

**TITLE OF REPORT:** Gateshead Director of Public Health Annual Report 2014/15

**REPORT OF:** Carole Wood, Director of Public Health

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### **Purpose of the Report**

1. The purpose of this paper is to present the Director of Public Health Annual Report 2014/15 to the Gateshead Health and Wellbeing Board.

### **Background**

2. The production of this report is in line with the Director of Public Health's statutory duties under the Health and Social Care Act 2012. The council has a duty to publish the report. Under Faculty of Public Health Guidance, the Director of Public Health Annual Report presents an independent professional view, based on sound epidemiological evidence. The report is the vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and thereby serve the interest of their local populations. It is also a key resource to inform local multiagency action.
3. The focus of this year's report is health inequalities and the wider determinants of health, health in childhood and in particular the role of services and schools in child health improvement.

A full version of the 2014/15 Gateshead Director of Public Health Annual Report is available online at [www.gateshead.gov.uk/DPHReport2015](http://www.gateshead.gov.uk/DPHReport2015).

4. The executive summary and recommendations are attached at Appendix 1.
5. The report's main theme, childhood health, was chosen to highlight the significance that achieving the best start in life has in reducing health inequalities in subsequent years. The topic of health and children is especially timely in a year when the commissioning responsibility for public health services for those aged from birth to five years old transferred from the NHS to local government. The council is now responsible for commissioning public health services for children 0-19 years of age, currently in the form of the health visitor service, the Family Nurse Partnership and school nursing services.
6. Children born into poverty have a greater likelihood of poor health outcomes both as children and later as the adults they become. This combined with a likelihood of also achieving poorer outcomes in other domains (ie. educational attainment, employment, income) acts to make health inequalities and deprivation persist

between generations. The poor health of people in Gateshead then impacts upon sustainable economic growth, producing a vicious circle.

7. Some of the key points reflected in the report are:

- The health of people in Gateshead is improving but at a slower rate than that of those who live in less socio-economically deprived circumstances. The report details the ways in which ensuring that children's experience of the best start in life has the potential to reduce health inequalities and argues for universally available services and interventions that are able to deliver higher levels of support according to need ("proportionate universalism").
- Socio-economic inequalities are reflected in inequalities in children's health in Gateshead. These inequalities, both between Gateshead and less deprived local authority areas and between different communities within Gateshead, are unfair and preventable. Outcomes which show marked variation linked to areas of deprivation include dental health of children at five years of age and child obesity. Effective working with children and families draws upon the notions of "risk" and "resilience". All children are exposed to "risks" (i.e. factors with the potential to cause harm) to some degree. "Resilient" children have developed positive adaptations that mitigate the impact of the risk or risks. Children and families can be supported to encourage resilience and recognise and reduce the likelihood of risks.
- Services and interventions in the national Healthy Child Programme can mitigate against health inequalities. The council is now responsible for commissioning key public health services for children and young people aged 0-19 years. Working with NHS commissioners, the council will ensure that services are joined-up and deliver support according to need. The future direction for remodelling children and family 0-19 services is also discussed within the context of collaborative working across the NHS and the council.
- Schools present a unique opportunity for interventions that improve the health of children, parents and staff. Gateshead has already recognised this in its continued support for the National Health Schools Programme. The Programme has been remodelled for local delivery as the "Health in Schools" support programme.

8. The foreword of the report acknowledges the realities of the challenging financial context which requires the council to make difficult decisions about resources. The report focusses on the importance of continuing work to tackle health inequalities in line with the principles established by the Marmot Review (2010) on health inequalities which are reflected in the Council Plan, and which require full engagement across all organisations and communities in Gateshead.

9. Recommendations in the Director of Public Health Annual Report are summarised as:

- Gateshead Council uses all opportunities to tackle poverty and inequality, and works with Newcastle/ Gateshead Clinical Commissioning Group (CCG) to develop a joint strategy for tackling health inequalities, balancing a "whole population" universal offer with scalable support to individuals according to

need. This strategy should build upon existing approaches that make the best use of community assets to enable people to prevent and/or manage their own health conditions and health risk behaviours.

- Gateshead Council should continue to commit to the priority of 'giving children the best start in life', strengthening systems for early intervention with vulnerable families, and continues its work with Newcastle/Gateshead CCG to ensure that services for children 0-19 are delivered in an integrated way that is equitable and commensurate with need. Priorities should include a consistent approach to promoting infant and maternal mental health and encouraging good oral hygiene and take-up of regular dental care.
- Schools are encouraged to build on existing work to improve children's health and continue to participate in the Healthy Schools Programme (noting that this will be delivered under a new arrangement from September 2016, where Gateshead Council will offer the programme to schools at a modest charge).
- Gateshead Council and the Health and Wellbeing Board are requested to note that the information in this report provides assurance that the Health Protection System operated effectively in 2014/15, and that clear mechanisms are in place to support the DPH to ensure appropriate responses to health protection issues.

