Public Health is everyone’s business

Report of the Director of Public Health
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Foreword

I am delighted to present this year's Report of the Director of Public Health produced by Dr Mike Gogarty, Director of Public Health, NHS North Essex Cluster Primary Care Trust (PCT) and Essex County Council and the Essex Public Health Team who are now co-located at Essex County Council in preparation for the 1st April 2013 when responsibility is transferred from Primary Care Trusts to Local Authorities. We very much welcome our Public Health colleagues and are anxious they become fully integrated into our Local Authority team.

Last year the HM Government White Paper ‘Healthy Lives, Healthy People’ announced the new role of local Government in delivering Public Health. The 2012 Public Health Report now highlights what is expected of the Public Health team, who have recently joined us, the Council employees at all levels and the Council Members in making sure health and health inequalities in particular are near the forefront of what we do.

The brand new Joint Health and Wellbeing Strategy and Vision show where we want to be and the Joint Strategic Needs Assessment shows us what we need to address if we want to get there. In order to do that, we need to share the Public Health Vision of making Public Health everyone’s business, with the emphasis on being on everyone.

It is a time of great change for Local Government and for the NHS with resources becoming more and more scarce. However, if we can all work together with the community towards the common goals stated in this report, we can really significantly improve people’s health and wellbeing and reduce inequalities. With the added value of having the Public Health team now embedded in the Council, there is certainly increased potential for success.
1. Introduction and Purpose
It is a new world for Public Health and for Local Authorities. It is a time of great change but also great opportunities for working together. This report is for all those working for Essex County Council (now including Public Health) who have a need to understand the role and function that the organisation can play in improving the health of the population we are privileged to serve.

The vision for better health and wellbeing in Essex

“By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing.”

(Joint Health and Wellbeing Strategy, 2012)

Public Health is everyone’s business and this Public Health Report aims to outline the changes that have taken place and the roles and responsibilities of Local Authorities (including Members). It will provide a picture of how the current transition is working in Essex to achieve the above visions.

The Public Health Vision for Essex

“Public Health is everyone’s business. We want all people in Essex to enjoy equally a better quality of life and better health.”

(Joint Health and Wellbeing Strategy, 2012)
2. Background to changes to Public Health

The Government document ‘Healthy Lives, Healthy People’ (HM Government, 2010) and subsequent documents set out a dramatic transformation of Public Health in England. The main change is that Primary Care Trusts will be dissolved and the lion’s share of Public Health will move into local authorities.

The Local Authority can impact on public health at every level, from strategic through to day to day management, to improve the health of the population of Essex. Additionally, the Joint Health and Wellbeing Strategy for Essex, produced by the Essex Health and Wellbeing Board, provides a clear approach to integrated working with our partners through to 2018.

Public Health as part of local government has much greater scope to improve the health of the people of Essex through a number of different avenues such as education, transport, employment and housing. This approach is required if we are to tackle health inequalities, which are influenced by these wider socio economic determinants of health.

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Dr William Duncan – The country’s first Medical Officer of Health

Dr William Duncan was born in Seel Street in Liverpool in 1805. Duncan studied medicine at Edinburgh University, graduating as a Doctor of Medicine in 1829. He started his professional career as a General Practitioner (GP), working in two practices in Liverpool. He became interested in the health of the poor and started researching the living conditions of his patients. He was shocked by what he found and started a lifelong campaign for improved sanitation and housing for the poor. As a key member of the Health of Towns Association in Liverpool (established April 1845) he helped in creating Liverpool's first Sanitary Act in 1846.

Duncan was appointed Medical Officer of Health on 1st January 1847. He recognised that there was a clear link between housing conditions and the outbreak of diseases such as cholera, smallpox and typhus. He worked with the Borough Engineer, James Newlands to tackle the problems of poor housing and sanitary provision in the city.

The conditions in which people are born, grow, live, work and age are called the ‘social determinants of health’ (WHO, 2012). These were examined in the Marmot report published in 2010 called ‘Fair Society, Healthy Lives’.

Essex as a whole may be considered to be quite affluent and healthy compared to the England average (DoH, 2012). However, there are important differences in health outcomes between different geographical areas, groups of people and occupations. These will be examined in Section 5.
2.1 Areas where Essex County Council working impacts on Public Health

Schools, Children and Families
- Neonatal Mortality/Antenatal Public Health/ Low Birth Weight Babies
- Safeguarding
- Early Years Development
- Educational Attainment
- Not in Education, Employment or Training (NEETs)
- Emotional Well Being
- Looked after Children
- Healthy Schools
- Health Visiting
- School Nursing
- Risk Behaviours including Smoking, Substance Mis-use, Sexual Health and Teenage pregnancy
- Accident Prevention
- Breastfeeding
- Obesity
- Health Inequalities and Deprivation
- Dental Health

