on the health needs of people in North Somerset. Last year the report focussed on 'the Best Start in Life'. We are pleased to say that progress has been made in all of these areas, summarised on pages 21 to 24 of this report.

This report looks at changes and trends in public health outcomes over recent years. Understanding which outcomes are improving and which are deteriorating helps to identify emerging problems and target resources to address them. There is certainly no shortage of good quality data but this report attempts to prioritise and summarise the large amount of data and information that is currently available.

The Department of Health published the Public Health Outcomes Framework (PHOF) – a set of indicators to help us understand how well public health is being improved and protected for England. The framework was revised in August 2016, presenting a refreshed PHOF for England 2016-2019. The framework concentrates on two high-level outcomes to be achieved across the public health system:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

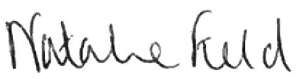
The PHOF contains four sets of supporting public health indicators, grouped in 'domains' that allow for year-on-year comparison and analysis of national and local trends with regards to public health. The four domains are:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

The report picks out some of the key issues we face in North Somerset. These include population growth, ageing and multiple health conditions; leading causes of premature death; risk factors including obesity, smoking, physical inactivity and alcohol as well as some of the new and emerging threats to public health. There are positive trends for some important health outcomes in North Somerset; life expectancy is improving, including in more disadvantaged areas although inequalities remain, and there are fewer premature deaths from heart and circulatory disease.

Public health is everyone's business. The Public Health team have been working hard in conjunction with a wide range of partners within the Council and across the healthcare system. Budgets are tight, demand is high and it is increasingly important that we prioritise prevention, make the most of the available evidence, and find new ways of working across organisational boundaries.

Thank you to the public health team for their contribution to this report.



Natalie Field
Director of Public Health
September 2017

Overarching indicators

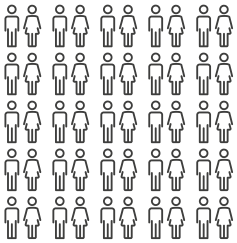
In this section we introduce some of the high level health indicators for North Somerset. These measures provide a useful starting point to understand some of the overarching public health challenges. By understanding how health varies within North Somerset, as well as how it compares to the rest of England, priorities can be identified which enables the targeting of resources.

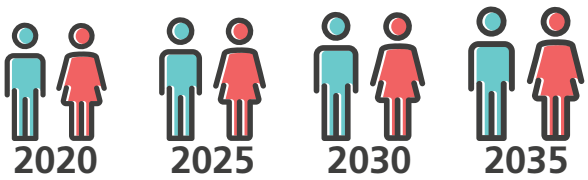
Demographics

People in the UK are living longer than ever before leading to an ageing population, and this is particularly seen in North Somerset where there is a higher proportion of the population aged over 65. The population of North Somerset is 208,154 and is projected to increase by approximately 20% by 2035 to a total of 250,000. A growing and ageing population brings both opportunities and challenges.

This increasing number of people will make a greater contribution to society as tax payers, volunteers, carers and members of the community. On the other hand the growing

Population:
208,154



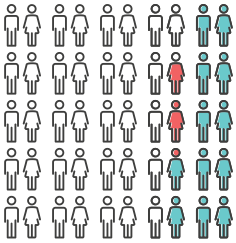


Growing population:

2020 221,000, 2025 232,000
2030 242,000, 2035 250,000

Older population:

Aged over 65 23% England 17%
Aged over 85 3.3% England 2.3%



and changing population places a demand on local services. For example, health and social care costs significantly increase with age, with care for a 70 year old costing 3 times that of a 30 year old (*NHS England, 2015*). Furthermore, the number of people over the state pension age per 1,000 people of working age is increasing. In 1971 the number of those over the pension age to those under this age was 280 per 1,000, compared to 314 in 2009. By 2032 it is predicted this will rise to 349 per 1,000 (*Kings Fund, 2017*).

The NHS 'five year forward view' (*NHS England, 2017*) sets out the national vision for a sustainable health system, with a challenge to reduce the health gap, quality gap and financial gap across the health system. It called for a radical upgrade and action on prevention and public health to reduce demand.

The next section describes the high level health indicators and explores the health gap for North Somerset.

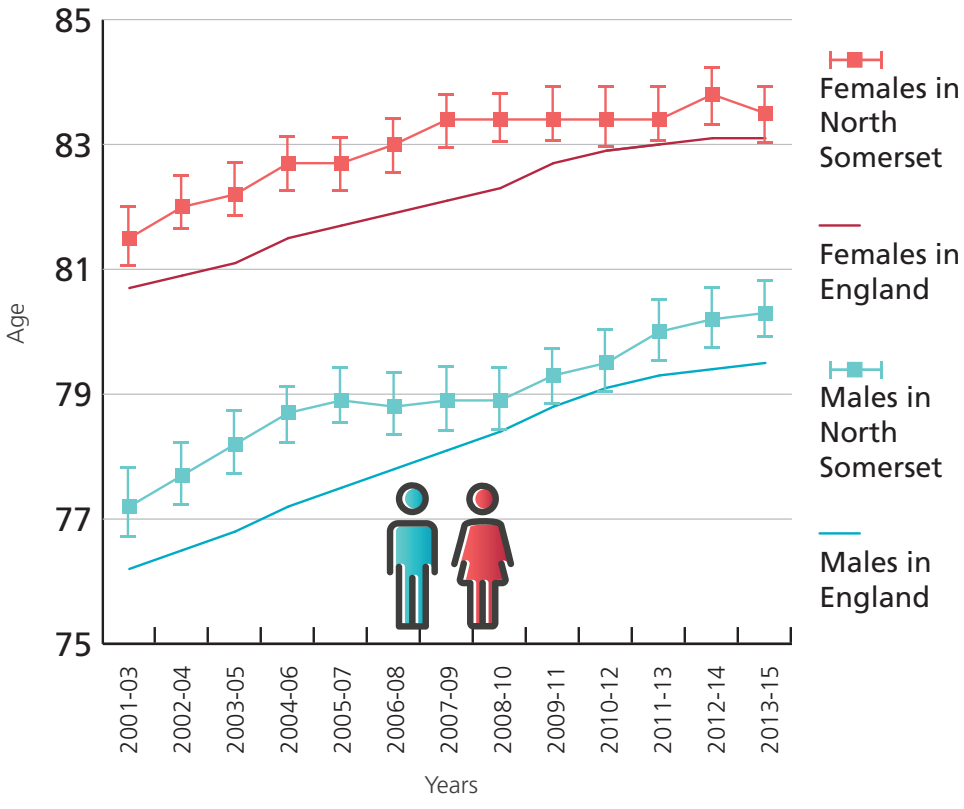
Life expectancy

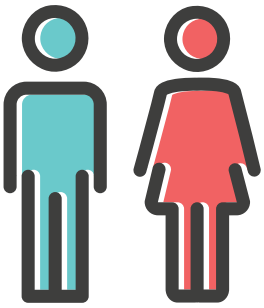
Life expectancy is an important health indicator and has been described as a 'social mirror' of the underlying health and wellbeing of a population (*Lancet, 2017*). There are a number of different aspects of life expectancy that can be used to understand the health of a population.

