Version 4

"Health at the Heart of Thurrock"

Thurrock Annual Public Health Report 2013

THURROCK COUNCIL

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Director of Public Health

Dr Andrea Atherton

On the 1 April 2013, the Health and Social Care Act 2012 introduced the establishment of a new public health system in which Thurrock Council became responsible for the local public health function, with a statutory duty to improve the health of the population.

Annual public health reports have played an important part in public health practice since the early days of the Medical Officer for Health, when public health was originally based in local authorities. They remain an important vehicle for informing local people about the health of their community as well as providing the necessary information for decision makers in local authorities and local health services on health gaps and priorities that need to be addressed.

I am delighted to present my first Annual Public Health Report as the Director of Public Health for Thurrock Council. This year my report focuses on some of the lifestyle factors in Thurrock and the opportunities we have to link the council's regeneration and development aspirations to empower our communities to lead healthier lives.

Some of the things that determine our health and wellbeing are within our control while others happen to us. Thurrock is evolving into an exciting place to live with richly diverse communities and growing numbers of young people complementing the increasing numbers of older people.

This report looks at some of the things that shape our communities at the present and in the future.

I hope that this report appeals to a wider readership and contributes to a better understanding of the opportunities we have to improve the health of our people in Thurrock.

Portfolio Holder Message

Councillor Barbara Rice

As the portfolio holder for Adult Social Care and Health as well as Chair of the new statutory Health & Wellbeing Board, I am really pleased to be providing an introduction to this Annual Report from the Director of Public Health and her team. Local authorities took over responsibility for the public health of their residents on 1 April 2013.

This represents a welcoming opportunity for us in Thurrock as we work across teams with our new public health colleagues to make the most of our opportunities in planning, managing the local environment, housing, schools and education and children's services in order to improve both health and wellbeing. We find ourselves in a difficult situation locally being one of the only councils nationally to receive less funding than the 2012/13 spend on public health. Using last year's spend on services we should have received £8,541m but we only received £7,414m; this represents a 12.7% reduction which we are challenging nationally. We will now be commissioning a range of services such as stop smoking, weight management, school nursing and sexual health, overseeing the provision of immunisations for children and older people, and ensuring that Public Health England continues to improve uptake of cancer and other screening services.

We are already working in partnership with Thurrock Clinical Commissioning Group, who from the 1st April 2013 have taken responsibility for commissioning health services as well as the voluntary sector and local residents to tackle many of the issues raised in this report. We are not going into this period thinking we know it all – far from it. The transfer of public health is all about bringing the different pieces of the jigsaw together so we have the full picture. We appreciate that the local authority is in an advantageous position as its members and officers already work in areas that have an influence on people's health and wellbeing. We know about social care, planning, education and environmental services. It's what we do, day after day. Where we need to brush up on our understanding, however, is the sheer scope of work that our public health colleagues have been undertaking so that together we can tackle inequalities in a meaningful way. With the council's new responsibilities for public health we will be combining a wide range of skills and expertise thanks to the vital contribution of our new colleagues.

Thurrock Council Leadership

"In Planning and Transportation we work to provide reliable transportation in Thurrock to give access to open spaces and jobs, sustainable travel reduces vehicle emissions, encourages walking and cycling which leads to a healthier people. Our local development framework promotes health and wellbeing by its choice of development sites."

David Bull, Director of Planning & Transportation

We will work to ensure that residents and visitors can enjoy Thurrock's open spaces, that Thurrock is clean and safe and that through emergency planning and preparedness we are ready for any emergency. We will also continue to work to monitor air quality and contaminated land and work with those companies which may cause pollution in Thurrock. The team will also work to continue to support those with substance misuse problems and preventing underage young people getting access to cigarettes and alcohol. *We will continue to work with our partners to provide sports* and leisure facilities within Thurrock

Lucy Magill, Director of Environment

"Public Health moving into the local authority offers a fantastic opportunity for the whole council to mobilise its efforts behind health improvement at every level"

Roger Harris, Director of Adults, Health & Commissioning

"Bringing responsibility for Public Health into Thurrock Council has enabled us to reassess our strategic priorities and improving the health of residents is now expressed as one of the top 5 priorities for the council. This will help to change the way we deliver services, working with communities to improve health and wellbeing and reduce inequalities. This work, alongside delivering our growth agenda, will enable positive improvements to the lives of local people".

"Bringing public health into the council is making a real difference already to the health and wellbeing of children and young people in Thurrock. The strategic importance of having public health colleagues working alongside other services for children cannot be overestimated".

Carmel Littleton, Director of Children's Services

Working with Public Health

'Having a job is the single most important factor in improving health outcomes, so in delivering Thurrock's growth agenda and helping local people gain access to employment, I look forward to working with public health colleagues to improve the health of residents across Thurrock.'

Steve Cox, Assistant CEO

"There is no doubt in our minds that there is a link between Health and Housing. This coming year we will be looking to work with our Health colleagues to look at the key housing risks (such as excess cold, damp and falls) that affect people's health and drive the demand for health services. Through this work we will look to increase housing standards and increase the health of our residents."

Barbara Brownlee, Director of Housing

NHS Thurrock Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group (CCG) took up responsibility for commissioning and delivering local health care services on 1st April 2013.
Driven by clinicians, the CCG is supported by a wide range of professionals and strategic partners, to commission and deliver joined up seamless quality services to the public, patients and carers of Thurrock. Our vision statement is: “The health and care experience of the people of Thurrock will be improved as a result of our working effectively together” and we are proud of the close partnership working that has already been established between our local partners, including Thurrock Council and the Public Health team. We will commission services based on the needs of residents with the help of our partners. These needs will be assessed by producing a new and refreshed Joint Strategic Needs Assessment (JSNA) in early 2014. The new JSNA will be updated as soon as information and data is available ensuring that we no longer need to produce an annual document.

NHS Thurrock CCG is committed to being proactively involved in the JSNA and the Health and Wellbeing Board HWBB. As we carry out our commissioning duties, we welcome Thurrock Public Health team’s specialist expertise and advice on the following:

- Profiling the local practice and resident population and identifying those at greatest risk
- Prioritisation toward decisions around investments and disinvestments
- Providing evidence of cost and clinical effectiveness to challenge providers
- Advising on evidence based practice
- Offer public health specialist advice
- Help and support addressing inequalities

We are confident that together we will really make a difference to the health and wellbeing of our communities.

Mandy Ansell, Chief Operating Officer, NHS Thurrock CCG

Thurrock's Vision

"*Thurrock*: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish"

Introduction

The Health and Social Care Bill gained Royal Assent on 27th March 2012 to become the Health and Social Care Act 2012. The Act is a crucial part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes. As part of this Act, local public health leadership and responsibility has been returned to local government. Health and Wellbeing Boards (HWBBs) based in local authorities will provide a forum to set the local framework for commissioning of health care, social care and public health services.

Each local authority and their individual Director of Public Health will act as strategic public health leaders for their local population. They will lead discussions about how their public health ring-fenced monies should be spent to improve outcomes for people's health and well-being locally in conjunction with partners through the Health and Wellbeing Board. They should be in a position to ensure public health is always considered when local authorities, clinical commissioning groups and the NHS make decisions. Table 1 below summarises recent changes resulting from the Health and Social Care Act 2012

The Health and Social Care Act 2012 has resulted in significant changes to the way that public health and health services are commissioned. Public Health became the responsibility of local authorities on the 1 April 2013.	The Director of Public Health is accountable for the delivery of the council's public health duties and responsibilities.
The Health and Wellbeing Board became statutory on 1 April 2013. Responsible for publishing a Joint Health and Wellbeing Strategy and leading partnership working priorities for health and wellbeing have been agreed by the Health and Wellbeing Board. Obesity and Smoking are key priorities for public health in 2014/15	Progress in public health will be measured by the Public Health Outcomes Framework. Public health's key areas Health improvement Health protection Healthcare public health
A Public Health Grant is provided to local authorities to enable them to deliver their public health responsibilities. For Thurrock public health the grant for 2013-14 is £7.4 million. This represents a shortfall of 12.7% from the 2010/11 public health spend for Thurrock residents	Local health services will be commissioned by Thurrock's Clinical Commissioning Group and by the NHS England.(Essex Team). The NHS Outcomes Framework sets out where improvement in effectiveness, experience and quality should be achieved.

Table 1 Summary of changes influenced by the Health & Social Care Act 2012

Local authorities have a role across the three domains of public health:

Health improvement includes: addressing inequalities and the causes of inequalities, education, housing, employment, family/community, lifestyles, surveillance and monitoring of specific diseases and risk factors.

Health protection includes: infectious diseases, chemicals and poisons, radiation, emergency planning and response, and environmental health hazards.