Adults Health and Community Well Being
- Falls
- Physical Activity
- Obesity
- Diabetes prevalence and management
- Physical activity
- Preventable sight loss
- Smoking
- Employment
- Inequalities in vulnerable groups
- Alcohol
- Excess winter mortality
- Homelessness
- Fuel poverty
- Cardiac health/Stroke Prevention
- Learning Difficulties
- Dementia
- Reduction in Readmissions to hospital
- Maintaining Independence
- Social Isolation
- Lifelong Learning
Environment, Sustainability and Highways

- Air pollution
- Employment
- Regeneration
- Vulnerable groups
- Transport/ Walking/Cycling
- Country Parks
- Tobacco Control
- Trading Standards
- Health Inequalities and Deprivation
- Accident Prevention/Road Traffic Accidents/Killed and Seriously Injured
- Emergency planning/Winter planning

The above information shows a range (not comprehensive) of areas of public health input where existing functions within the council have an impact. It can be seen that there is little activity the council undertakes that does not impact on the health of those we serve.
3. New Public Health System- move into Local Authorities

3.1 Expectations of Public Health and Local Authorities

Public Health Responsibilities in Local Authorities include:

- Championing health across the whole of the authority’s business
- Focusing on local priorities and action across the life course to ensure a preventative approach is embedded in the local system through contributing to the development of the JSNA
- Ensuring adherence to the new mandatory health responsibilities of local authorities, including the Public Health Outcomes Framework, with due regard to local evidence and data as to the best way to fulfil them
- Providing scrutiny, challenge, advice and support to local NHS commissioners, health and wellbeing boards and health protection organisations from their strategic and operational viewpoint, using their analytical skills and their findings from scrutiny of available data and evidence
- Providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential returns on investment

There are a number of national documents and guidance to aid the shift of public health back to local authorities (for example ‘The new public health role of local authorities’ (DoH, 2012b) and the National Institute for Clinical Excellence (NICE) briefings on tobacco, workplace health and physical activity (NICE, 2012). However, for the most part local authorities and their new public health personnel will find their own ways to establish roles and relationships.

3.1.1 Joint Health and Wellbeing Strategy and Public Health Strategic Approach

The Joint Health and Wellbeing Strategy and Vision provide the direction and impetus for Public Health and other Local Authority staff to work together towards achieving the vision. The Essex Health and Wellbeing Board (Essex H&WB) will be the driving force for improving health and wellbeing by:-

- Tackling Inequalities
- Empowering Local Communities
- Developing health and social care system
- Better utilisation of Community Assets
- Prevention
- Transforming services
- Safeguarding

The Public Health Strategic Approach has been developed through a group of interested members led by the portfolio holder. Key strategic themes are:

- A broad definition of public health is appropriate
- Localism is key
Inequalities should be addressed
An evidence based approach is required

It emphasises the ambition that we aim to make public health everyone’s business, and that Public Health should be an embedded component in all Local Authority work and policy.

3.1.2 Joint Strategic Needs Assessment (JSNA)
The JSNA shows the current state of the social determinants of health and health needs in Essex and is used by the H&WB, local councils and health partners to plan the services that will help reduce health inequalities and tackle other health and social care challenges. The current JSNA overview chapter to inform the Joint Health and Well Being Strategy was published in August 2012 and highlighted a number of key issues including deprivation, educational attainment, stresses on family life and communities and life expectancy differences. These will be explored further in Section 5.

3.2 How Will it Work?
Public Health is everyone’s business. This includes the individuals and families of Essex, as well as local businesses, statutory and voluntary services, officers and elected members.

3.2.1 Essex County Council
The County Council is charged with improving the health of those we serve. Resources currently used for health improvement in the NHS will shift to the council who will need to commission, in addition to the interventions to address the key issues raised in the JSNA, a number of nationally mandated priorities - “must do’s”. In fact as listed in 2.1, the majority of the council’s endeavours have an impact on public health and in turn, a public health approach to those endeavours can add positive value in terms of productivity and an evidence based approach. It is therefore, important that the public health capacity transferred from health is appropriately integrated into the county council structures and systems.

3.2.2 The Role of the Director of Public Health (DPH)
The Director of Public Health needs to:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people’s health and concerns around access to health services
- know how to improve the population’s health by understanding the factors that determine health and ill health, and how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues, such as the director of children’s services and the director of adult social services, and with NHS colleagues
• work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
• work with local criminal justice partners and police and crime commissioners to promote safer communities
• work with wider civil society to engage local partners in fostering improved health and wellbeing.
• be an active member of the health and wellbeing board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies, and commission appropriate services accordingly
• take responsibility for the management of their authority’s public health services
• play a full part in their authority’s action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board
• contribute to and influence the work of NHS commissioners, ensuring a whole system approach across the public sector.