Life expectancy tells us the average number of years that you would be expected to live based on current death rates, and is usually expressed from birth. There are important differences in life expectancy. Historically life expectancy for women has been higher than for men. In North Somerset the average female life expectancy is 83.6 compared to 79.9 for men.

Figure 1 shows how life expectancy has been improving in North Somerset and for the England average. There has been a consistent increase in life expectancy over time, with both men and women having higher life expectancy than the England

Figure 1 – Trend in life expectancy at birth, 2001-2015





Life expectancy:

Male
79.9 years
Female
83.5 years

Healthy Life expectancy:

An estimate of how many years someone might live in good health.

Male 66.1 years
Female 66.3 years

Gap in life expectancy:

Difference between life expectancy in 10% most deprived areas in North Somerset compared with 10% of least deprived areas.

Male 9.9 years
Female 7.9 years

average. However, most recently this trend in increasing life expectancy appears to be levelling off for women.

There are also important differences in life expectancy depending where you live. This 'gap' in life expectancy between those living in the most deprived areas of North Somerset is more pronounced for men, where the gap is 9.9 years, compared to 7.9 years for women. This means that on average a man living in the most deprived 10% of areas across North Somerset will live on average ten year less than a man in the least 10% deprived areas. The fact that deprivation has such a disproportionate impact on longevity means that reducing this gap in life expectancy is a key public health priority.

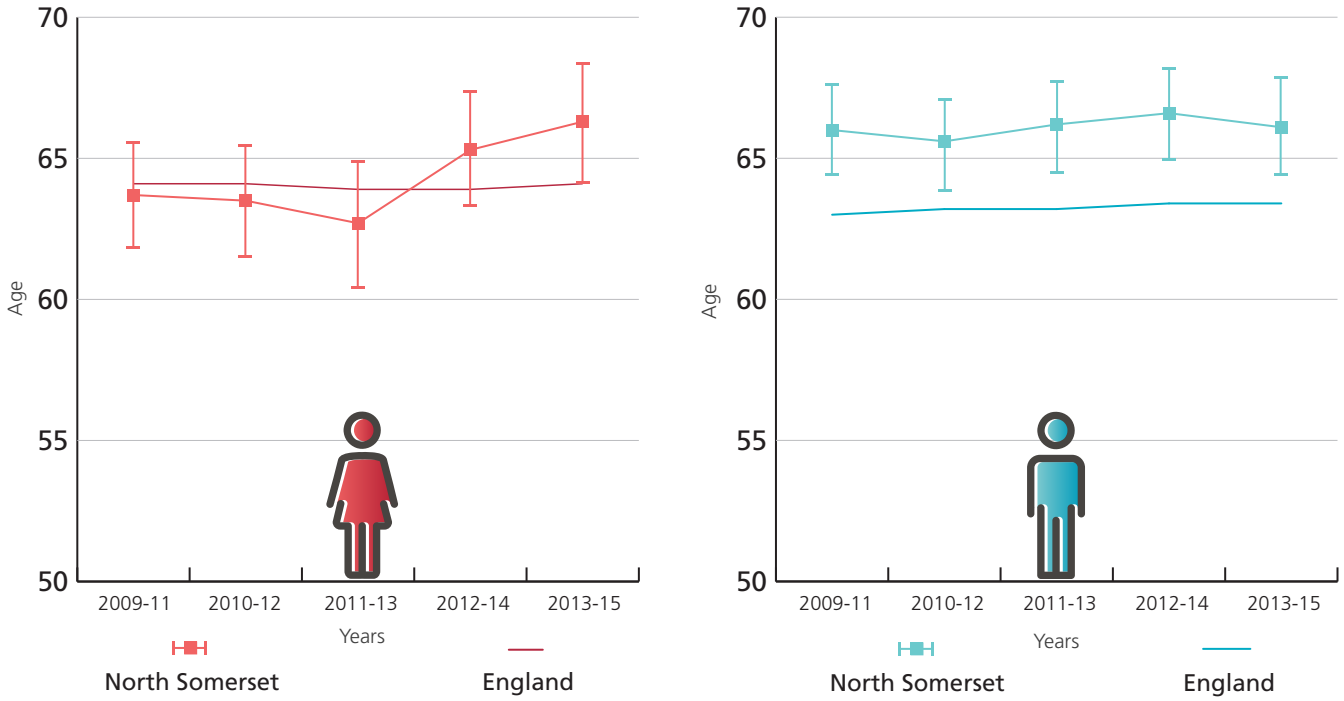
Healthy Life expectancy

Another way of considering life expectancy is to look specifically at healthy life expectancy. This is potentially a more important measure as priorities are to increase healthy life expectancy rather than just to increase overall length of life. This measure gives an estimate of how many years on average someone would be expected to live in good health. This exposes some important differences between men and women.

In England average healthy life expectancy has been relatively static for women at 64.1 years, whereas men have seen a small but steady increase from 63 to 63.4 years. Locally there has been a different trend with female health life expectancy increasing from 63.7 to 66.3 years. However, male life expectancy has remained static at around 66 years. Given that women typically live longer than men, it is good that female healthy life expectancy

has been increasing locally. However, it is concerning that the underlying factors contributing to an increase in healthy life expectancy for women have not translated to a similar increase for men.

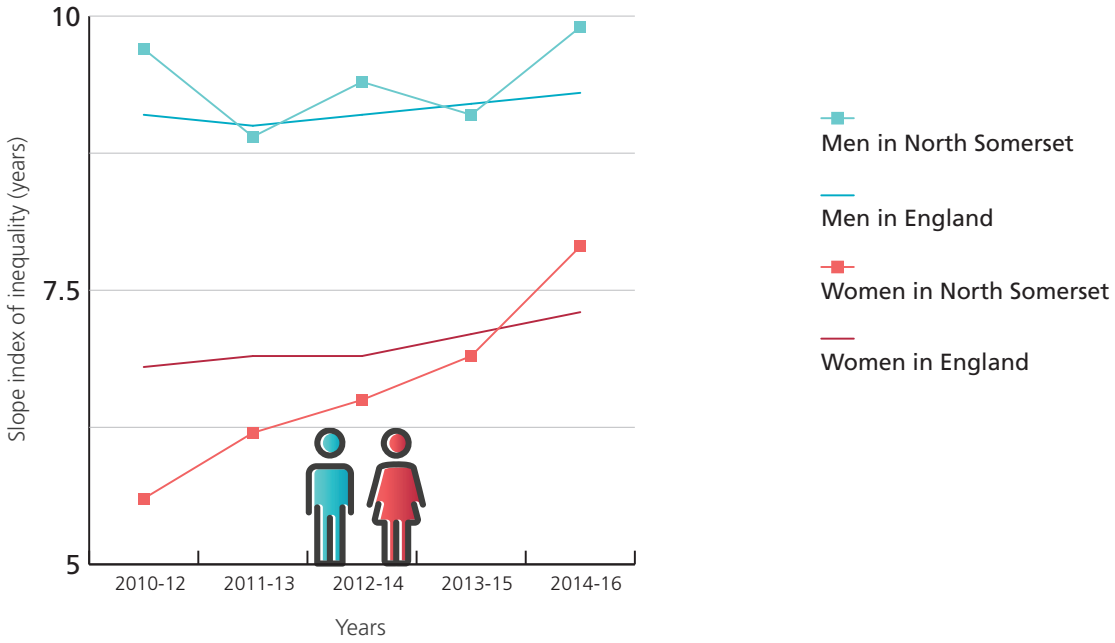
Figure 2 – Trend in healthy life expectancy at birth, 2009-2015



Life expectancy by deprivation

The previous graphs showed how there is a difference between men and women for both overall life expectancy and healthy life expectancy. Another way to look at differences in life expectancy is to look at how life expectancy varies by deprivation. Figure 3 shows a measure known as the slope index of inequality in life expectancy. This gives an indication of how much life expectancy varies depending on whether you live in a more or less deprived area, where the higher the score the greater the difference in life expectancy. Again the gender differences are striking with male life expectancy varying much more with deprivation compared to women, reflecting the same pattern seen in the life expectancy gap above. This mirrors the trend in England, where deprivation has a greater impact on life expectancy for men than for women. However, although these differences are substantial between men and women, a second trend is visible nationally for both men and women with deprivation having a greater impact on life expectancy over time.