Healthcare public health includes: public health input into the commissioning of Health Service Needs Assessments, pathway redesign, providing evidence of clinical effectiveness, service specifications, and monitoring of key performance indicators, with the aim of improving health and wellbeing and reducing inequalities. This is all underpinned by Public Health Intelligence: a central source of information for everyone involved in public health decisions.
The role of Public Health Intelligence includes:

- Providing information on key life events e.g. births and deaths
- Monitoring health and disease trends using evidence from public health information, to highlight areas for action.
- Providing information on health and wellbeing outcomes for a population
- Evaluating the progress made in improving health and wellbeing, and reducing health inequalities for the population

Public health is about promoting wellness, not just dealing with illness, and looks at the impact on health and wellbeing of social, economical, political and environmental factors as well as individual behaviour. In short, we are only as healthy as the society we live in. It is clear that public health is a huge responsibility. That said, as the majority of public health functions return to the Local Authority, the collective abilities of all of those involved can create a brighter future for our residents. Thurrock Council will be responsible for commissioning and co-ordinating with partner agencies:-

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Activities to tackle obesity such as community lifestyle and weight management services
- Increasing levels of physical activity in the local population
- Locally-led nutrition initiatives
- Public health services for children and young people aged 5-19 - including Healthy Child Programme 5-19 (and in the longer term all public health services for children and young people)
- The National Child Measurement Programme
- NHS Health Check assessments
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level actions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health-funded and NHS delivered services such as immunisation and screening programmes
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Aspects of health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks
- Provision of population healthcare advice to the NHS

By doing all of this, our aim is to improve the health and wellbeing of all Thurrock residents, while improving the health and wellbeing of the poorest fastest and to reduce inequalities. Together, we have the ability to influence those areas which have a direct impact on people's health and wellbeing such as planning, regeneration, leisure opportunities, education, housing, social care and the environment. We are also united in our understanding of the Marmot Review: Fair Society, Healthy Lives, which encourages us to look at the bigger picture in our borough and ensure there is a co-ordinated approach to the challenges that we face. This approach will bring colleagues from the public, private and voluntary sectors, together with the residents of Thurrock to ensure we can bring about meaningful improvements.

The Health and Wellbeing Board (HWBB) brings partners together to lead the integration of health and well-being services across the NHS and local government, to assess the community's assets and needs and develop **a Health and Well-Being Strategy (HWBS**) to improve the health and well-being of the community and to reduce inequalities.

The HWBB priority is to 'improve health and well-being' and has three specific objectives that this Strategy will deliver:

- Ensure people stay healthy longer
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and well-being.

The vision is to have **'Resourceful and resilient people in resourceful and resilient communities'.**

The HWBB has agreed with partners four aims:

1. Every child has the best possible start in life
2. People make better lifestyle choices and take more responsibility for their health and wellbeing
3. People stay healthy longer, adding years to life and life to years
4. The health and well-being of communities in Thurrock are more equal

Core principles will shape the delivery of a HWBS for the population of Thurrock, key components are prevention and early intervention; partnership working; integration and joint working; community-based solutions; choice, empowerment, control and personal responsibility. In the 2013 – 2016 Strategy we have agreed to two public health priorities for the population of Thurrock, these are:

- Reduce the prevalence of smoking in Thurrock
- Reduce the prevalence of obesity in Thurrock

Reduced resource is a challenge across England, and Thurrock is no different. Alongside a reduction in available resource, the pressure for demand-led services continues to rise. This is particularly true for social care – both adult and children's services; and for NHS treatment which is costly both due to advances in medicine but also as a result of the impact of lifestyle choices. Locally, the health reforms provide partners with the opportunity to do and look at things differently – including how strengths and assets already contained within the community can be better utilised. The HWB, will use all resources at its disposal to improve health and well-being, for example the use of regulatory powers such as through Trading Standards. A focus on early intervention and prevention will be central to prolonging healthy lives, reducing reliance on service provision, and ensuring resource is able to match demand. Improving outcomes against the backdrop of reduced resource will be a key challenge for the HWBB.

Public Health in Thurrock will improve the health and wellbeing of the local population, therefore reducing the demand for health and social care with the aim of bringing down costs. We aim to do this through our exciting new community regeneration programmes by empowering our communities to build on the

assets of their own communities to become resilient and resourceful. We will also provide lifestyle services, support and advice to improve the wellbeing of our communities.

Our Facts and Figures

Thurrock covers 64sq miles with over 18 miles of coast line and is situated in south Essex and lies to the east of London on the north banks of the River Thames that includes the port of Tilbury, which is a key regeneration area in Thurrock.

Residents of Thurrock originate from various countries and areas, speak several languages and practice different religions. Figures from the 2011 census show that 7.8% (12,352) persons were born outside of the UK which is a 3.51 % (5,025) increase from the 2001 census.

Christianity is the most common religion in Thurrock. In the 2011 census, one third of people said they had no religion or did not state a religion. Of those that stated their religion, 93.6% are Christian and 3% Muslim, which were the most common religions within Thurrock.

In Thurrock, the majority of the population is White (85.9%), which is similar to England (85.4%). Nevertheless, comparing the 2001 and 2011 census, there is a significant increase in the percentage of Black or Black origin people in Thurrock (1.2% to 7.8%) with less evident increases in the Asian (2% to 3%) and Mixed origin population (0.9% to 2%).

Thurrock population has grown from 143,297 to 157,705 since 2001. This is an increase of about 10.05% which is significantly higher than East of England and England. Of this growth, male residents in Thurrock have increased by 11.7% (77,823) from 2001 while female residents have increased by 8.74% (79,882).

Long-term unemployment in Thurrock is similar to the England average, with 10.1 per 1,000 population of the 18-64 age group in Thurrock without work, compared to 9.5 per 1,000 of the population across England.

Some areas of Thurrock experience high levels of deprivation (Belhus, Tilbury, Chadwell, Grays Riverside, Ockendon and West Thurrock/Purfleet), with 12.4% of people living in the 20% most deprived areas in England.

Violent crime in Thurrock is similar to the England average. Distraction burglaries have decreased through strong partnership work across Trading Standards, Adult Social Care, and Essex Police.

Adult social care services and support are helping to keep people safe. In 2012, 83% of people who use adult social care support and services said that this support made them feel safe and secure. This places Thurrock among the top performers in the country and significantly above the national average of 75%.

Educational attainment and outcomes are improving in Thurrock. Thurrock has narrowed the gap between the lowest achieving 20% in early years' foundation stage and the rest by 7% over the past three years.

Attainment at age 16 has continued to improve and reflects the wide range of education and training opportunities for young people. Thurrock benefits from an outstanding 6th form college and also the developing 6th form provision in our schools.

Thurrock Facts & Figures

2,388
Births in Thurrock during 2011

157, 705
Thurrock's estimated population, projected be 207,200 by 2033

22,000
Was the number of residents who migrated into Thurrock from East London between 1999 and 2006.

21.9%
Of Thurrock children live in poverty which is similar to England average.

70.1%
Of new mother's initiating breastfeeding

8.3
Life expectancy gap in men between the least and most deprived areas in Thurrock

3.6
Life expectancy gap in women between the least and most deprived areas in Thurrock

3,459
Chlamydia tests were performed from January – December 2012

28.1% (33,150)
Of the adult population of Thurrock is obese (modelled estimate 2006- 2008)

10.9% (653)
Of children in reception year in Thurrock are obese

22.2% (1,114)
Of children in year 6 in Thurrock are obese

10.9%
Of Thurrock residents participate in recommended levels of physical activity (2009 – 2011)

20.6%
Of the adult population (16+) smoke (2011/12)

1,360+
People stopped smoking with help from the stop smoking services (2012/13)

69.4 %
Of over 65's were immunised with the flu vaccine. (2012/13)

112
Thurrock has 7 conservation areas, 93 parks and open spaces (4 with the green flag award) and 12 Sites of Specific Scientific Interest (SSSI).

2,592
Health Check target achieved (2012/2013)

147
Of adult drug users successfully completed treatment (2011/2012)

33.1
Teenage conception rate, per 1,000 live births in Thurrock

4.9
Per 1, 000 of 15-24 year olds in Thurrock use opiate and/or crack cocaine

5.11
Per 1,000 of young people (9 – 17years) are currently receiving drugs or alcohol treatment

Did you know...
More people die from lung cancer and smoking related diseases in Thurrock than the East of England

Longer Lives – in Thurrock

In June 2013, Public Health England launched its first major initiative, 'Longer Lives'. This online tool presents information about premature mortality for all 150 local authorities in England, including a breakdown of early deaths due to cancer, heart disease and stroke, lung disease and liver disease. The Longer Lives tool also allows ranking of local authorities compared to 14 others with similar levels of socio-economic deprivation, using the Index of Multiple Deprivation 2010.