(DH, 2012c)

3.2.3 District, Borough and City Councils

Many aspects of public health need to be delivered through city, district and borough partners. These include physical activity, housing, regeneration and environmental health. Local Authorities across Essex recognise their role in improving public health and have been keen to have a local public health presence.

Senior Public Health Staff have therefore been assigned to all the city, district and borough councils. It is recognised that each city, district and borough council has a unique history and method of working. The officers will work within the Councils to provide support on the public health agenda and promote integration at a local level. They will support the authorities in developing their contribution to public health, and be involved in developing local JSNAs and, if required, local joint health and wellbeing strategies.

There is also an important role at city, district and borough levels for a Council Member to take on the health and well-being portfolio. It is imperative that there is political leadership in ensuring that public health and health inequalities are given a high profile in all council dealings.

3.2.4 Clinical Commissioning Groups (CCGs)

CCGs will have the task of planning and commissioning healthcare services across the county. There are currently five CCGs across Essex: Mid Essex, North East Essex, West Essex, Brentwood & Basildon and Castle Point & Rochford each with priorities for tackling health inequalities.

The Local Authority Public Health function has a nationally mandated role to provide public health expertise, support and input to the NHS Commissioning function in CCGs. Each CCG therefore has a Consultant in Public Health (CPH) as part of their
Executive team and Board and this officer is supported by the wider public health team. In addition CCG specific JSNA’s have been produced for each CCG.

**Likely CCG Tasks of Public Health Team include:**
- Help to ensure that joint strategic needs assessments reflect the needs of the whole population
- Support commissioning strategies that meet the needs of vulnerable groups
- Support the development of evidence-based care pathways and service specifications
- Contribute advice on evidence-based prioritisation policies
- Produce as necessary health needs audits and health equity audits
- Provide other specialist public health advice as required.

### 3.2.5 Voluntary Sector

Voluntary organisations will play a key role in providing services, working in partnership with the Local Authority and the NHS to aid and empower local communities to improve their health and wellbeing.

The third sector can often deliver services to those people who would not otherwise engage with statutory services. There are numerous examples in Essex. The ‘ReachOut’ project, singled out for mention in the National ‘Marmot’ Report on addressing Inequalities, is discussed below.

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### ReachOut

The Tendring ReachOut project helps people receive advice and assistance in deprived areas of Jaywick and West Clacton through a model of community engagement. It is a partnership with the local Citizens Advice Bureau, North East Essex NHS, Essex County Council and the Interaction Partnership, and acts as a bridge between these deprived communities and local support services, addressing the wider determinants of health (such as low income, poor housing, low education, training or employment opportunities.

ReachOut provides advice and support by knocking on doors, meeting people in the street and at local community venues. It offers support on a range of issues, such as finance, employment, housing, training opportunities and accessing services for individuals and families.

The project has prevented over 100 people becoming homeless saving over £1.5 million to the public purse and has helped people manage over £2 million of debt. Crucially 80% of those helped would not have sought advice if they had not been proactively sought out by the project.

ReachOut is now in the final year of its 3 year contract and the intention is to now embed it into a wider ECC strategy for information, signposting and advocacy, targeting other areas of high deprivation in Essex.
3.2.6 HealthWatch
HealthWatch will become the new organisation charged with ensuring strong user influence and input to health and healthcare commissioning. Public Health will work closely with HealthWatch to ensure there is strong user input into both public health commissioning and the JSNA.

Work with Essex County Council user groups has already shown large benefits to public health with real examples of how the Health Overview and Scrutiny (HOSC) can champion user views and improve services and outcomes. One example is the work of improving childhood immunisation (MMR) rates detailed below.

Involving Users
HOSC led by Cllr Page identified poor MMR uptake in North East Essex as a key health issue. Levels of uptake were around 83% in 2008/09. The PCT view was this was because of adverse publicity around the vaccine safety and the local availability of single dose alternatives through a private GP. HOSC stimulated forensic consideration including greatly enhanced user engagement in those who had not been vaccinated and found the issue was in fact limited opportunity and choice around vaccination services. The Council worked with the PCT to organise major publicity campaigns linked to mobile vaccination units. The PCT commissioned weekend clinics and “health visiting” domiciliary vaccination services. Uptake has increased to 92.3% in 2011/12 and continues to improve. The initiative was runner up in the 2010 National HOSC Awards.
4 The Marmot Review

In 2008, Sir Michael Marmot was commissioned to form a group to undertake a review of health inequalities in England. This was following a World Health Organisation global review on social inequalities (WHO, 2008) which found concerning differences in health outcomes even in so-called ‘richer’ countries. The main purpose of the Marmot Review was therefore to provide information on health inequalities in England in order that an appropriate strategy could be developed. In this section we outline the main findings of this review, what the current situation is in Essex and what is being done to change it.