Figure 3 – Trend in gap in male and female life expectancy, 2009-2016



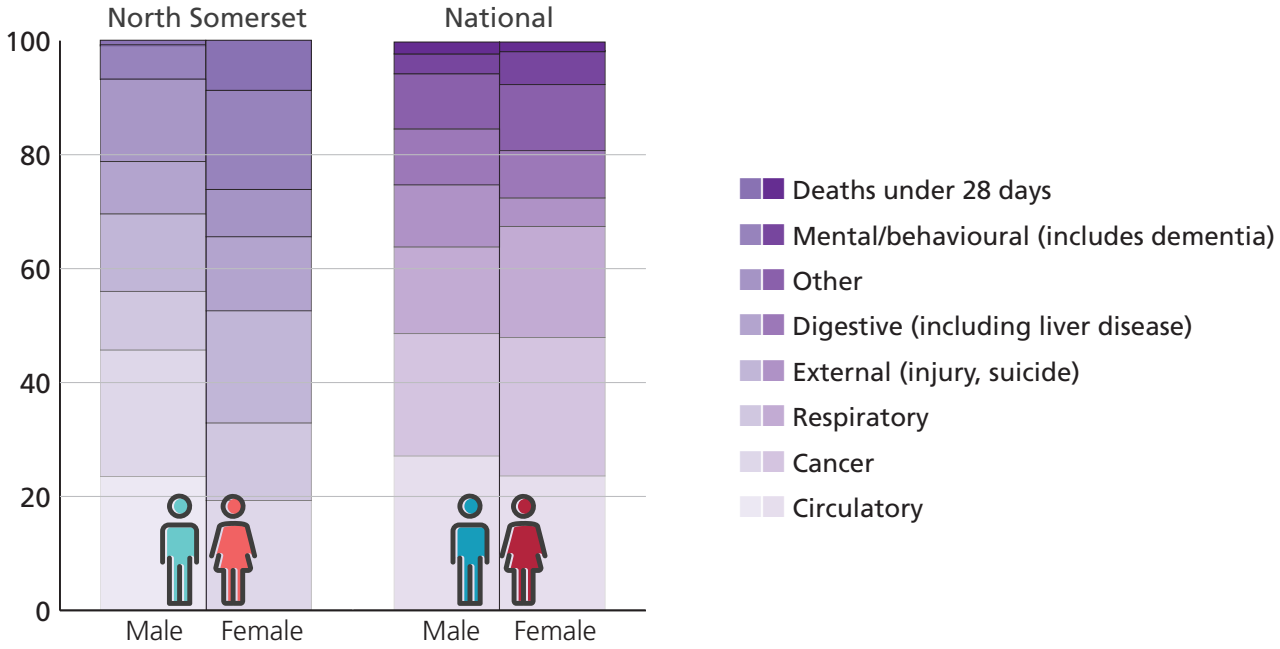
Causes of differences in life expectancy

So far we have seen how there are important differences in life expectancy (or health inequalities) between men and women, as well as differences depending on whether you live in a more or less deprived area. In order to address these health inequalities it is important to understand not just where there are differences, but also which diseases are causing such differences. The following scarf charts provide a useful analysis of these differences by showing how much different diseases contribute to the overall differences in life expectancy between the most and least deprived areas. In each of the following two graphs there is a bar for men and women, and within each bar the size of the segment represents how much this disease contributes to the life expectancy gap. The larger the segment, the greater the contribution to the life expectancy gap. The first scarf chart shows data for North Somerset and the second shows data for England.

Given the differences in life expectancy between men and women described earlier in this section, it is unsurprising that the disease groups which contribute to the inequalities in life expectancy also vary by gender. This suggests that reducing the life expectancy gap may require different approaches for men and women. In North Somerset deaths from respiratory causes are responsible for a fifth of this inequality in women, whereas for men they only contribute a tenth. In contrast, cancer deaths make a greater contribution to this inequality for men (22.2%) than for women (13.6%). The national distribution does not show this same scale of difference between men and women.

The graphs also show that there are some important differences between North Somerset and England. In men, deaths from 'other' causes (which include diabetes and a range of other conditions) have a greater contribution to inequalities in life expectancy for North Somerset than England, along with deaths from 'external' causes (which include injury, poisoning, and suicide), and 'mental and behavioural' causes of death (which include Alzheimer's and dementia). Similarly in women, the disease groups with

Figure 4 – Causes of death that contribute to the gap in life expectancy, 2012-2014



a greater contribution to the inequality in life expectancy for North Somerset compared to England are deaths from 'other' causes, deaths from 'external' causes, and mental and behavioural deaths.