The Longer Lives tool identifies that Thurrock has high rates of overall premature deaths.

Between 2009 and 2011 there were 1,227 premature deaths in Thurrock. (A directly standardised mortality rate of 272 per 100,000 population). Of these 1,227 premature deaths, 81% were due to the four main disease groups: cancer, heart disease and stroke, lung disease and liver disease.

When compared with the grouping of similar local authorities used in Longer Lives, Thurrock has the highest overall rate of premature deaths from cancer and also high rates for deaths from heart disease and stroke (rank 14th out of 15) and lung disease (rank 12th out of 15). In contrast, Thurrock has the lowest rates of liver disease in its comparator group and has a national ranking of 8th out of 150 local authorities. Table 2 provides a summary of the statistics for premature mortality in Thurrock from the Longer Lives results.

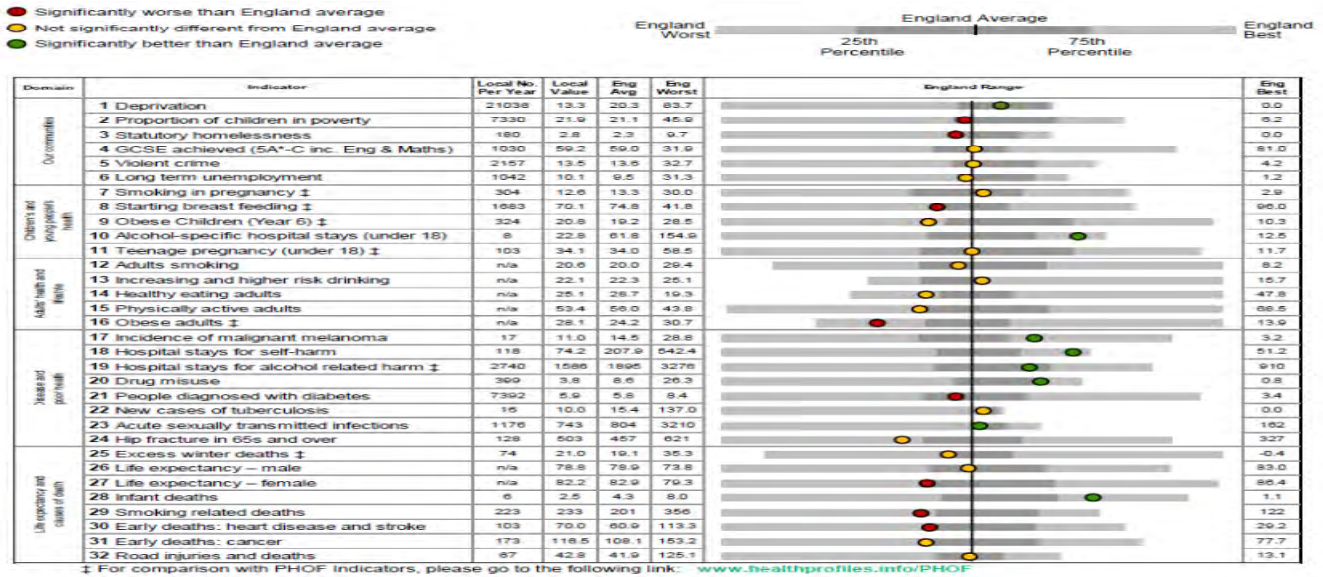
Table 2 Summary Statistics for Premature Mortality for Thurrock from Longer Lives

	(Number) and rate per 100,000 population	**Thurrock National rank* out of 150 local authorities**	**Thurrock Rank out of 15 local authorities with similar IMD 10**
Overall premature mortality	**(1227) 272**	**71st**	**11th**
Cancer	**(518) 115**	**96th**	**15th**
Heart disease and stroke	**(319) 71**	**94th**	**14th**
Lung disease	**(114) 25**	**75th**	**12th**
Liver disease	**(43) 9**	**8th**	**1st**

The health of the people of Thurrock is mixed against the England average – High Level Summary:

- Deprivation is lower than average
- 7,300 children live in poverty
- Life expectancy is 8.3 years lower for men in the most deprived areas of Thurrock than in the least deprived areas.
- Over the last 10 years, all-cause mortality rates have fallen.
- The early death rate from heart disease and stroke has fallen from 2012, but is still higher than the England average.
- 20.8% of Year 6 children are classified as obese, which is lower than the 2012 level (25.1%), but is still higher than the average for England (19.2%).
- The level of breast feeding initiation (70.1%) is lower than the England average (74.8%).
- The rate of alcohol-specific hospital stays among those under 18 is lower than the England average.
- The estimated level of obese adults (28.1%) is higher than the England average (24.2%).
- 20.6% of adults are estimated to be smokers - this has reduced from the 2012 level (23.2%) and is now statistically similar to the England average (20.0%).
- The rate of smoking related deaths is higher than the England average.
- The rates of hospital stays for alcohol related harm, Sexually transmitted infections, violent crime, and incidence of malignant melanoma, hospital stays for self-harm and drug misuse are lower than the England averages.

Priorities in Thurrock focus on reducing inequalities in life expectancy by reducing smoking and obesity prevalence which is reflective of the priorities of the Thurrock's HWBS. Table 3 below shows the data published on the Health Profile of Thurrock in 2013.



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	21038	13.3	20.3	83.7		0.0
	2 Proportion of children in poverty	7330	21.9	21.1	45.9		6.2
	3 Statutory homelessness	180	2.8	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1030	59.2	59.0	31.9		81.0
	5 Violent crime	2157	13.5	13.6	32.7		4.2
	6 Long term unemployment	1042	10.1	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy ‡	304	12.6	13.3	30.0		2.9
	8 Starting breast feeding ‡	1683	70.1	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	324	20.8	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	8	22.8	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	103	34.1	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	20.6	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	22.1	22.3	25.1		15.7
	14 Healthy eating adults	n/a	25.1	28.7	19.3		47.8
	15 Physically active adults	n/a	53.4	56.0	43.8		66.5
	16 Obese adults ‡	n/a	28.1	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	17	11.0	14.5	28.8		3.2
	18 Hospital stays for self-harm	118	74.2	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	2740	1586	1895	3276		910
	20 Drug misuse	399	3.8	8.6	26.3		0.8
	21 People diagnosed with diabetes	7392	5.9	5.8	8.4		3.4
	22 New cases of tuberculosis	15	10.0	15.4	137.0		0.0
	23 Acute sexually transmitted infections	1176	743	804	3210		162
	24 Hip fracture in 65s and over	128	503	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	74	21.0	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.8	78.9	73.8		83.0
	27 Life expectancy – female	n/a	82.2	82.9	79.3		86.4
	28 Infant deaths	6	2.5	4.3	8.0		1.1
	29 Smoking related deaths	223	233	201	356		122
	30 Early deaths: heart disease and stroke	103	70.0	60.9	113.3		29.2
	31 Early deaths: cancer	173	118.5	108.1	153.2		77.7
	32 Road injuries and deaths	67	42.8	41.9	125.1		13.1

‡ For comparison with PHOF indicators, please go to the following link: www.healthprofiles.info/PHOF

Source: APHO, Health Profile 2013 Thurrock

The Impact of Inequality in Thurrock on Life Expectancy and Morbidity

Boy: Lives in the 20% most deprived area in Thurrock and England with poorer environmental and housing conditions Life expectancy at birth is 73 years which is 11 years less than the Orsett girl and 8.3 years less than the boy in Orsett

Girl: Lives in the 20% least deprived areas in Thurrock and England with quality environmental and housing conditions. Life expectancy at Birth is 84 years which is 11 years more than the Tilbury boy and 3.6 years more than a girl born in Tilbury St Chads

Why does it matter where you live?

People's general health and wellbeing is improving which means that they are living longer. However, this level of improvement is higher among those who are better-off compared to those who are less well-off.

In Thurrock, for example, men from the most affluent areas are expected to live on average, nearly 8.3 years longer than men from the poorest areas. For women, the difference is nearly 3.6 years (as illustrated in the picture above). This difference is an example of an inequality in health, yet it can be avoided. People's health and wellbeing is affected by conditions in which they are born, grow, live, work and age. These conditions are known as the social determinants of health and include:

- Income
- Employment
- Education
- Skills and qualifications
- Housing
- Social community and networks
- Leisure and recreation
- Transport

Any disadvantages in these conditions can occur as early as before birth and they can build up throughout life. For example, poor education in childhood impacts on the development of skills and qualifications that are needed for employment. This subsequently impacts on income, which could affect the ability

to afford good quality housing or recreational activity. Any action to reduce inequalities in health and wellbeing must therefore start before birth and continue through to working age and beyond.