4.1 Main Findings

The Review found that fairness and social justice are needed to reduce health inequalities. This is because there is a social gradient in health - the worse a person’s social position, the worse their health. However, it will not be effective to merely target the most disadvantaged. The focus of tackling health inequalities must be on all of the population, though proportional to the level of disadvantage. In order to achieve this, local and central government, the NHS, the voluntary and private sector and community groups must be involved and work together. There must be local delivery, empowering individuals and communities (Marmot, 2010).

4.2 Recommendations

Five policy objectives emerged as a result of the Review and these have been developed into a framework by the Joint Health and Wellbeing Strategy:

<table>
<thead>
<tr>
<th>Marmot Review Objectives</th>
<th>Joint Health and Wellbeing Strategy Priorities</th>
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<tbody>
<tr>
<td>a. Give every child the best start in life</td>
<td>Starting Well</td>
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<tr>
<td>b. Enable all children young people and adults to maximise their capabilities and have control over their lives</td>
<td>Developing Well</td>
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<tr>
<td>c. Create fair employment and good work for all</td>
<td>Working Well</td>
</tr>
<tr>
<td>d. Ensure healthy standard of living for all</td>
<td>Living Well</td>
</tr>
<tr>
<td>e. Create and develop healthy and sustainable places and communities</td>
<td>Ageing Well</td>
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<tr>
<td>f. Strengthen the role and impact of ill health prevention</td>
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4.3 Examples and issues in Public Health and Local Authority Working

Starting Well – A key issue for Essex

Marmot’s first area of focus, and indeed the first priority in the Essex Joint Health & Wellbeing Strategy, is “Starting Well”. This is highly appropriate as evidence shows that early childhood experience, support and opportunity are associated with social position and therefore health in adult life and these associations are firmly established as young as two (although they are amenable to later interventions).

This is especially important in Essex because the level of childhood development amongst Essex children assessed at school entry (age 5) is poor. In the latest published data (for 2011) 48% of children in Essex do not achieve a good level of development at age 5. The national average is that 41% do not, while the country’s worst is 52% and the country’s best is 26%. Things seem to improve somewhat as a result of schooling with Essex GCSE results being close to the national average (although there may be other reasons for this). However, given that Essex is a relatively more affluent area than average for England, we might expect better than average results.

Early years development is strongly associated with parenting. It is separately associated with social deprivation but, given the Essex level of affluence, whilst this may be part of the issue it is unlikely to be the key issue for Essex. More work is required to understand this worrying position and a clear strategy needs to be put in place to address it. Public Health changes including the (albeit delayed) shift in commissioning health visitor services to the County Council, will help us commission a coherent strategic response locally.

For the most vulnerable and deprived groups, Essex has made strong progress around the Families with Complex Needs agenda now underlined by a robust and innovative Whole Essex Community Budget initiative.
Developing Well

It is important that young people in Essex have opportunities to grow and develop into healthy, productive adults. These opportunities must continue as people become adults in order that they are able to reach their full potential in health and life.

Examples of a number of Essex initiatives to help people develop include:

**Football Healthy 4 Life:** This provides adults with a learning disability the opportunity to participate in football. The aim is to increase players’ physical activity, maintain mental wellbeing, promote social inclusion, increase social interaction and provide players with transferrable skills into their everyday lives. Health 4 Life provides training sessions at Clacton, Colchester and Witham. During 2012; 3 players have obtained their Level 1 in Coaching and 1 player has obtained a Referee Level 7.

**Tuesday Drop In:** The Drop-in provides a safe environment for adults with a learning disability to come and meet whilst providing health promotion and sign posting to mainstream services. Health promotion talks are provided on a weekly basis by learning disability staff, mainstream colleagues and outside agencies. There is an art group to help clients manage their anxieties, maintain mental well-being and promote self-esteem by having their work displayed. Clients also have the opportunity to talk to staff on a 1:1 basis.

**Youth Health Champions (YHCs):** These are recruited from Essex Secondary schools and attend a four day tailored programme around key areas of public health, including smoking cessation, drugs and alcohol, nutrition, emotional health and wellbeing, physical activity, sexual health and health promotion techniques. Young people engage with these peer health Champions to gain advice on services. The benefits of the programme can be seen in a number of ways. The YHC’s act as advocates for positive health behaviour and are often more trusted than non-peer informants, particularly with marginalised young people. There are opportunities to develop innovative methods of Health promotion delivery, and the programme encourages young people to take an interest in, and ownership of, their own health. The YHCs can build trust between young people and the services they are promoting.
Living Well