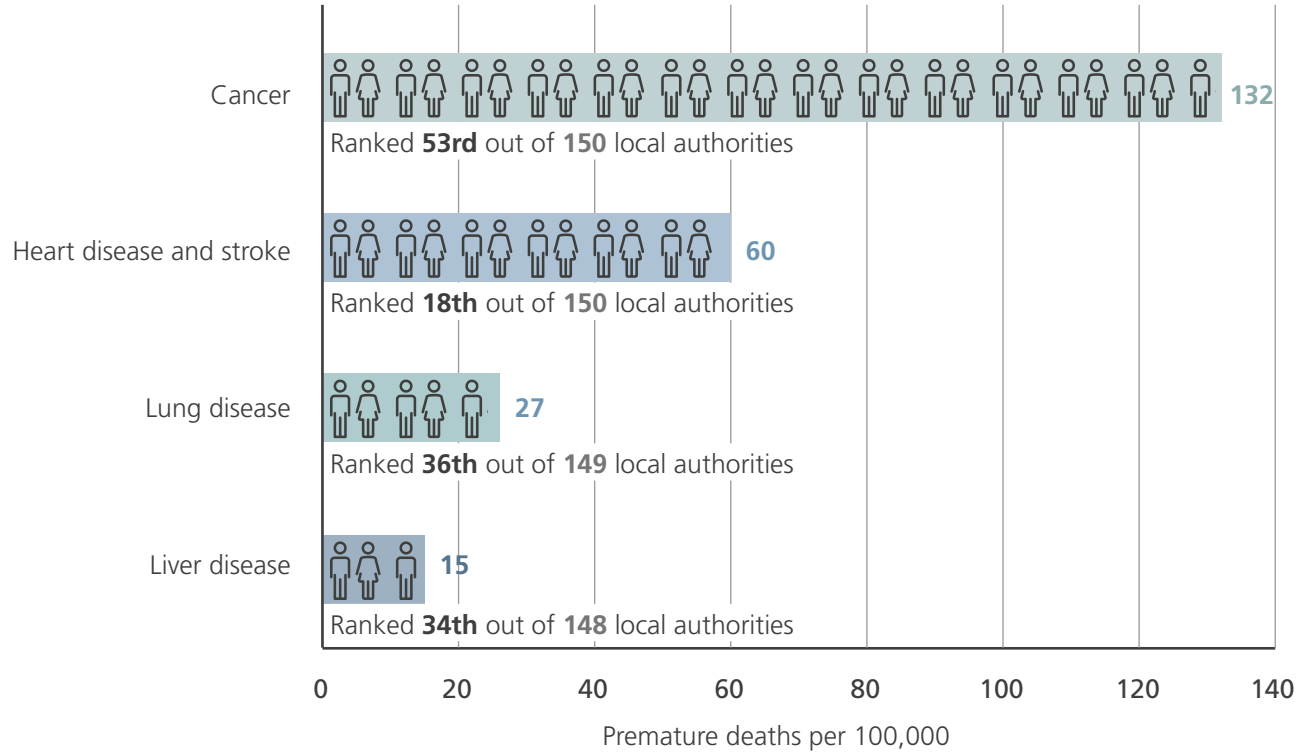
Premature deaths

Although people are living longer and healthier than ever before, a child born today still has a 1/5 chance of dying before the age of 75 (*ONS 2011*). This is referred to as a premature death. Of all the diseases that contribute to premature death, the four leading causes are cancer; lung disease; liver disease; and heart disease and stroke. The following graph shows both the number of premature deaths across North Somerset for each cause, and how North Somerset ranks in comparison to other local authorities (with 1st being the best ranking local authority with the fewest deaths).

Overall North Somerset performs well when compared nationally, with better than average premature rates for each of the four groups. Between 2013 and 2015 there were 1,853 premature deaths in North Somerset. The following four infographics show how North Somerset compares to the rest of England, displaying both the rank and North Somerset's rate of premature deaths per 100,00. North Somerset is ranked 22nd for cancer, 39th for heart disease and stroke, 21st for lung disease, and 17th for liver disease (where 1st has the lowest rate of deaths from that cause).

However, a large number of these premature deaths are preventable with lifestyle changes. It is well documented that quitting smoking, improving diet, reducing alcohol intake and being more physically active significantly reduces the risk of premature death and are key targets in many strategies to improve population health (*WHO, 2017*). In addition, there is growing acknowledgement that social-economic status is a strong predictor of the risk of premature death (*Lancet, 2017*). It is therefore important that efforts are focussed on both supporting people to adopt healthier lifestyles alongside alongside improving the socio-economic conditions of those living in the less affluent areas.

Figure 5 –
Leading causes of premature deaths, North Somerset 2013-2015



Liver disease

34th
out of 148
local authories

10
Lowest: Buckinghamshire
15
North Somerset
44
Highest: Blackpool

Heart disease and stoke

18th
out of 150
local authories

45
Lowest: Kensington and Chelsea
60
North Somerset
138
Highest: Manchester

Lung disease

36th
out of 149
local authories

17
Lowest: Kensington and Chelsea
27
North Somerset
68
Highest: Manchester

Cancer

53rd
out of 150
local authories

106
Lowest: Barnet
132
North Somerset
195
Highest: Manchester

Protective factors and health promotion

So far we have seen that the population of North Somerset is changing with a growing overall population and an increasing percentage of people above state pension age. We have also seen that there are important differences in life expectancy with men having a lower life expectancy and healthy life expectancy, and that living in a less affluent area has a detrimental impact on overall health. People are continuing to die prematurely in North Somerset and many of these deaths are preventable by making a few key lifestyle changes. Improving the health of the population and reducing health inequalities will only be achieved by a strong focus on prevention, and central to this is helping people to be aware of, and supporting people to adopt healthy lifestyle choices.

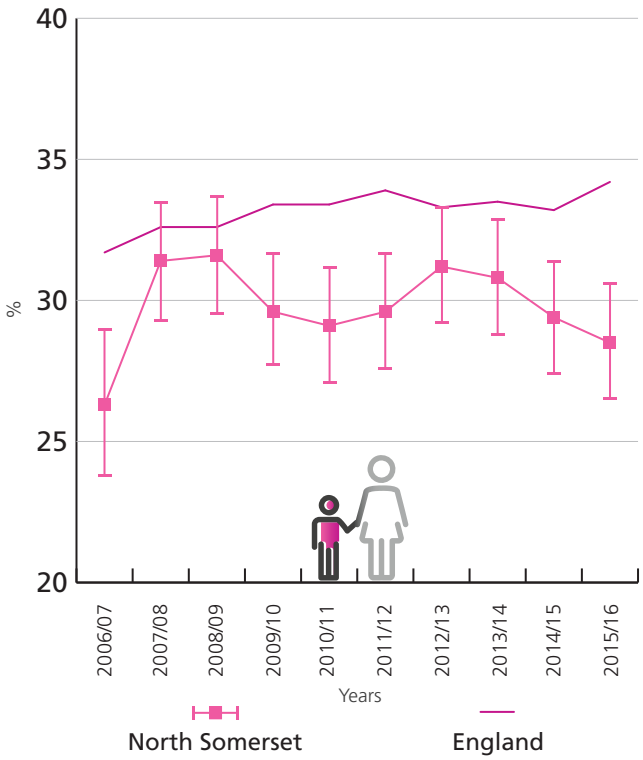
Although there are a range of risk factors that are important for improving health and reducing health inequalities, this section will focus on three: healthy weight; physical inactivity; and smoking.

Healthy weight

The UK has the highest rates of obesity in Western Europe, with the increasing obesity rates being labelled an 'obesity epidemic' (*Lancet, 2011*). Having excess weight is a major cause of a range of diseases including heart disease, type 2 diabetes and cancer. It is an important determinant of low self-esteem and reduced quality of live, and is associated with bullying particularly in childhood. However, it is important to also recognise that being underweight is also a risk factor for poor health. Therefore maintaining a healthy weight is important for all round health and wellbeing, which for adults means having a body mass index (BMI) of 18.5 to 25.

There are clear links between excess weight in childhood and adulthood. This starts from conception and the importance of maintaining a healthy weight during pregnancy not only for the health of the mother but also for the health of their baby. Habits and norms around nutrition and lifestyle are established in childhood, and being overweight or obese in childhood is a predictor of excess weight later in life. It is a cause for concern that in North Somerset almost a third (28.5%) of children aged 10-11 years have a BMI which indicates they are overweight or obese, and this doubles to almost two thirds (62.8%) in adults.

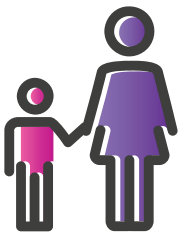
Figure 6 – Percentage of children in Year 6 overweight or obese



There are important differences in the characteristics of those who are underweight and those who are overweight. Men are more likely to have excess weight than women. Nationally 68.4% of men are overweight or obese compared to 61.1% of women. In contrast, eating disorders are ten times more likely to occur in women than men (*NICE, 2017*). Similarly, whereas being overweight and obese increases with age, eating disorders are most likely to occur in teenagers and young adults.