10. The report also includes a chapter on health protection issues and arrangements over the previous twelve months in line with the council's health protection assurance role. This has previously been presented to the Health and Wellbeing Board as a separate report.

### **Previous DPH Annual Report Recommendations and Progress Update**

11. This section of the report provides details of action taken in response to the previous Director of Public Health Annual Report 2014/2015 which focused on alcohol.

### **Proposal**

12. The Director of Public Health Annual Report is presented to the Health and Wellbeing Board to consider and support its recommendations.

### **Recommendations**

13. It is recommended that the health and Wellbeing Board:
  - (i) Notes and comments on the Director of Public Health Annual Report
  - (ii) Agrees to support its recommendations.

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# Director of Public Health Gateshead Annual Report 2014/15

## Executive Summary and Recommendations

### Overview

The report presents an overview of health and health inequalities in Gateshead and details some of the key changes and developments that have taken place in 2014/15.

The focus of this year's report is the significance of various factors in childhood which contribute to health throughout life. It looks at the role of services and schools in particular in reducing health inequalities by supporting children and families in greater need than others. This is particularly relevant in a year that has seen responsibility for commissioning public health services for children aged from 0 to 19 move from the NHS to local government during a time of unprecedented reductions to budgets for public services, including public health services.

Health protection issues are included in this Annual Report, in line with the Director of Public Health's assurance remit within the council.

### Opening sections and Chapter 1 - Key issues for 2014/15

More people in Gateshead continue to live longer and healthier lives than ever before. However, gaps in many health outcomes remain between the people of Gateshead and the average national population. These are at their starkest when looking at life expectancy. Men and women living in Gateshead have a shorter life expectancy and healthy life expectancy than the national average. Currently, for men in Gateshead, this is 77.4 years, against 79.4 years nationally. For women in Gateshead, the current average life expectancy stands at 81.2 years, whereas nationally, it stands at 83.1 years.

These inequalities, shared across many communities in the North of England, can also be seen between communities in Gateshead. Therefore, while the health of our residents improves, it improves more slowly than that of the national average population. Healthy life expectancy in Gateshead has not improved significantly since 2009/11.

The reasons for these differences are complex, but arise from the circumstances under which one is born, grows and lives. At a population level, poorer health outcomes are intrinsically linked with that population's relative social and economic circumstances. This means that people living in poorer areas are more likely to develop illnesses and disabilities and die at a younger age than those from more affluent areas. The report details some of the ways in which Gateshead's communities are changing, some of the health challenges we face, and the significant impact of the "wider determinants" of health in reducing inequalities.

The report in 2010, *Fair Society, Healthy Lives (The Marmot Review, 2010)*, recommended a number of actions to reduce health inequalities, including improving living and working conditions, giving every child the best start in life, enabling people to maximise their capabilities and have control over their lives, and strengthening the role of preventive health services. It also introduced the approach of "Proportionate

Universalism”, through which services or interventions are made available to all populations universally, but offered in increasing levels of intensity to those in the most disadvantaged or complex circumstances according to need. A subsequent report, *Due North, Independent Inquiry on Health Equity for the North, 2014*, is referenced, which examined in detail the increasing North-South health divide and likely causes, with recommendations stressing the importance of reducing economic inequalities experienced by the population living in the North of England and the promotion of healthy development in the early years of life.

In the current public sector funding climate these principles can inform how we allocate diminishing resources to achieve the greatest impact.

## **Main Theme - Children**

Children’s health is important in its own right. A child’s early experience impacts on their health and development throughout life and influences life chances. Growing up in poverty may have a long-term adverse impact upon many aspects of quality of life both as a child and later as an adult. In Gateshead, the 43rd most deprived area out of the 326 English authorities, 22.1% (7,555) of children under 16 live in poverty, significantly above the national average of 19.2%. Focussing upon the factors which equip a child to have the best start in life has the potential to improve not only their own life, but the lives of future generations.

## **Chapter 2 - Children’s health in Gateshead**

Children and young people comprise over one fifth of the Gateshead population. Their health and wellbeing is generally poorer than that of the England average, however some indicators such as childhood immunisation rates, show very good performance.