To date, the Essex Apprenticeship Scheme has created 1,965 apprenticeships across the county since it started in 2009. The Scheme provides employers with a wage subsidy as an incentive to take on an apprentice. In some cases there is funding to provide an apprentice at no cost to the employer. Other initiatives support those Not in Education, Employment and Training (NEET), as well as the disadvantaged and vulnerable, creating an environment in which economic opportunity is made available to all (ECC, 2012). This is through working with ECC Leaving and Aftercare Teams (Wilkinson, 2012). So far, 17 Care Leavers and 504 NEETs have been supported into Apprenticeships (the latter through a specific NEET to Apprenticeship programme). In addition, ECC are funding over 100 work experience places lasting up to 6 months for young people aged 16 and 17, from various disadvantaged backgrounds. Care leavers not quite ready for an Apprenticeship, for example, may be better accommodated under the work experience scheme, as the candidate gets not only meaningful work experience with social enterprise or voluntary sector organisations across Essex, but also support to help secure something longer term beyond their time there (Wilkinson, 2012).

Working Well

On average those in employment spend a large proportion of their day at work, making work sites ideal places to encourage healthy lifestyle choices. Health@Work Essex offers local businesses a comprehensive package to help them improve the health and wellbeing of their staff, benefiting both the employees and the business. Free training is provided for staff to become Workplace Health Champions and promote health and wellbeing within their organisations. Workplaces are also offered support and guidance in a range of health issues including alcohol awareness, smoking cessation and physical activity promotion.

The specifically adapted 5-week weight management course, My Weight Matters@ Work, educates and encourages staff to maintain a healthy weight. A newly introduced stress management course has been purposely designed to enable managers in small to medium sized businesses to identify and support staff members with mental health issues. Workplaces can also access free NHS Health Checks, including the cholesterol check, for the over 40’s.
**Ageing Well**

The Village Agents service is a face to face signposting and referral service for people, particularly the over 50’s, living in Mid Essex (the districts of Braintree, Chelmsford and Maldon). The Pilot Project is delivered by the Rural Community Council of Essex and is currently jointly funded by a partnership of Braintree LSP, Essex County Council and NHS Mid Essex. Village Agents have successfully identified vulnerable people early and using early intervention techniques have successfully signposted clients to appropriate services and averted crisis situations. The scheme has links with other initiatives, such as fire safety, crime reduction, Telecare, rural information points (post office reopening) and Essex ‘Customer Channels’.
5 Overview of the Social Determinants of Health

5.1 National Health Inequalities

Figure 1 from the Marmot Review shows how at a national level life expectancy increases as income increases. This improvement is more marked when we consider increased life expectancy together with better health disability free life expectancy (DFLE).

There may be particular people or groups who may be especially susceptible or vulnerable to health inequalities. These include the homeless, those with mental health problems or those who have poor socio-economic circumstances. People may also become vulnerable due to circumstances such as environmental disasters such as flooding.
5.2 What is the Current Picture in Essex?

Here we examine the health inequalities issues highlighted in the JSNA. Essex as a whole compared to the England average has a good level of health and a relatively low level of deprivation (DoH, 2012de). However, there are a number of ‘hot spots’ of health inequalities in various parts of Essex. The Health Profiles and Local Authority Profiles produced by the Department of Health can be sources of data to show the extent of health and social inequalities in an area compared to the England average (DoH, 2012ae and Seward, 2012). There is a need to obtain more data on social determinants of health.

Picture 1: Level of deprivation in Essex

5.2.1 Deprivation

Picture 1 above shows the level of deprivation in Essex.

Deprivation refers to unmet needs caused by a lack of resources of all kinds, not just financial. The current deprivation calculation considers: low income, unemployment, premature death and poor quality of life, poor educational attainment and high truancy, physical and financial accessibility of housing and key local services, high crime rate and indoor and outdoor living environment (Communities and Local Government, 2011).
5.2.2 Educational Attainment
Levels of educational attainment vary across Essex. As education is such a key driver of future social position and health, we need to understand and address this issue. Its roots may lie in the level of childhood development at school entry as discussed earlier.

Not in Education, Employment or Training (NEETs)

The outcomes associated with becoming NEET (Not in education, employment or training) include teenage pregnancy and earlier parenting, more serious drug use and mental and physical health problems. Other associated outcomes include post 18 unemployment, more insecure and lower paid employment, youth offending and homelessness (Seward, 2012). In the graph below the Essex average is the solid red line and illustrates the numbers of Essex NEETs.

Actions to reduce NEETS continue to have a significant impact. Despite the wider economic situation the proportion of young people in Essex who are not in employment, education or training continue to reduce and we currently perform better in Essex than the national, LEP and regional averages in comparison of NEET percentages based on the latest known stats.
(EssexInsight, 2012)

5.2.3 Stresses on Family Life and Communities

A statistically lower percentage of children in Essex feel they can talk to their parents when they are worried according to the latest Child Health Profile (2009 data). The figure is 62% for Essex with a national average of 64%.