Overweight and Obese

In North Somerset



Children 10-11 years
28.5%England 34.2%

Adults 62.8%
England 64.6%

Physical activity

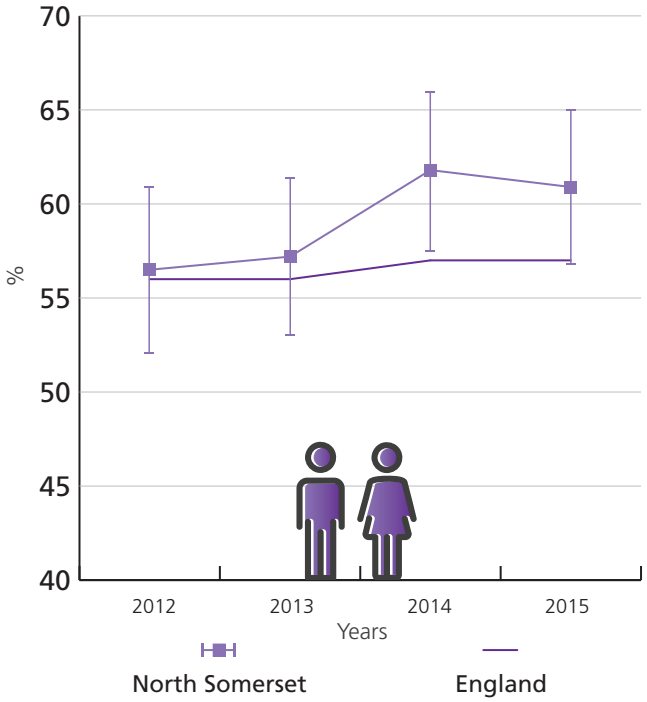
Physical inactivity is a major cause of mortality. Globally it is the 4th leading risk factor for mortality, and it is estimated that the costs of inactivity to the NHS is over £0.9 billion per year (*DH 2011*). The good news is being physically active reduces your risk of a range of conditions including heart disease and stroke, diabetes, obesity, osteoporosis, colon and breast cancer. It isn't just physical health that is improved by being physically active – being physically active is also beneficial for your mental health.

In North Somerset there are a higher proportion of people being physically active than the England average.

However, levels of physical inactivity are not evenly distributed across society. There are important differences between men and women as men are much more likely to report being physically active. This is a trend that begins in childhood with almost twice the number of boys age 15 physically active for at least 1 hour per day (18.2% compared to 9.8% for girls). Similarly in adulthood the number of men reporting at least 150 hours of physical activity is higher for men than for women (62.1% compared to 52.2%).

There are also important differences in how physically active people are depending on where they live. People living in less affluent areas are less likely to be physically active than more affluent areas (*Active People Survey, Sport England*). These differences need to be considered to ensure being physically active is accessible to all'.

Figure 7 – Percentage of adults doing at least 150 minutes of physical activity each week



Physically active:

Defined as doing at least 150 minutes of moderate physical activity a week

North Somerset 60.9%
England 57%

Smoking

Smoking is the single biggest cause of premature mortality, and kills half of all long term users. As a major risk factor, smoking is particularly significant because of the range of different diseases it contributes to. Not only is it a major cause of diseases of the lung (such as lung cancer and respiratory diseases), it is also a significant contribution to a range of other cancers and heart disease. Furthermore, as well as directly affecting the health of individuals, smoking has the added impact of affecting the health of others who inhale smoke passively.

In North Somerset the overall percentage of adults who smoke (11.6%) is lower than in the rest of England (16.9%). However, although it is good that overall smoking rates are low, there are some important groups where smoking rates are a cause for concern.

Smoking during pregnant causes a range of problems in addition to the direct risk to the

Smoking:

North Somerset 11.6%
England 16.9%

mother's health. This includes an increased risk of miscarriage and stillbirth, premature birth, low birth-weight and sudden unexpected death in infancy. Therefore helping pregnant women to quit smoking is a key public health priority. In England the prevalence of smoking at the time of delivery has been steadily declining and rates have dropped from 13.5% to 10.5%. However, in North Somerset the opposite trend has been happening with an increase from 10.5% to 12.4%. This is a very worrying trend and has reached the point where pregnant women have a higher smoking prevalence than the North Somerset average.

Figure 8 – Percentage of adults currently smoking

Figure 9 – Percentage of pregnant women smoking at time of delivery

Alcohol

A recent review by Public Health England has shown that excess alcohol use is is now the leading risk factor for ill-health, early mortality and disability amongst those aged 15 to 49, and across all ages alcohol is the fifth leading risk factor. The public health impact of excess alcohol is wide ranging. Short term effects include antisocial behaviour, injuries, violence, unprotected sexual intercourse, and alcohol poisoning. Longer term effects include heart disease and stroke, liver disease, cancers (liver, bowel and mouth), mental health problems (including depression and anxiety), as well as wider social problems such as domestic abuse, homelessness and unemployment (*PHE 2016*).

Since the 1980s England has seen a steady increase in alcohol consumption which peaked in 2008 (an increase in sales of 42%). The period of increasing consumption was primarily driven by three factors: increasing availability, higher strength alcohol and decreasing prices. Since 2008 consumption has declined but many indicators of alcohol-related ill-health have increased. For example, mortality from liver disease has seen a 400% increase since 1970, a trend in contrast to the rest of Western Europe (*PHE 2016*).

In North Somerset almost 30,000 people (20%) are drinking at a level which increases the risk of damaging their health, and almost 10,000 (6%) are drinking at very high levels (*National Treatment Agency, 2012*). Over the last 10 years North Somerset has typically had a lower rate of alcohol-specific hospital admissions for under 18s. However, whilst there has been a consistent national decline over this time, rates in North Somerset have not improved at the same rate and relatively this has now worsened with North Somerset only having a comparable rate to the rest of England.

The trend is reversed for alcohol admissions for all ages where there has been a gradual increase over the last 10 years. Nationally there has been a gradual increase in the rate of hospital admissions, and over the last three years North Somerset has either been equivalent or worse than the national average.