Regeneration and Growth

Thurrock has an ambitious and wide-ranging growth agenda as set out within its 10-year Community Regeneration Strategy. One of the aims of the Strategy is to ensure that local people benefit significantly from the regeneration programme. The Strategy is key to improving health and well-being and reducing inequalities through the enhanced opportunities available to local people. Key aspects of the growth and regeneration agenda are:

- 18,500 new homes and 26,000 new jobs by 2021
- Five growth hubs – Grays, London Gateway, Lakeside Basin, Purfleet; and Tilbury
- Neighbourhood action plans for areas outside of the 5 growth hubs – including economic development activity
- A series of economic development and environmental programmes

Thurrock's regeneration programme is foremost on the council's agenda, working towards a place "where communities and businesses flourish and the quality of life is continually improving". The regeneration agenda is focused around a broad range of coordinated programmes

- Establishment of a major new college in South Grays is well underway, South Essex College's Thurrock Campus
- Tilbury is currently home to around 12,000 people and is dominated by the presence of Tilbury Port (which is set to create 1,000 new jobs)
- The RSPB has developed Rainham Marshes site into a world class wildlife haven significantly expanding its dry-side activities into Tilbury
- Transforming 58 hectares (140 acres) of brownfield land into a new centre, accommodating up to 3,000 new homes - Purfleet
- The expansion of London Gateway is now underway. When completed, the port will be the UK's first 21st century major deep-sea container port
- High House Production Park transformation of a 14 acre dilapidated Grade II listed farm into an exciting hub for creative and cultural industries

Empowering the community

Thurrock has already embarked on a whole system transformation programme of care and support services called Building Positive Futures which embraces all council services including public health, our social care and housing providers, voluntary sector, faith groups and the communities themselves. 'Building Positive Futures' has gained widespread support across health, housing, public health, community and community safety partners and centres on three main themes:

1. Better health: to prevent unnecessary admissions to hospital and residential care and to reduce length of stay where admission is needed;
2. Improved housing and the built environment: to give older and vulnerable people more – and better – choice over how and where they live and to support independent living;
3. Stronger neighbourhoods: to create more hospitable, age-friendly communities.

The shared ambitions of our partners in Building Positive Futures can be summarised as:

- Cultural change: moving from needs to strengths and from services to citizenship in order to reduce dependency
- Strengthening communities: more welcoming, inclusive and supportive;
- Prevention: the new front end, with services as a backup
- Service integration: shared action and responsibility
- Person-centred care and support: Making it Real – as the marker of success.

Thurrock is in the process of developing Community Hubs – the first; a pathfinder is in South Ockendon. Learning from the pathfinder will shape the roll out across the Borough. Community Hubs embody the principles of Asset Based Community Development (ABCD). They mark the changing relationship between public services and citizens – with a shift to empowering individuals to support themselves. Community Hubs will represent shared leadership between the community and Council, to realise and deploy all of a community's resources to build resilience and readiness for a harsher economic future both nationally and locally.

As part of these developments public health will be empowering communities and people to self manage any existing conditions and to take steps to improve their own wellbeing. Promoting health and wellbeing now is paramount to Thurrock Council becoming a sustainable organisation paying for those services that will have direct impact, but supporting communities to look at the assets already available in their local communities in the future.

South Ockendon Centre

The successful opening of the South Ockendon Community (SOC) Hub has provided some early insight into the potential for Hubs to enable a more targeted approach to public health. The South Ockendon Centre is already facilitating NHS Health Checks and there are exciting plans to utilise this model for more public health support in the future at the SOC and at future Hubs as they roll out across Thurrock. Captured below are some quotes from the community users of the Hub:

- *"What a difference! Lovely atmosphere, great to have a place for people to gather together. Very well done!!"*
- *" Very impressed and satisfied with information received."*
- *" Julie is fantastic. Julie has helped me so much. I'm very grateful and want to say a massive thank you."*
- *"Was very impressed and grateful. This service is better than the Council."*
- *"Great community service. Everything under one roof. Great."*
- *"Very, very impressed with the hub. It is buzzing and friendly. Amazed with all that is going on."*
- *"I like it here. It's great."*
- *"Very pleased and very helpful. Ten out of ten"*

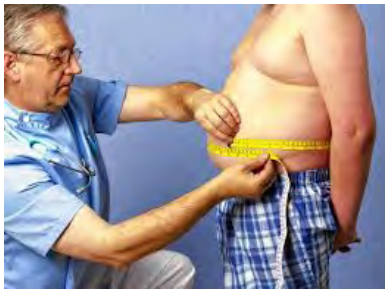
local area coordination network

Thurrock Council has just started the journey of building Local Area Coordination alongside local citizens, services and communities as part of their vision for developing further the existing work around building more welcoming, inclusive and mutually supportive communities.

Local Area Coordination (LAC) is about citizenship, inclusion, contribution and leadership, therefore finding your preferred LAC must be about real joint working, co-production….doing it together. In Thurrock, they did just that. Local people, statutory services and community organisations came together to find their first Local Area Co-ordinators, the first three were recruited by the local community, two further LACs are to be recruited again by the community.

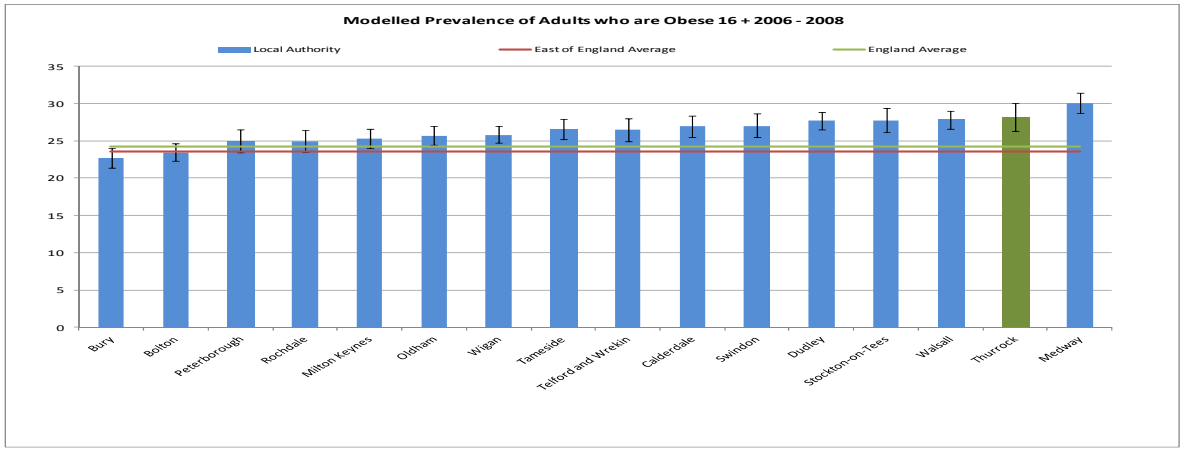
Public Health in Thurrock

Healthy Weight and Active Lifestyles



Thurrock HWBS identified obesity as one of the top priorities for the council. The circumstances leading to overweight and obesity are both simple and complex. At a basic level, weight gain is caused by an imbalance between energy in (consumption of food and drink) and energy out (energy used by metabolism and physical activity), so is strongly related to lifestyle (eating, drinking and physical activity levels). However the Foresight Report[i] recognised and documented the complex interplay of social, psychological and environmental factors which affect what and how much people eat and how active they are, emphasising the need for a whole community approach to tackling obesity and encouraged focus on developing policy and infrastructure to support healthier lifestyle choices.

Figure 1 Prevalence of Adult Obesity (16+) (male and female 2006 - 08)



As shown in the graph (Figure 1), the estimated prevalence of obese adults 16 years and above in Thurrock in comparison with other areas is significantly greater than East of England and England average. The prevalence is similar to most of the other areas although only significantly greater than the CIPFA comparator local authorities of Bolton and Bury.

Source: ERPHO East of England Lifestyle Survey 2008

What we offer our community

Healthy Weight - Adults

Health Checks

The NHS Health Check Programme started across England in 2009. It aims to identify and help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited once every five years to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. Those people who are identified as being at particular risk or with early signs of disease are offered lifestyle advice or referred to their GP as appropriate. Everyone who has an NHS Health Check will be given personalised advice on how to manage their level of risk of disease and improve their health. In Thurrock, we commissioned 2,592 health checks for our eligible population (aged 40 to 74 years without chronic conditions) in 2012/13. A health check includes questions about health, smoking status and family history, and measurement of height, weight, blood pressure and blood cholesterol. Questions about alcohol consumption have recently been introduced and people aged 40 to 74 will be given information to raise their awareness about dementia and the availability of memory services. Health checks are carried out by the Vitality Health and Wellbeing service as well as from our local GPs.