About 13% of pupils aged 7 to 16 years in Essex have poor emotional wellbeing. This can affect their social and emotional development and educational attainment. Children and young people say that their safety, especially from bullying, is their biggest concern.

The percentage of children in poverty in Essex is lower than in England but is rising more rapidly especially in Tendring (Beazley, 2012). The map above shows the latest percentages of children living in poverty in Tendring.

Being a carer can adversely affect the wellbeing of both children and adults (Beazley, 2012).
Stress has been shown to increase the likelihood of people turning to stimulants such as alcohol and drugs (Sinha, 2008). Those who live in more deprived areas tend to have more stressful living environments such as higher crime. The graph shows how a higher deprivation rank e.g. Harlow (1 being the highest deprivation) is associated with increased admission episodes for health conditions attributable to harmful alcohol intake.

(Sources: LAPE, 2012 and Communities and Local Government, 2011b).
5.2.4 Ageing Population, Frailty and Carers

The over 65 population is set to increase nationally and in Essex over the next few years. This is likely to mean that there will be a greater focus on health inequalities involving older people, such as long term conditions, increasing risk of falls, and a larger proportion of unpaid carers.

The ability to keep active and independent depends greatly on mobility. Mobility can be seriously limited as a consequence of age and by the effects of falls which may lead to fractured neck or femur. Falls are a major cause of illness and disability amongst those aged 65 years and over, and one in three older people experiences one or more falls in a year. Falls can result in a loss of independence and may impact on both physical and mental health.

The rate of hospital admission from all accidental falls varies significantly across Essex; the lowest rates are 978 per 100,000 (Tendring) and 1004 (Colchester) and the highest are 1578 per 100,000 (Castle Point) and 1504 (Epping Forest). The latter two districts had higher rates than the England average (1495).

Over half of the people providing unpaid care are aged over 50, which is of particular concern as they are more likely to be suffering from ill health themselves. It is estimated that 83,850 people aged 65 years and older (1 in 6 people) provided unpaid care for others in Essex (2010). It is estimated that two thirds of people with dementia are looked after by unpaid carers. In the future fewer people of working age will be available to care for and support older people; the 2008 sub national
population projections suggest that Braintree will see the biggest decrease in this ratio from just over 3:1 to under 2:1 over the next 25 years.

5.2.5 Life Expectancy Gap
In Essex as a whole, life expectancy is 7.3 years lower for men and 4.9 years lower for women in the most deprived areas of Essex than in the least deprived areas (DoH, 2012de).
5.2.6 Integrating Health and Social Care Systems

Whole Essex Community Budget
In the past it may have been difficult for health and social care to work together due to different resources and funding. Essex is one of 4 National Pilots for Community Budgets. The core idea of community budgets is that a broad range of partners should agree common outcomes and join up activities to achieve those outcomes. Important dimensions are improving quality, efficient use of public money, promoting choice, localism, enabling civil society and prevention of social and economic problems. They will be invaluable for initiatives for helping to reduce health inequalities.
See the website: http://www.wecb.org.uk/

Health conditions are major drivers of the demand for social care and appropriate housing and social care can help to prevent acute health episodes. Residents recognise the issues and want a single approach to their care. Failure to integrate the systems, e.g. through delayed discharges from hospital or poor reablement can be wasteful of public resources.
6 Role of Council Members and other organisations

6.1 Public Health is Everyone’s Business
There is a portfolio holder for health and wellbeing, who is the political lead in Essex for Public Health. However all elected members and Cabinet Members will be expected to share the view that ‘public health is everyone’s business’. This means that no matter what portfolio they hold, they should consider a public health perspective in their work, supported by the Public Health Team. This is echoed in the new ECC Corporate Plan, particularly with respect to ‘tackling the wider causes of ill health’ which have been highlighted in this report (ECC, 2012).

Public Health impacts on, and is impacted on by, much of the work of the County Council:

6.1.1 Deputy Leader and Finance and Transformation Programme
The commissioning of sound public health initiatives can ensure delivery of outcomes as well as driving system productivity gains. The ‘ReachOut’ project tackles the broader determinants of health in the most hard to reach groups and delivers major potential savings to largely city, district and borough partners through reduced housing costs. The pilot in Tendring saved around £1.5 million in two years and we believe a roll out could save around £3 million a year.

6.1.2 Children’s Services
84% of three year olds take up the free nursery offer, nearly all four year olds are in school in reception classes and 86% of pre-school provision is judged by Ofsted as good or outstanding. Despite this the Marmot “score card” shows that Essex is not performing as well as it could do regarding the percentage of children aged 5 with good level of development.
Work is underway to analyse the differences in outcomes to ensure the best support is available to improve the percentage of children achieving a good level of development at the age of 5.