Figure 10 – Under 18 rate of hospital admissions related to alcohol

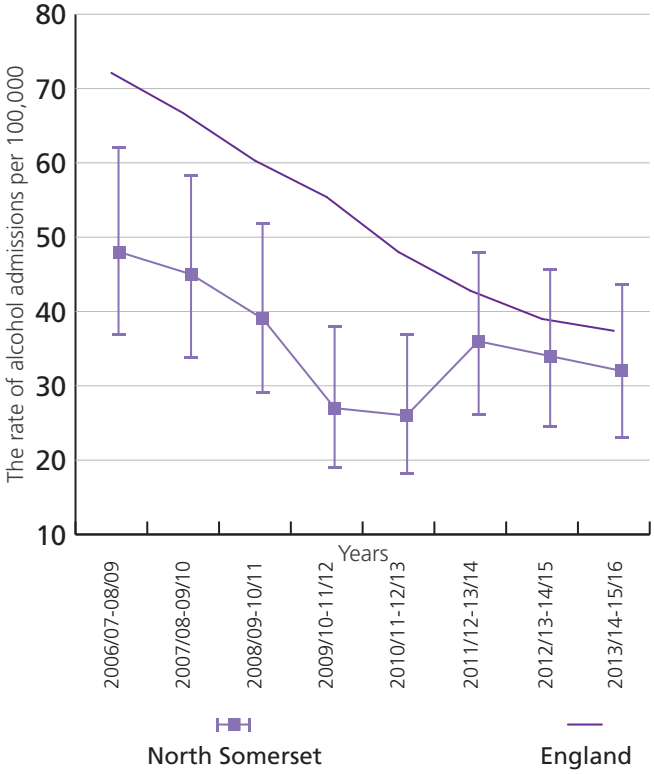
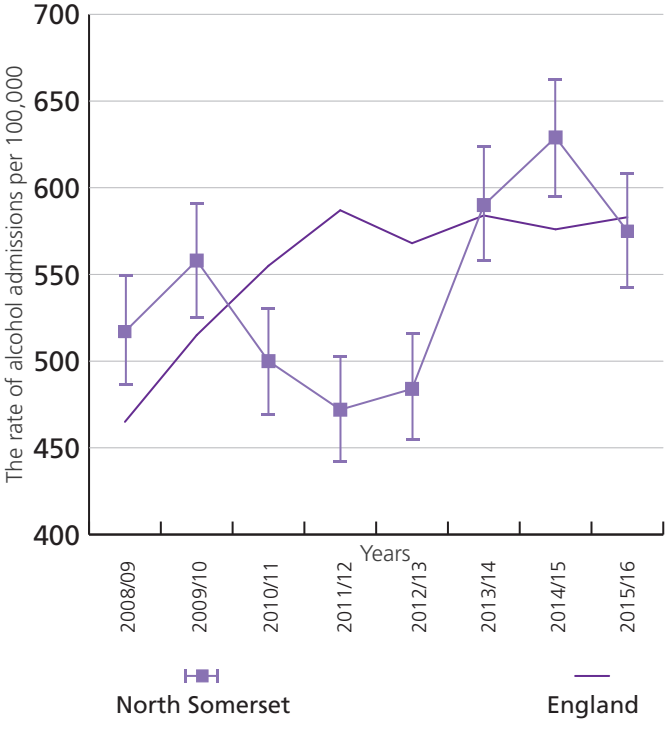


Figure 11 – Adult rate of hospital admissions related to alcohol



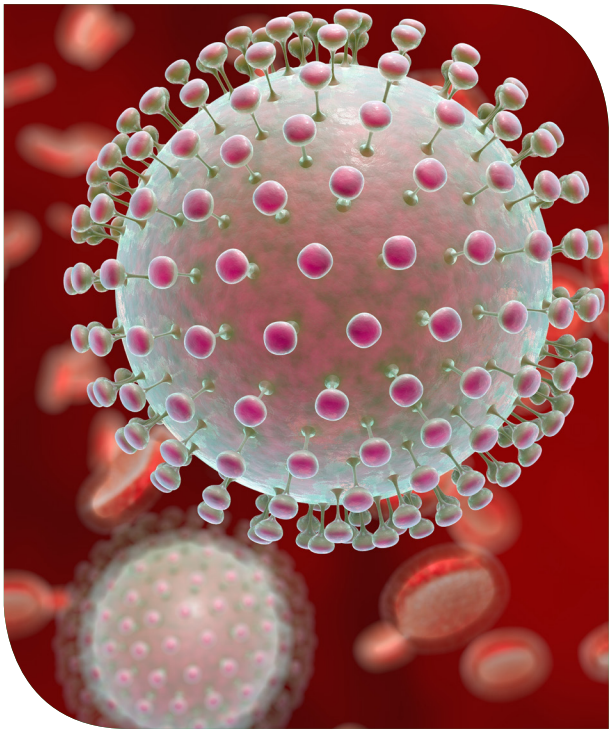
Health protection

By helping people to make changes to their lifestyle and reducing exposure to unhealthy habits, it is possible to make a significant impact on premature mortality. However, although changes to lifestyle are a key part of improving the health of the population, there are a range of external threats to the health of North Somerset and a number of ways that the population can be protected.

Infectious diseases

There are a total of 32 different infectious diseases that have to be formally notified as part of UK health protection arrangements. The most commonly notified infections are diseases linked to food poisoning. We will first look at two food and water borne infections. In the UK the most frequent notifications are of campylobacter, a bacteria found commonly in raw meat, particularly poultry, which can cause diarrhoea and vomiting. In 2016 North Somerset saw a decline in the rate of notifications compared 2015. To prevent food poisoning such as campylobacter it is important to ensure that food is cooked thoroughly, particularly meat and seafood, and to maintain high standards of food and personal hygiene.

Cryptosporidium is a parasite which can infect the bowels and is possible to be passed on from person to person through contaminated faeces. Nationally outbreaks of cryptosporidium have occurred in a number of settings include swimming pools and farms. In North Somerset 2016 saw a decline in the rate of cryptosporidium rates compared to 2015 mainly due a spike in diagnoses at the end of 2015 (a rate of 13.3 per 100,000 between



October and December 2015 compared to 1.4 per 100,000 between October and December 2016). Cryptosporidium can be prevented by avoiding drinking untreated water, washing hands carefully after touching animals, and ensuring that anyone with diarrhoea and vomiting avoids contact with other people until symptoms have cleared.

For a range of other infectious diseases low rates have been maintained through the introduction of mass vaccination programmes, which will be summarised in the next section.

Immunisations

As we have noted, the 20th century saw substantial increases in life expectancy. Although there have been significant advances in the ability to treat diseases, alongside improved water and sanitation one of the most important drivers of increased life expectancy is the introduction of a range of different vaccination programmes. Advances in improved vaccines and the changing nature of infectious diseases means that the immunisation schedule is frequently changing. For example as of this year hepatitis b will now be a new vaccine offered to babies born from August 2017 onwards, meaning there will be a total of 16 groups of infectious diseases for which vaccination is routinely offered (*NHS, 2017*). For other immunisations we target risk groups, an example would be the annual influenza vaccination campaign which seeks to protect those in key risk groups.

The benefits of being vaccinated against infectious diseases are two-fold. Firstly, this gives each vaccinated person a high degree of protection for a specific infection and the associated health problems. Secondly, by vaccinating individuals this provides protection to the wider community by reducing the amount of people who are able to pass on an infection. The more people who are vaccinated, the harder it is for an infectious disease to spread, and for a number of diseases 95% coverage is deemed sufficient to provide protection to others (known as 'herd immunity'). For some diseases, high levels of vaccination have the potential to lead to the eradication of an infectious disease, as happened with smallpox in 1980. Herd immunity is particularly important for certain individuals who are unable to get vaccinated, such as people receiving certain cancer therapy. These vulnerable individuals are reliant on other people being vaccinated to avoid an infection being spread to them.