Healthy Weight and Expectant Mothers

The team have worked with the audit and research midwife at Basildon and Thurrock University Hospital NHS Foundation Trust (BTUH) following the midwifery department's participation in the Slimming World pilot HELP (Healthy Eating and Lifestyle in Pregnancy).The information from the HELP pilot shows that around 1 in 5 pregnant women in the UK are obese, within BTUH 15% of women have a BMI greater than 30 (classified as obese) and 40% have a BMI greater than 25 (overweight) at the start of their pregnancy. As well as the risks to health from obesity this can be of concern causing complications in pregnancy. In addition retaining weight gain following pregnancy can lead to long term obesity. Excess maternal weight gain during pregnancy is associated with obesity in the child at 3 years and in adolescence, which suggests there is potential for influencing not only the mother's lifestyle but the child's weight and the family's health behaviour.

To follow on from the participation in the HELP study the public health team have funded a Slimming World pilot programme for expectant mothers in consultation with their midwives. The results of this pilot will be reported back to the Public Health team to determine the long term place for this initiative.

Healthy 4 Life programme
This is a community based 12 week programme offering information and support to individuals wishing to make sustainable lifestyle changes and increase their physical activity. The programme includes information sessions on healthy food choices, combating stress and benefits of physical exercise. Participant feedback identifies that

"The way in which healthy eating and exercise is promoted is far better than any quick fix you get with dieting and if followed properly it's a change for life" (*Peter, South Ockendon, 2011*).

Active Lifestyles for Adults

Physical activity is an important part of a healthy lifestyle. The term "physical activity" should not be mistaken with "exercise". Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities (Department of Health, 2011).

Local Authority Transport Plans and Active Travel
Public Health has been involved in planning and developing some of the new transport and active travel plans. These have included encouraging staff to walk, cycle, car share and use public transport to get to work. This work also encourages staff to be more active outside of work. We are working with partners around air pollution, opening up public rights of way and mapping and improving access to green spaces.

Work Place Wellbeing
We commission the Vitality service to offer advice and support to quit smoking, NHS Health Checks and in promoting healthy lifestyles to staff. Public Health has been working with ThurrockCouncil Communications Department to develop methods of cascading Public Health England's national campaign messages, such as Stoptober, immunisation campaigns and the recent lung cancer campaign.

Employee Wellbeing Programme
The public health team commissioned an employee wellbeing project on the back of the 2012/13 staff survey, which identified sickness rates were increasing and one of the main reasons given was stress at work. A total of 145 staff are now actively involved in the programme which is a subsidised scheme offering employees membership to local leisure facilities and free access to a national weight management provider across Thurrock. Early evaluation of the pilot is showing good outcomes for how employees feel, about their health further audits will be carried out in the late summer to review the impact on sickness rates.

Feedback to date has included the following quote;

"I am really enjoying this programme and I feel my health has improved greatly" (John, 2013)

Get Healthy Get in to Sports

The public health team and Barking and Dagenham Council have been awarded a grant for 2013-16 from Sport England. The 'Active Sport for Life' Project aims to demonstrate a clear link between improved health, life expectancy and participation in sport. The project will seek to do this by encouraging the most inactive members of the community (aged 14+) whose primary reason for referral through any programmes is they have a BMI of 28+. A programme of sports activities will be provided to increase their participation to at least once a week for a minimum of 30 minutes. Thurrock will employ a coordinator based in the community working with residents and local sports and activity groups to coordinate people accessing existing sporting and active community groups. They will also support small sports clubs to develop their communities to engage wider with people who are inactive.

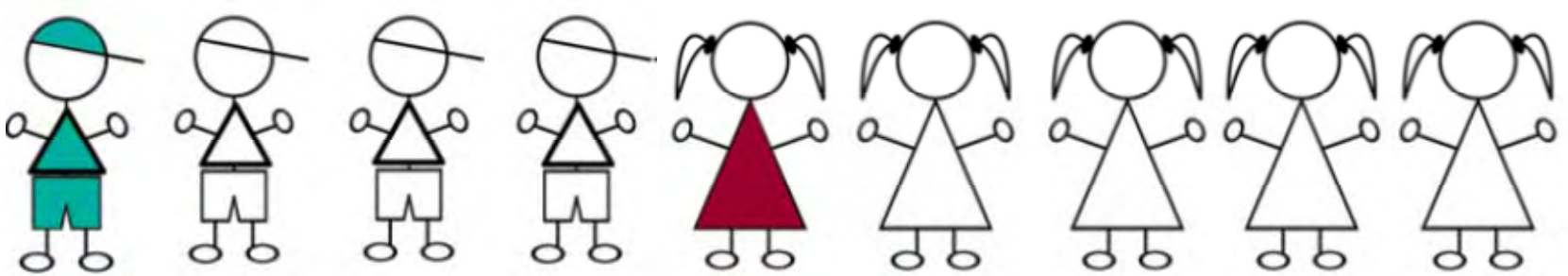
Thurrock Sports and Physical Activity Partnership

The Olympic legacy has been at the forefront of some of the physical activity partnership work that the Public Health team have been involved in. The team is represented on the Thurrock Sports and Physical Activity Partnership Group which has a wide membership including local leisure centres, school sports co-ordinators, Active Essex, and providers and volunteers of sporting, exercise and physical activities in Thurrock. The partnership identifies funding opportunities and works with other organisations in identifying and initiating sporting/activity projects.

Healthy Weight - Children

Childhood obesity is a complex public health issue that is a growing threat to children's health. Children who are obese are at an increased risk of becoming obese adults and they risk the early appearance of obesity-related health problems such as type 2 diabetes normally associated with middle age. Therefore, if the number of obese children continues to rise, today's children and future generations could have shorter life expectancies than their parents. It is estimated that obesity reduces life expectancy by between 3 to 13 years. Figure 2 below shows the Thurrock position as at 2011 using the National Child Measurement programme results for children in Reception and Year 6 who are measured and recorded as overweight or obese

Figure 2 Prevalence of overweight and obesity in Thurrock (2011) One in four boys and one in five girls in reception year is overweight or obese (boys 25% and girls 21.9%, respectively)



One in three children in year 6 is overweight or obese (boys 39.30%, girls 35.0%)

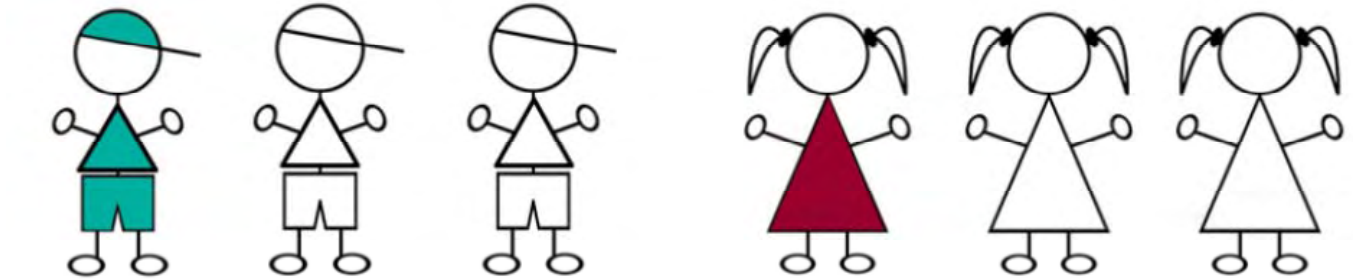


Figure 3 below shows the trend in childhood obesity prevalence between 2006 to 2011/12 in the Reception year. The prevalence has fluctuated in the same way in Thurrock as the East of England and has been significantly greater throughout these years. The last year of data has shown less of a difference between Thurrock and the East of England average compared to the previous year.