6.1.3 Education, Lifelong Learning and the 2012 Games
The proportion of young people in Essex who are not in employment, education or training continue to reduce and we currently perform better in Essex than the national, LEP and regional averages in comparison of NEET percentages based on the latest known stats. However the % is still higher that we would like and our efforts will continue to keep NEET numbers down.

The health experiences of this group are often poor. Most young people who become NEET can be identified at school and we need to continue to develop methods to optimise their engagement in education. Better school health & well-being can provide a better platform for young people.
Physical activity at the recommended levels will quickly half one’s chance of heart attack and stroke, will reduce levels of diabetes in the future, will improve mental health and will reduce the risk of osteoporosis, fractures and falls.

The latest Sport England Active People survey results, released towards the end of 2012 showed a statistically significant increase across Essex in sports participation with 36% of the people taking part in physical activity at least once a week for 30 minutes at moderate intensity, this up from 35.5% in 2005. In the East region 1,709,200 adults (aged 16 and over) participated in sport at least once a week for 30 minutes, up from 1,556,100 in 2005. Activity is further supported with the % of adults taking part in 3 x 30mins a week of sport or active recreation up from 20.5% in 2005 to 22.1% in the latest survey.

The impact of the 2012 games has been a major contributing factor to these activity levels. Programmes such as Sportivate, Essex Ambassadors, School Games and Carrying the Flame that were put in place locally, in the run up to 2012 helping to “Inspire a Generation” to get involved in Physical activity and Sport. Work with National Governing Bodies has encouraged club structures to open their doors to cope with the increase demand that has been show in the survey in sports such as Cycling, Running, Hockey and Table Tennis. Active Essex continues to drive this legacy into 2013 increasing opportunities for participation, working with Education, Public Health, clubs and other key partners to sustain the interest created.

6.1.4 Highways and Transportation
Transport can play a vital role in the day to day functioning of individuals and businesses in Essex, and potentially impacts on the health of a population via a number of factors including road safety, levels of physical activity undertaken, air quality and access to services. There is therefore a real need to ensure that our transport links (including public transport) are sustainable, but considered alongside their public health implications. The Sustainable Travel Team, Cycling Officer and Travel Planner from Highways have a crucial role in improving public health through improving opportunities around cycling.

6.1.5 Customer Services, Environment and Culture
Social isolation and loneliness have been recognised as a key cause of premature death as well as the cause of a range of mental health issues. A number of community based activities around culture and focusing on libraries can address these issues. The impact of physical activity on health has been discussed, and the way in which the environment facilitates this is key in encouraging physical activity. We also have the opportunity to optimise libraries as community hubs, which can offer a range of services. The recent use of Clacton Library as a site for Diabetic Retinopathy Screening is a good example of how a library can improve a community’s access to preventative health services.
6.1.6 Adult Social Care
We need to optimise the opportunities offered by the many contacts between social care staff and customers to offer simple health promoting advice and support around smoking, alcohol, physical activity, and diet and keeping warm or cool. Additionally there are opportunities to commission public health interventions that will deliver savings through reducing the need for residential social care. As an example, the Senior Health Checks programme, an innovation exclusive to public health in Essex, could deliver nearly £1 million net savings to social care by 2016/17 with additional savings to health.

6.1.7 Economic Growth and Waste and Recycling
There are proved strong casual links between unemployment and health. The impact of unemployment affects not just all aspects of the health of the person who is out of work but also all their family - with more illness, GP and hospital attendees and mental health issues. Ensuring economic prosperity is therefore one of the most important things we can do to improve health in Essex. ECC recognises this as well as the holistic benefits of growth and employment in the county and the administration has made economic growth one of its top priorities through the Economic Growth Strategy.

6.1.8 Communities and Planning
Trading standards and those involved in Community Safety have a key role to play in managing the sale of alcohol and the reduction in binge drinking and alcohol misuse especially in younger people. Essex has seen a doubling in hospital admissions as a result of alcohol misuse in the last 7 years. The public health team are already commissioning the right pattern of services through health providers but we need a more joined up and strategic approach if we are to successfully reverse this trend.

6.2 Public Health and Local Authority Initiatives
Joint working between public health and local authorities in Essex has been occurring in some areas for a number of years. However, in some areas it is still in its infancy. Each locality can learn from the good work of others.

Chelmsford
The Public Health Specialist is working with Chelmsford City Council to deliver improved Public Health in key areas as outlined in the Essex JSNA portrait and the Chelmsford Public Health Strategy. Areas include, amongst others, housing, fuel poverty and excess winter deaths.