Nationally there has been a slight decline in the number of people having their routine childhood immunisations over the last 3 years

Figure 12 – Percentage of children who have been vaccinated for Dtap/IPV/Hib age 2

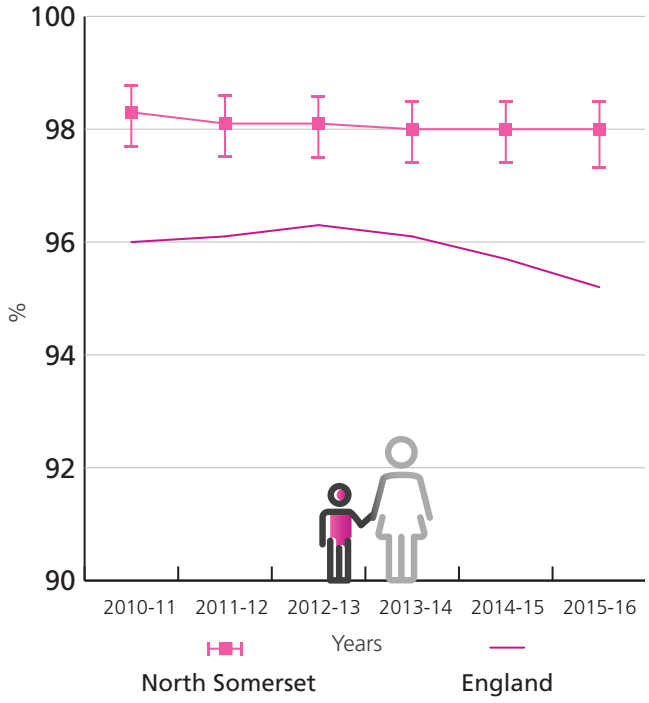
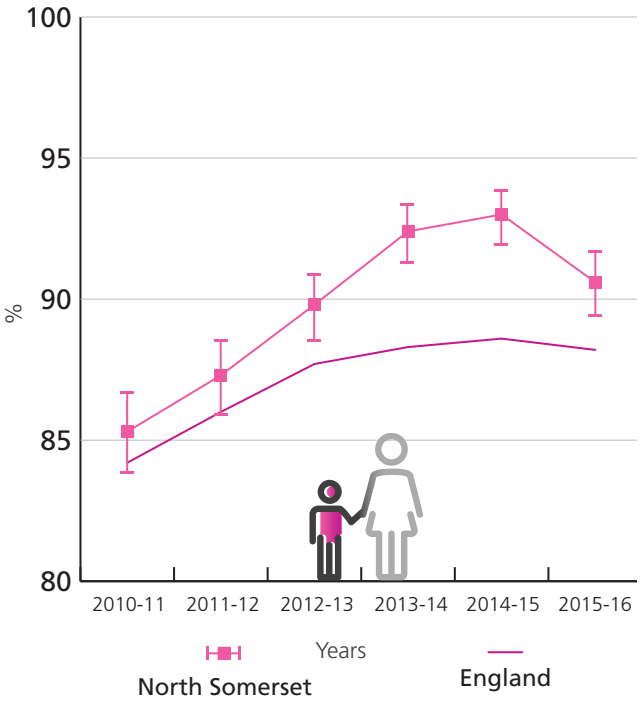


Figure 13 – Percentage of children age 2 vaccinated against MMR



from 96.1% to 95.2% (Figures 12 and 13). This is concerning because for many infections 95% is considered the threshold to achieve herd immunity.

HIV

Vaccination isn't the only way to reduce the threat of infectious diseases within a population. Improving general living conditions can help to stop spread; complying with health and safety regulations can minimise the risk of food establishments and other organisations being a source of infection, and being aware of the signs and symptoms of illness can help early detection.

An example of the need for early detection is human immunodeficiency virus (HIV). The management of HIV has changed hugely since its emergence in the late 1960s and 1970s. In the beginning of the HIV epidemic, outcomes for people coming into contact with the virus were very poor with a high fatality rate. However, developments in treatment have meant that with early detection and the right treatment people with HIV can have life expectancy approaching that of the general population (*Lancet, 2017*). Early detection to allow prompt treatment is critical to reducing the impact of the HIV virus, as late detection when the immune system is severely damaged is associated with poorer outcomes. In North Somerset the known prevalence of HIV is low, but the proportion of new cases that are detected late is above the national average. Increasing testing and reducing detection of HIV is therefore a key local priority.

Figure 14 – Percentage of new HIV diagnoses that are detected late

New and emerging public health threats

Whilst we have seen a paradigm shift in public health from an era when infectious diseases were the leading cause of death, to dealing with the impacts of chronic disease and an aging population, health protection threats are evolving and there is a need to stay vigilant so that any new threats are assessed and mitigated against.

A recent example of this is the emergence of the Zika Virus as a new global public health emergency. Bristol Airport is one of the 6 airports receiving flights directly from Zika affected areas and thus has the potential to facilitate the importation of invasive mosquitoes. Port Health Officers from the Environmental Health team have been working with Public Health England, Edge Hill University and the Association of Port Health Authorities to develop capability and conduct mosquito surveillance at ports of entry.

Similarly, there is on-going surveillance of other mosquitos which have been shown to transmit infections outside of the UK. West Nile virus was a completely new infectious disease that spread across the United States of America, with the first cases identified in 1999 and over 30,000 cases being detected in the subsequent 10 years and over 1,000 deaths. In 2010 the mosquito that has spread this disease in parts of Europe was discovered in parts of the UK, although none have been discovered in North Somerset to date.

Another major threat to public health is antibiotic resistance, which has been described as the greatest public health threat to human health (*CMO report, 2011*). The process whereby organisms such as bacteria and viruses become resistant to the medication we use to treat (such as antibiotics) is a natural process. However, this process is exacerbated through their improper use (such as using antibiotics for self-limiting infections such as coughs and colds). Recently there has been a rise in infections developing resistance, meaning conventional methods of treatment are no longer working.

One of the high profile cases of a bacteria developing resistance is meticillin-resistant Staphylococcus aureus (MRSA), an infection commonly acquired in healthcare settings. Cases of MRSA increase throughout the 1990s reaching a peak in 2003-2004. In response to this increased a range of initiatives were rolled out across the country including enhanced surveillance, screening patients prior to admission, and enhanced hand hygiene practices. In both 2015 and 2016 there were no MRSA's associated with Weston Area Health Trust.

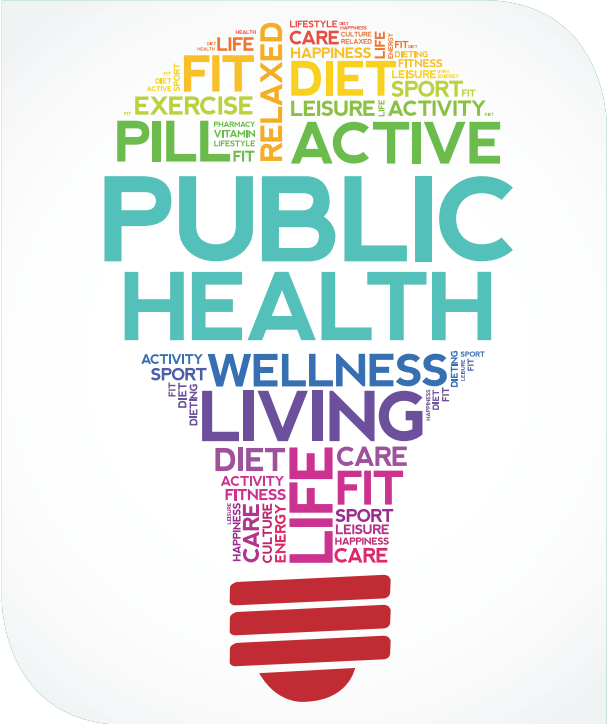
However, whilst there has been a decline in the rates of MRSA, nationally there has been an increase in other infections developing resistance, such as tuberculosis and gonorrhoea. The threat of antimicrobial resistance is increasing and the consequences are very serious – including the risk in the future that procedures such as surgery where medication is given to prevent disease may not be possible, and infections that are easily managed through certain drugs may no longer be treatable. Therefore conserving the use of antibiotics so they are only used when they are really needed is a key public health priority.