Figure 3 Trend in Prevalence of Obesity in Reception Year Children (2006/7-2011/12)
Source: Health and Social Care Information Center

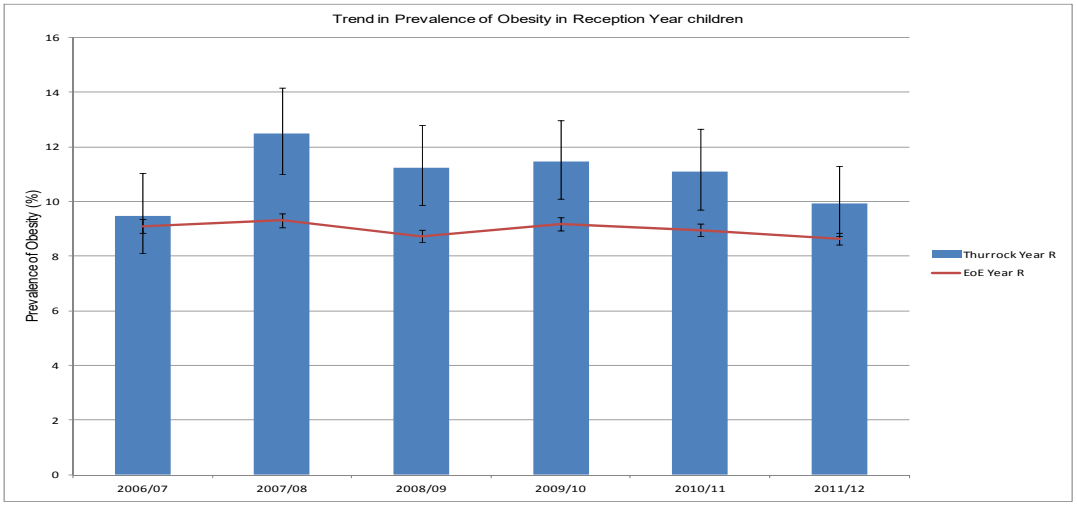
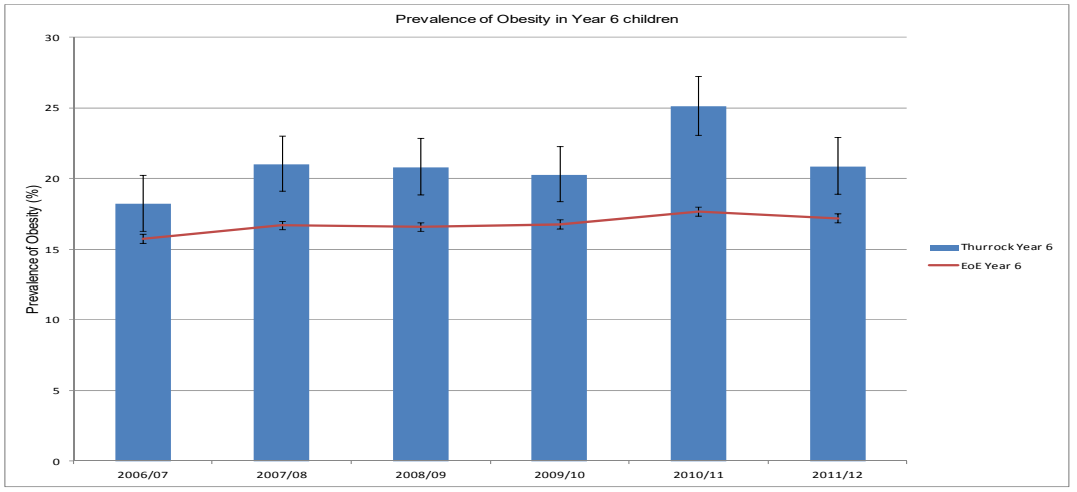


Figure 4 below indicates an upward trend in year 6 obese children over the years the NCMP programme has been running and a prevalence of obesity significantly greater than the East of England Average. Although the prevalence in 2011/12 is still signifcantly greater than the East of England average for year 6 children it has decreased from
the 2010/11 level.

Figure 4 Trend in Prevalence of Obesity in Year 6 Children (2006/7 - 20011/12)

Source: Health and Social Care Information Cente



Breastfeeding

Encouraging breastfeeding and ensuring that children eat well in their early year's, increases the chances of a future healthy life.
Thurrock breastfeeding support programme support the right of all parents to make informed choices about infant feeding. Breastfeeding is the healthiest way to feed your baby and there are important benefits which breastfeeding provides for both the mother and her baby. . The Change 4 Life team, in Vitality works in partnership with the 0-19 services to coordinate and deliver the Baby Friendly Initiative (BFI) Seven Point Plan for sustaining breastfeeding in the community within Thurrock. Level 2 accreditation was achieved in December 2012 and the team are working towards achieving Level 3 during 2013/14.

Lifestyle Weight Management - Children

The overarching aim of the lifestyle weight management service delivered by the Change 4 Life team is to support the reduction of childhood obesity within Thurrock. The team promotes, encourages and supports children, parents and families to adopt a healthier lifestyle. Children participating in the lifestyle weight management programme can expect to reduce or maintain their BMI, increase the proportion of fruit and vegetables eaten daily, reduce sedentary activities and increase physical activities. This service is targeted towards the most deprived areas in Thurrock. Families are offered support via this programme following National Childhood Measurement Programme (NCMP) results identify that their child is obese or overweight.

Eat Better, Start Better
The Public Health team have linked with the Learning and Skills team to deliver the Eat Better, Start Better, programme in Thurrock a two-year programme to improve food provision for children aged 1-5 in early years settings. The main element of the programme is a comprehensive food, nutrition & cooking training package. The project aims are:

- Improved, healthier food provision for children aged 1-5 in early year's settings and at home
- Increased food, nutrition and healthy cooking knowledge and skills for the early years and childcare workforce
- Increased food and nutrition knowledge and practical cooking skills for parents and families

The project is due to finish in September 2013 and will be evaluated by the Children's Food Trust.

Sportivate is a £32m lottery programme aimed at getting young people aged 14-25 years back into sport. Projects currently running in Thurrock are: golf, dance and urban rebounding which are being delivered through Impulse Leisure; and table tennis, zumba and cricket which are being delivered through Palmers College. All programmes are 6 week courses aimed at those not doing any, or little, sport in their own time. The next round of funding which is being applied for will run from September 2013. At the start of 2013 Thurrock also was awarded funding to deliver free 12 week walking sessions, which started in May, and were coordinated through Impulse Leisure and run across their three sites: Blackshots, Belhus Park and Corringham.

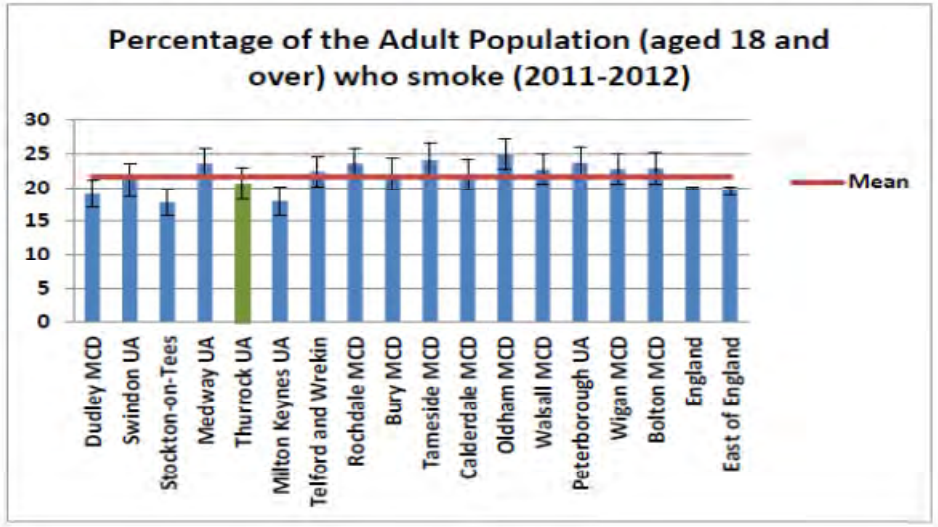
The Public Health team have played an essential role in shaping projects with the Thurrock Sports and Physical Activity Partnership.

Tobacco Control and Stop Smoking

Smoking continues to be the leading preventable cause of death in England. Reducing the smoking prevalence was one of four priorities identified by the Thurrock Health and Well-being Strategy for 2013 – 2016. Figure 5 below shows the prevalence of smoking adults in Thurrock for 2011/12 (by percentage of the adult population aged 18 and over who smokes) compared to the England mean and the CIPFA comparator local authorities.

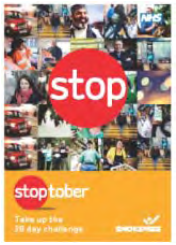
Thurrock has a smoking prevalence of 20.6% slightly lower than the mean for its CIPFA comparator group and slightly higher than the mean for both, England and East of England. Thurrock's smoking prevalence isn't statistically significantly different to any of the comparator group

Figure 5 Prevalence of smoking in adults (aged 18+) in 2011/12



Source: Integrated Household Survey (IHS) ERPHO (www.erpho.org.uk)

Although smoking prevalence appears to have declined amongst men in Thurrock, death rates from lung cancer have generally remained higher than both regional and national rates. Lung cancer deaths for women in Thurrock are also higher than regional and national rates, but lower than those for men in Thurrock. Despite being high compared to regional and national rates the death rated from cancer have declined for both men and women in Thurrock.