Brentwood
The Public Health Specialist is aiming to form a Lead Council Officer Group representing all relevant departments (such as housing, planning, leisure and environmental health) in order to take forward the public health priorities in the area. There is also a plan to have a public health link on the Council external website providing the public (and Council) with information regarding public health.
Maldon
The Public Health Specialist is working with the local authority to embed health impact assessments in the local development plan. This would provide a means of ensuring that promotion of healthy lifestyles and access to healthcare are considered in housing development proposals. She is also working with them to ensure that the public health outcomes related to physical activity are embedded within the forthcoming Council Leisure Strategy.

Colchester
Public Health has been working with the Borough Council for a number of years. The Public Health Specialist post sits within the Life Opportunities Department, coordinating the delivery of local health inequality plans and supporting partnership working across a range of topics on a range of topics including community safety, licensing, planning and housing.

Basildon
The Council have a Partnership Renaissance Group containing senior management from the Council, CCG and Public Health. The Delivery Group from this senior partnership has the responsibility of delivering its actions, including public health. The Public Health Specialist is also linking with the Council Public Health Lead and various Council Task and Finish Groups to develop ways forward for Public Health and Health Inequalities.

Braintree
The Public Health Specialist is providing advice and support to the corporate leadership team in the delivery of the Corporate and Business Plan (Braintree District Council, 2012) and how to integrate Public Health into the culture and policy decision making process of the organisation which includes promoting safe and healthy living.

Castle Point and Rochford
The Health and Wellbeing Board is led by the local Councillor, and the Public Health Specialist is working with the Board to formulate an action plan for delivery (including tackling the health inequalities identified by the JSNA).

Tendring
The Public Health Specialist is working with the local authority on delivering the EssexFamilies Project, working to achieve better outcomes for families with complex needs, promoting independence, health and well-being. This is one of 16 National Community Budget pilot schemes and is also being piloted in Harlow, Castle Point and Rochford, Colchester and Basildon.
6.3 Health and Wellbeing Board
This is a forum where key leaders from the health and social care system work together to improve the health and wellbeing of the local population and to reduce health inequalities. Each top tier and unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined up way.

In Essex this board at county level is currently in shadow form. The Board consists of, among others, five Clinical Commissioning Group representatives, three Essex County Council Members, the Chief Executive of the Council, Essex County Council Director to Adult Social Care and Children’s Services, Director of Public Health, Representatives from Healthwatch, four District/Borough/City Council Representatives, a Voluntary Sector representative, NHS Commissioning Board Essex LAT Director and representation on occasion from the Health and Wellbeing

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**Epping Forest**
The key link for the Public Health Specialist is the Local Strategic Partnership Manager. Through the JSNA and Local Area profiles they are examining how best to reduce health inequalities in the area. Efforts will be made to integrate service commissioning and provision, so that multi-agency multi-topic interventions are being delivered to target groups in an integrated way. Engagement with local communities will be key to reducing the health and social care impact of people living with long term conditions, and to reducing the chance that those at risk develop preventable disease.

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**Uttlesford**
One of the key themes of the sustainable community strategy is to focus on supporting the health and wellbeing of residents. The theme is owned by the Health and Wellbeing Group, and the Public Health Specialist is working with the Head of Environmental Health to formulate an Uttlesford Public Health Strategy to address health inequalities in the area. This will focus on key priorities determined in the Essex Joint Strategic Needs Assessment and in the Essex Health and Wellbeing Strategy.

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**Harlow**
The District Council is currently working on a Health and Wellbeing Strategy. Public Health is working with the Council to bring a health and health inequalities perspective to the good work already being done by the Community Safety Partnership.
Boards of Southend on Sea Council and Thurrock Council. The recently published Joint Health and Wellbeing Strategy for 2013-2018 provides the vision and direction for the Board. Most city, district and borough councils are developing their own local Health and Wellbeing Boards to perform this work at a more local level.
7 Summary

- Almost everything that Essex County Council does can have an impact on the health and wellbeing of the population we serve.
- The broader determinants of health including employment, education, housing and deprivation are important and provide an opportunity for joint working.
- Similarly the role of city, districts, boroughs and the health services as well as other key partners is key to improving health and well-being.
- Public Health capacity may aid success in a range of corporate endeavours.
- We need to optimise the opportunity presented by public health moving into the local authority through ensuring full integration with those areas that impact on public health.
- Tackling health inequalities should be embedded in Essex County Council’s commissioning ethos.
- The Essex Health & Wellbeing Board and Essex County Council members have a critical role to play in developing the Public Health capabilities of Essex County Council and partners to deliver better Public Health outcomes.
References


Essex Health and Wellbeing Board (2012), 2013 to 2018 Essex Health & Wellbeing Board Joint Health & Wellbeing Strategy for Essex, WWW page at:
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