Conclusions

Overall the health of North Somerset is generally fairly good compared to the national average. However, there are some important exceptions and this report has highlighted some of these differences such as between men and women, and of people living in more deprived areas compared to those living in less deprived areas. High level indicators provide an important starting point to understand some of the ways that health may be experienced differently, and the reality of North Somerset is that the good overall health is unevenly distributed.

Life expectancy in North Somerset is different for men and women. On average women live longer, and the gap in life expectancy between the least and most deprived areas is greatest for men. Healthy life expectancy has been improving for women. However, healthy male life expectancy has not seen the same upward trend, which shows there is more work to be done. These gaps in life expectancy and healthy life expectancy are partly preventable, and efforts need to be made to support individuals in adopting healthy lifestyles.

The importance of prevention is further highlighted in the context of an aging population and the health and social care system under unprecedented pressure. As the ratio of people above state pension increases, the higher costs of treatment will only be able to be contained if there is an increasing focus on preventing ill health. The five year forward view has called for a radical upgrade in prevention and public health, ensuring a strong focus on major health risks such as smoking, alcohol and obesity. This will ensure that the whole health care system is



sustainable for the future, reducing demand in the future, and ensuring that avoidable differences in health are reduced.

Alongside improving the health of the population, it is equally important for North Somerset to be prepared and protected against existing threats to health. This means that vaccine uptake needs to be maximised, alongside the early detection of infectious diseases and the prompt management of any outbreaks to avoid further spread. It is also essential that new and emerging threats to health are mitigated through ongoing surveillance, conserving the use of antimicrobials, and ensuring plans are in place to enable early and effective response.

Update on 2015/2016 Director of Public Health report

The previous Director of Public Health's Report in 2015/16 focussed on early years. As part of this report there were a total of 11 recommendations and the following table details the progress to date:

Recommendation	Update
1. Develop a whole-system approach to prevent and reduce childhood obesity	As advocates and commissioners the Public health team has overseen the development of the North Somerset Childhood Obesity Action plan. This is a multi-agency action plan containing projects that will help reduce rates.
2. Further integrating Health Visiting and Children's Centre services to improve outcomes in a holistic way with families	The needs of children and families are regularly assessed and responded to through the Early Years Strategy Group. This multi-agency forum, including local authority, CCG and voluntary and community sector representatives, is chaired by the Director of Public Health. Issues addressed in the last year include auditing support for young parents, development of new and more integrated support for perinatal and infant mental health and contributing to the best start in life priority within the new People and Communities Strategy At the operational level, the strategic leads for Children's Centres and the Health Visiting Service meet quarterly with input from the public health team. This joint planning approach has supported closer working in local teams, clearer referral pathways between services and the development of new interventions such as the Off to a Flying Start course supporting healthy weight in families around the early years. The group has also supported full or part Baby Friendly Initiative accreditation across all services in North Somerset.
3. Improving data linkage through early years providers to enable better tracking of outcomes for children	Opportunities through the new commissioning responsibilities of public health for health visiting are leading to better data sharing and access to information. Data and information packs for Children's Centres produced and available from the North Somerset Council JSNA webpage www.n-somerset.gov.uk/my-council/statistics-data/jsna/joint-strategic-needs-assessment/.

Recommendation	Update
4. Addressing maternal obesity	As commissioners the Public health team has led on a review of the maternal healthy lifestyles care pathway and are currently advocating for changes across the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan footprint. We commission a specialist weight management service in Weston General Hospital through the midwifery service.
5. Supporting all women to stop smoking in pregnancy and achieving smoke-free environments for children	Referrals into the Health Visitor led Specialist Pregnancy Stop Smoking Service have continued to increase during 2016/17. North Somerset Public Health has recommissioned this service for another year. Partners of pregnant smokers are also eligible for support as this too can impact the health of mother and baby. Improving performance in lowering smoking during pregnancy rates remains a key priority. One of the most effective ways to create a Smokefree environment is by reducing the prevalence of smoking within the adult population. Smokefree North Somerset continues to provide support to all residents in North Somerset and this year launched the emotive Smokefree Pets campaign during Stoptober. Pets are important to their owners and by highlighting the impact that second hand smoking has on the health of pets, the service was able to encourage further smokers to quit creating more Smokefree homes throughout the county.
6. Improving breastfeeding rates in areas of traditionally low breastfeeding prevalence	WAHT midwifery and NSCP health visiting services both achieved level 3 Baby Friendly Initiative reaccreditation during 2016. North Somerset Children's centres also committed to achieve these standards with public health's support and are working towards completing Stage 1 of the accreditation. In the areas where breastfeeding rates have traditionally being lower there has been recruitment of Breastfeeding Peer Support volunteers. In total 30 new Breastfeeding Peer Support were trained in North Somerset in 2016/17, with 10 located in Weston-super-Mare. This will support the development of a new model of Breastfeeding Support group being delivered in an area of low prevalence. Public Health continues to commission a specialist clinic for breastfeeding difficulties, as well as coordinate the multiagency Breastfeeding Strategy Group.

Recommendation	Update
7. Promoting good oral health in the early years, through implementing the West of England oral health strategy	A North Somerset action plan to complement the West of England Oral health strategy has been developed and is being implemented. Areas of focus include early years settings, vulnerable adults and older people.
8. Maintaining a focus across all agencies on prevention and early intervention in challenging economic times	Prevention, early intervention, and self-care is a workstream within the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (a partnership across different agencies). There is an initial focus on embedding prevention across clinical pathways including through the Making Every Contact Count (MECC) approach.
9. Further investigating inequalities in outcomes for children and families across North Somerset through the Joint Strategic Needs Assessment (JSNA)	JSNA chapter updates on child poverty and children's emotional health and wellbeing have been conducted to help commissioners with priority areas including inequality in outcomes. Children's Centre data packs also produced which consider health needs. www.n-somerset.gov.uk/my-council/statistics-data/jsna/joint-strategic-needs-assessment/
10. Reducing the stigma associated with perinatal mental illness as this prevents women being open and asking for the help they need	Public Health have played a key role in supporting North Somerset CCG establish a Local Perinatal Mental Health Network during 2016/17. A multiagency workshop was held in June 2016 and significant progress has been made since in developing a multiagency clinical pathway and providing new services where gaps were identified. North Somerset was part of a successful joint bid to commission a new Community Specialist service with Bristol and South Gloucestershire which launched in 2017. In partnership with the voluntary sector, funding has also been allocated to providing additional support in the community through peer support, networks or groups to enable women with perinatal mental health problems to connect with and support each other.

Recommendation	Update
11. Continuing to improve the immunisation uptake for children and pregnant women	Public Health continues to have an advocacy role in promoting immunisation uptake across the population and support the delivery of the North Somerset Immunisation and Vaccination Committee. In 2017 a Children's Centre workshop has been organised for staff in areas where uptake has been identified as being lower to give them the confidence to have conversations with parents about the benefits of immunisations.

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