Stoptober is a national campaign designed around a 28 day quit journey, which is centred around a positive and uplifting campaign to highlight key milestones to drive behaviour change. The campaign was first launched in October 2012 and will be an annual event. The first campaign was a success with over a quarter of a million registrations and almost half a million support items ordered nationally. In South West Essex the Vitality team supported Stoptober with advertising, events and drop in sessions. Stoptober 2013 is planned to be even bigger and better with a more local focus.

Legislation is aimed at protecting people from the effects of second hand smoke in the environment in which they live or work. The Tobacco Advertising and Promotion Act 2002 was brought in to protect children and reduce the number of children who start to smoke. The Health Act 2009 banned sales from vending machines which added a further barrier to cigarette availability to young people

Tobacco packaging There is evidence that standardising the packaging of tobacco products can reduce the appeal of tobacco products to children and young people. This initiative is often referred to as 'plain packaging'. Standard packaging has not been implemented in the UK at this time, but is believed to be a powerful tool to prevent children from experimenting and starting to smoke.

Illicit Tobacco The term "Illicit tobacco" covers both smuggled and counterfeit tobacco. Tobacco of this nature is often the result of criminal activity, commonly poor quality and linked to large criminal networks. Nearly half of all hand- rolled tobacco is illicit. Poorer smokers are much more likely to smoke cheap illicit tobacco, as it will often sell for half the usual retail price. As a consequence they may be at greater risk of negative health outcomes from smoking poor quality tobacco. Young people are also more likely to smoke illicit tobacco as it is not subject to regulation and control. Recent evidence found that over half of smokers aged 14 to 17 in England have been offered illicit tobacco (ASH factsheet, July 2012).

Second-hand smoke The health of children can also be harmed through exposure to 'second hand' tobacco smoke in the environment (passive smoking). This can include smoke within homes and cars where non smokers are present. Living in a household in which people smoke increases the risk to a child of developing respiratory infections, asthma, wheeze, middle ear disease and bacterial meningitis. It also significantly increases the risk of Sudden Infant Death Syndrome (cot death). There is no safe level of exposure to second hand smoke and there are long term health effects, particularly with repeated exposure over time.

Smoking in Pregnancy. Smoking in pregnancy causes harm to the health of the woman and unborn child. Smoking is known to cause complications in pregnancy. Women who smoke are more likely to have an ectopic pregnancy and 25% more likely to miscarry (Royal College of Physicians 1992). Babies born to mothers, who smoke, are 40% more likely to be stillborn or die in infancy (BMA East of England average for children in reception year. 2007). Risks to the infant as a result of smoking include low birth weight and other defects. Referrals are made direct from midwives into our stop smoking services during pregnancy

E Cigarettes The UK currently has few restrictions on the use of e-cigarettes, despite moves in some countries to ban them. Sales of tobacco-free cigarettes have boomed worldwide since bans on smoking in public places were introduced. The growing popularity of e-cigarettes could undermine years of anti-smoking efforts, with particular concerns about promotion to children and non-smokers. E Cigarettes are currently not regulated by the Medicines and Healthcare products Regulatory Agency (MHRA), nationally regulation is being proposed for 2014/15.
Research suggests around 1.3m smokers and ex-smokers in the UK use these products, which are designed to replicate smoking behaviour without the use of tobacco. They turn nicotine and other chemicals into a vapour that is inhaled. The British Medical Association says health professionals should encourage their patients to use a regulated and licensed nicotine replacement therapy (such as patches or gum) to help quit smoking. Once licensed, e-cigarettes are expected to remain on sale over-the-counter.

Pricing and affordability Dealing with affordability, generally through taxation, is another national level mechanism. There is evidence that increasing the price of cigarettes by 10% can result in a 4% fall in levels of consumption over time.

The estimated total cost to society of smoking is in the region of £13.74 billion
Table 4 the Estimated Cost of Cigarette Smoking to the UK

Cost to	Amount
NHS	**£2.7 billion**
UK Economy (smoking breaks/ absenteeism/loss of economic output due to death)	**£10.2 billion**
Street cleaning (discarded cigarette butts)	**£342 million**
Fires	**£507 million**

Source: The Policy Exchange 2010

The annual cost of smoking in Thurrock is calculated as £8,68m. This relates to

- 26,764 GP consultations
- 7,505 practice nurse consultations
- 5,136 outpatient visits
- 1,217 hospital admissions
- 14,881 prescriptions

There are also wider costs to the public purse related to smoking:

- **Costs to fire services** – smoking is the most common cause of field fires and also a common cause of house fires
- **Costs from street litter** - In the UK cigarettes are the principal source of street litter, accounting for 70% - 90% of all litter in urban areas and for over 40% of all street litter
- **Cost to businesses in Thurrock** - from lost productivity as a result of smoking related sickness absence and 'smoking breaks'. This has been calculated at £3.1 m per year.

What we offer our community

The Vitality Health and Wellbeing Service deliver specialist stop smoking services to the population of Thurrock, they also oversee the stop smoking services provided by GPs and Pharmacies. The Vitality service aims to raise awareness of the harms of tobacco, help to prevent young people from starting smoking, and ensure that people who want to quit have as much support as they need. National stop smoking campaigns such as Stoptober and the health harms campaign are also supported and promoted. The service targets key groups in Thurrock including people living in the most deprived areas of the borough, routine and manual workers, children and young people under the age of 19, black and minority ethnic groups and pregnant women. During 2012/13 the regional target for there to be fifty 4-week quitters for every 1,000 smokers was achieved collectively by the Vitality service, GPs and Pharmacies. For South West Essex (which included the Thurrock area) this was 3,408 quitters at 4 weeks.

Public Health are working with the Trading Standards team within the Council to improve intelligence – including an online form to report anonymously underage sales and counterfeit / smuggled tobacco and closer working with HMRC around port controls. They are working with schools on prevention and intelligence – with schools taking responsibility for wellbeing of pupils, policing hotspots where pupils gather to smoke, and providing intelligence etc. They also offer training for businesses to prevent underage sales of tobacco, as well as working at improving knowledge of the hazards of smoking and increasing understanding of electronic cigarettes including how they are promoted, their effectiveness and potential harms.

There is great opportunity for the Public Health team to work on these wider aspects of tobacco control with the Council.

Sexual Health

Sexual health is an important contributor to health and wellbeing. In Thurrock, Young People under the age of 25 experience the highest rates of sexually transmitted infections (STIs) and unplanned pregnancies.

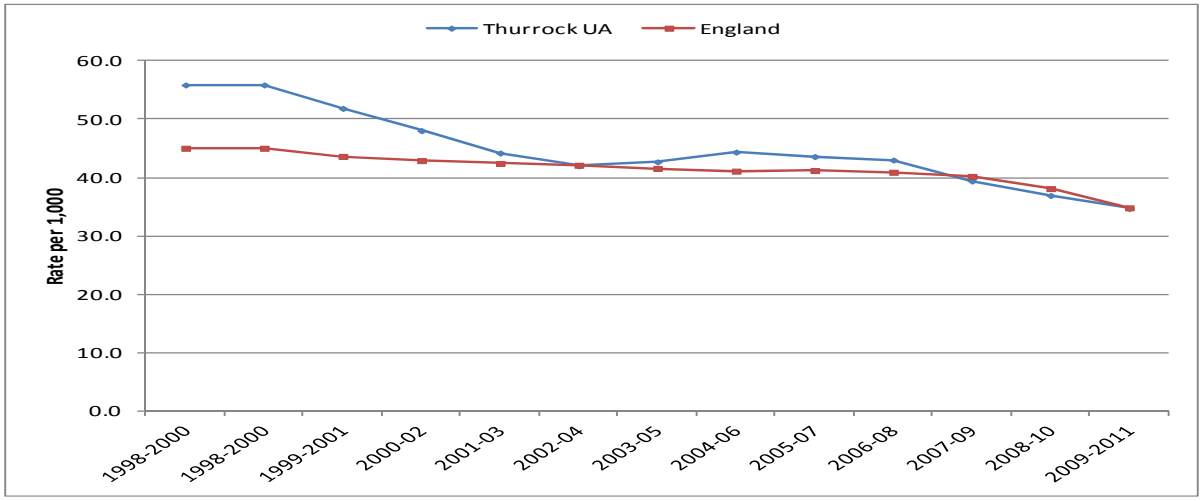
Groups particularly at risk include looked after children, children excluded from school and those living in deprived areas of the borough. A good sexual health service aims to:

- Improve the sexual health of residents.
- Ensure that all our young people have the skills, confidence and motivation to look after their sexual health and delay becoming parents until they are emotionally, educationally and economically ready.
- Reduce sexual health inequalities between the general population and vulnerable groups who are most at risk of poor sexual health.