Outcomes where significant improvement is needed include:

- Children achieving a good level of development at age 5
- Children in poverty (under 16 years)
- Under 18 conceptions
- Hospital admissions due to alcohol specific conditions and substance misuse
- Smoking in pregnancy
- Breastfeeding initiation and continued breastfeeding (6 to 8 weeks)
- A&E attendances (0 to 4 years) / Hospital admissions caused by injuries in children and young people
- Hospital admissions as a result of self-harm
- Childhood obesity

One area of particular concern is childhood obesity. Overweight and obese children are more likely to stay obese into adulthood and to develop diseases such as diabetes and cardiovascular diseases (heart disease and stroke) at a younger age.

Obesity is defined as having a body mass index (BMI) greater than the 95th percentile. Overweight is defined as having a body mass index greater than or equal to the 85th percentile but less than the 95th percentile.

In 2013/14 in Gateshead:

- Over one in ten (10.5%) children in Reception year (aged 4 to 5 years) were obese
- Over one in five (20.7%) of children in Year 6 (aged 10 to 11 years) were obese

The number of obese children therefore doubles between Reception Year and Year 6. Also, the number of reception age pupils who are obese has increased since 2012/13.

Children's dental health in Gateshead is generally good, in no small part thanks to the supply of fluoridated water throughout the borough. There are variations within communities in Gateshead, with children from the most deprived communities having the highest levels of decay. For example, 9% of children aged five years in Whickham South and Sunnyside ward have tooth decay, compared to 47% of children in Felling.

Tooth decay is one of the most common reasons for hospital admissions for children aged 5 to 9 years old. A number of different programmes work with children directly through schools and indirectly by training other professionals in contact with children to raise awareness of children's dental care needs and to promote oral health directly.

### **Chapter 3 – Interventions and services that contribute to the best start in life for children living in Gateshead**

As stated in *Fair Society Healthy Lives (The Marmot Review, 2010)*, disadvantages impact upon a child's development before birth and accumulates throughout life. This is why giving every child the best start in life, in particular from conception to age two, is critical to reducing health inequalities.

The Healthy Child Programme (HCP) is the main nationally defined universal health service for improving the health and wellbeing of children from pregnancy to adulthood. It is delivered through:

- health and development reviews
- health promotion
- parenting support
- screening and immunisation programmes

The principle of the programme is to provide universal support to all, with more support for families from the right service (i.e. GPs, health visitors, midwives, nursing staff, social care workers) available when needed ("progressive universalism").

Since October 2015, local authorities and Directors of Public Health have assumed responsibility for commissioning children's public health services for those from birth to nineteen years old. These services are health visiting and the Family Nurse Partnership (for the 0-5 population) and school nursing services (for ages 5-19). NHS England will continue to commission immunisation/vaccination and screening programmes and the Clinical Commissioning Group will commission midwifery services.

"Children Gateshead", the plan for children, young people and families in Gateshead, sets out a firm commitment to early intervention in the "Gateshead Prevention and Early Intervention Strategy, 2013-2016". It is consistent with "Active, Healthy and Well Gateshead, our Health and Wellbeing Strategy" - shifting more investment towards prevention, early intervention and community provision.

The report details the role of several key services/interventions that support the “best start in life” including:

- Health visitors
- Family Nurse Partnership Programme
- Gateshead Children’s Centre
- School nursing
- Breastfeeding support
- Support to stop smoking during pregnancy
- Accident prevention
- Readiness for school
- Teenage pregnancy
- Maternal mental health
- Specialist services (i.e. maternity services, paediatrics, therapists)
- Safeguarding arrangements

Services working with children and families draw upon the notions of “risk” and “resilience”. All children are exposed to risks (i.e. factors with the potential to cause harm) to some degree. Resilient children are those who have developed positive adaptations that mitigate the impact of the risk or risks. The work of these services is to promote those circumstances that encourage resilience and recognise and reduce the likelihood of risks.

In particular, there six high impact areas that have the biggest impact on a child’s life:

- Transition to parenthood and the early weeks
- Maternal mental health (including postnatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (including physical activity)
- Managing minor illness and reducing accidents
- Health, wellbeing and development of the child aged two – two year old review and support to be “ready for school”

The division of commissioning responsibilities between different organisations arising from the reorganisation of the NHS in 2013 presented the risk of “fragmented” services. Gateshead responded to this by working with all relevant commissioners to produce effective, efficient services.

As the Gateshead Public Health Team becomes the responsible commissioner for 0-19 services, further opportunities for the integration of evidence based interventions that focus on achieving positive outcomes for children can be adopted.

#### **Chapter 4 - Health in school settings**

Schools are a key setting to promote the health of children and young people, as well as their parents, teachers and the wider community.

Gateshead is fortunate that our schools have always been very enthusiastic and engaged around health. In December 2009, Gateshead was the first local authority to see 100% of its schools achieving National Healthy Schools status. The National Healthy Schools Programme no longer runs at a national level but Gateshead has continued this programme locally.

A new Gateshead Health in Schools programme launched in 2015. Based on an evidence review and the evaluation of the Gateshead Healthy Schools Programme, the new programme will focus on promoting healthy weight, physical activity, social and emotional wellbeing, and promoting resilience to adversity. The Gateshead Health in Schools Core Offer will be made available to all schools and academies in Gateshead in 2016/17 for a small charge.

Schools also provide an ideal opportunity to gather health data on children and young people. Examples include the National Child Measurement Programme (NCMP) and the Health Related Behaviour Questionnaire undertaken by Exeter University. Data from these sources is robust and reliable and is analysed when looking at health needs of children and young people. It can also be drawn upon in support of other health improvement programmes. For example, data from the NCMP was used to inform work with planning to limit the proliferation of hot food takeaways.

## **Chapter 5 - Health protection**

This section of the report covers health protection issues in Gateshead during 2014/15, included as part of the DPH assurance remit.

A range of issues are covered, including infectious diseases trends, immunisation and screening programme uptake, and the quality of screening programmes. Specific reference is made to how the system responded to the outbreak of Ebola in West Africa. The local health protection arrangements are assessed as effective and operate to provide assurance to Gateshead Council and the Health and Wellbeing Board.

### **Achievements and update on recommendations from DPH Report for 2013/14**

The report concludes with a summary of last year's recommendations and progress made over the past 12 months. Good progress is reported in a number of areas, including the development and signing of the Local Government Declaration on Alcohol, improved system for identification and brief intervention, development of new treatment services, and the strengthening of licencing policy which is resulting in the increased use of licencing reviews to restrict underage sales.

Further achievements are noted such as the launch of the revised Joint Strategic Needs Assessment, the Gateshead Year of Walking Campaign, the strong performance of the NHS Health Checks programme in Gateshead, the introduction of new planning regulations to limit the proliferation of Hot Food Takeaways and continued work with health and voluntary sector partners on cancer prevention.

### **Recommendations arising from this report**

1. Gateshead Council should continue to commit to the priority of 'giving children the best start in life', recognising the need to strengthen systems for early intervention with vulnerable families to reduce the numbers of children in need and going into care (this is already stated in the Gateshead Council Plan 2015 - 2020).
2. Gateshead Council, in its community leadership role, uses all available opportunities to tackle poverty and inequality, recognising the need to advance longer term objectives of improved education attainment, quality housing, good jobs and economic growth. The proposed devolution deal for the North East Combined



Authorities, to which the council is a party, presents a key opportunity to work in partnership with other local authorities, private and public sector partners to build a stronger economy and generate more and better jobs.

3. Gateshead Council and Newcastle/Gateshead Clinical Commissioning Group (CCG) develop a clear joint strategy for tackling health inequalities, based on the principles of proportionate universalism, which balances “whole population” universal approaches with provision of support to individuals and families, scaled according to need.
4. Gateshead Public Health team and Newcastle/Gateshead CCG continue to develop an approach which supports people in managing their own health conditions and health risk behaviours. This approach should build on the evaluation of the current Live Well Programme, and be supported by an asset-based approach which recognises and harnesses assets in local communities (volunteers, skills, social networks and voluntary groups).
5. Gateshead Council continues its commissioning work programme in partnership with the Newcastle/Gateshead CCG to ensure redesign of services for children 0-19 (including PH services) are delivered in an integrated way, delivering effective identification of risk, early help and intervention. There should be a particular emphasis on developing a robust pathway from the antenatal stage until a child is age two.
6. A consistent approach to promoting infant and maternal mental health for key professionals, with clear pathways and referral routes. A strong focus on training and development of key staff including health visitors, in relation to mental and infant mental health and a clear understanding how agencies can work together to deliver the most appropriate services.
7. Gateshead Council, in collaboration with partners, communities and families, should continue to proactively promote healthy lifestyles to tackle obesity, smoking and alcohol misuse.
8. Gateshead Council should work with partners, schools and communities to encourage the young adult and population of Gateshead to access dental care in higher numbers, and investigate and tackle the high rates of admissions for General Anaesthetics for extraction of teeth in 0-19 year olds.
9. Schools are urged to build on existing work to improve children’s health and continue to participate in the Healthy Schools Programme (noting that this will be delivered under a new arrangement from September 2016, where Gateshead Council will coordinate the programme and schools will be offered the programme with a modest charge to support delivery).
10. Gateshead Council and the Health and Wellbeing Board should note that the information provided in this report should be received as provision of assurance that the Health Protection System operated effectively in 2014/15. It should be noted that clear mechanisms are in place to support the DPH in monitoring and ensuring appropriate response to health protection issues as they arise.