The public health team commissions a range of services. The main service provider in Thurrock is North East London Foundation Trust (NELFT) which offers a comprehensive community service for contraception and testing and treatment of sexually transmitted infections. This is provided from a variety of locations including the town centre and a number of outreach clinics.

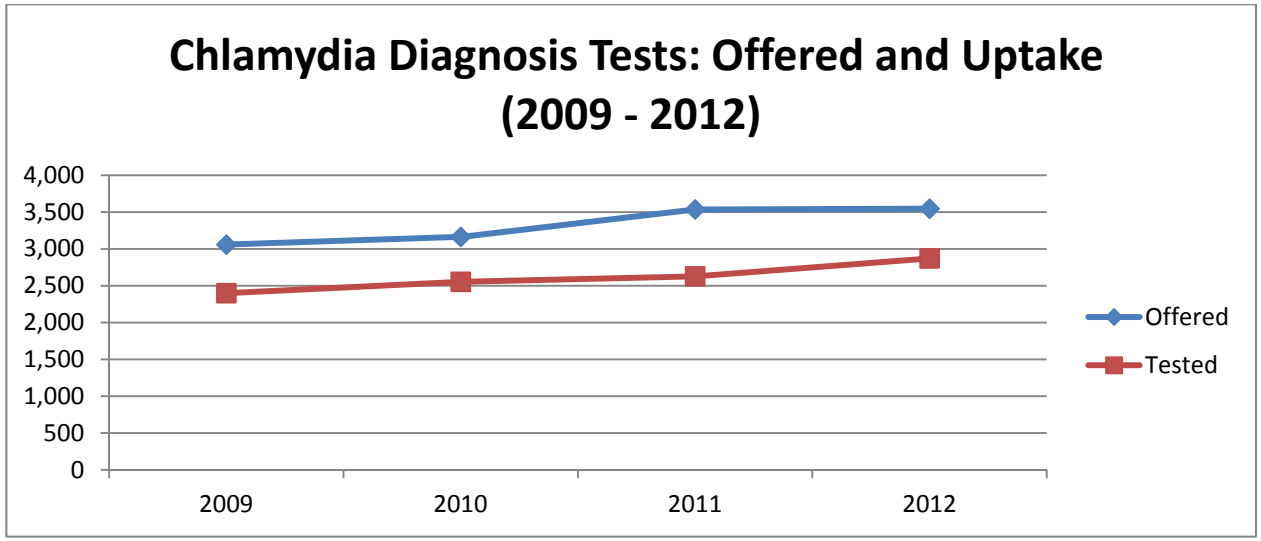
GPs and pharmacists are also commissioned to provide services including: routine and emergency contraception, Chlamydia screening and sexual health advice and assessment.

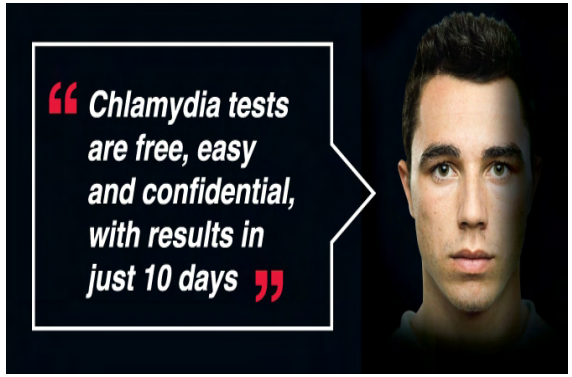
Teenage pregnancy rates have continued to fall in Thurrock over the years. In 2010 the teenage conception rate was 33.1 per 1,000 females aged 15 – 17 years which is a reduction of 46% from the 1998 baseline of 62.3 per 1,000. This rate of reduction is better than the East of England and England **Figure 6** provides a breakdown of the trend over the last 11 years. Illustrating under 18 conception rates **Source: Office for National Statistics 2013**



Chlamydia screening programme

Chlamydia is the most common sexually transmitted infection (STI) diagnosed both nationally and locally in Thurrock. Most people who have Chlamydia do not notice symptoms and are not aware they are infected. If left untreated, the infection can lead to serious long-term health problems, such as infertility. There have been changes to STI data collection and surveillance methodology which means STI data collected in 2012 cannot be compared like for like with data from previous years. However, the highest prevalence of Chlamydia is in young women and men under 25 in Thurrock (under 25 1,587 per 100,000) and (283 per 100,000 in over 25s, 2012).





Source: Office for National Statistics 2013

Figure 7 illustrates the difference between tests offered and test conducted.

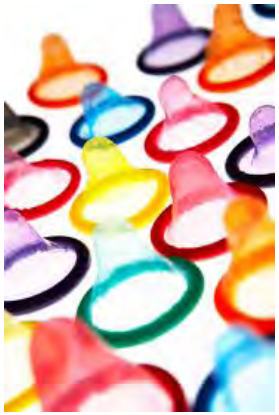
What we offer our community

In addition to commissioning of the community sexual health service the Public Health team have commissioned washroom poster advertising to promote the Chlamydia test kits, which can be seen in various locations around the borough, including colleges and youth centres.

Early diagnosis of HIV infection and Genito-Urinary Medicine service (GUM): GUM services support sexual and reproductive healthcare needs. They service offers screening for STIs and Human Immunodeficiency Virus (HIV), distributing condoms and delivering health education on sexual health and general health issues. Some clinics offer psychosexual counselling and specialist HIV treatment and care.

GUM Pilot The Public Health team have recently commissioned a Genito-Urinary Medicine (GUM) Level 1 Community Integration Pilot which aims to offer a full GUM level one service within the Contraceptive and Sexual Health (CASH) clinic, in Grays Health Centre. This pilot is being evaluated to determine the impact of offering GUM services within the community Sexual Reproductive Health (SRH) service in terms of financial costs, patient demand and staffing skill sets required. We can also ensure that services are provided that are highly accessible to the population groups most in need of them and are non-discriminatory, irrespective of disability, ethnicity, sexuality, gender orientation or age.

C-Card: The c-card scheme provides free condoms and sexual health advice to under 25 years of age. Young people are required to visit a c-card assessor to get a c-card, the c-card can then be presented at outlets across Thurrock to receive free condoms. .



Sexual and reproductive healthcare: These are community based contraceptive services delivering focused, holistic care for women and men. They provide training and advice to primary care practitioners, contribute to the reduction of sexually transmitted infections, and contribute to the reduction of unplanned pregnancies. There are currently 15 types of contraception available in England. Condoms and the contraceptive pill are the most commonly used, but a **Long Acting Reversible Contraception (LARC)** method, such as the contraceptive implant, injection or IUCD (also known as the coil), can give a woman and her partner confidence that their contraception is taken care of, without having to think about it every day. LARC methods are proven to be over 99% effective, and are available for free to all women from their GP or from the CASH service. The emergency contraception scheme offers free emergency contraception to under 19s from a range of service providers across Thurrock. Emergency contraception can be accessed up to 72 hours after unprotected sex; however it is more effective the sooner it is used.

Our provider offers a suite of sexual health training to multi-agency professionals who work with young people, including **Sexual Health Awareness Foundation Training (SHAFT**), **Go Girls** that aims at increasing self-esteem and **Delay** training, to encourage young people to make healthy and responsible decisions about relationships and sexual health.

Alcohol Harm Reduction Programme

Drinking alcohol is an important part of social life for many. The night-time economy with its pubs, bars and restaurants also contributes to the economic prosperity of the borough. However, drinking alcohol can come with risks too. Over a period of time excessive use of alcohol can cause and contribute to a variety of cancers, cardiovascular diseases and diseases of the liver. Alcohol can also make people reckless and impair their judgement, leading to accidents, fights and trouble with the police.

The government recommends that people should not regularly drink more than the daily unit guidelines of three to four units of alcohol for men (equivalent to a pint and a half of 4% beer) and two to three units of alcohol for women (equivalent to a 175 ml glass of wine). It is also important to have alcohol-free days every week. The way you drink is crucial too. It is safer to drink with food and to break up alcoholic drinks with soft drinks or water.

The harm caused by alcohol misuse to both individuals and society is significant. For example, 26% (2011) of reported domestic violence incidents in Thurrock involved a perpetrator under the influence of alcohol. The HWBB will maintain a 'watching-brief' on the health impact of alcohol misuse.

Alcohol units & calories in standard drinks:

180-240 Calories	150-230 Calories	115-165 Calories	50-55 Calories	600-800 Calories

Source: www.younghealth.co.uk

Early alcohol use has also been proposed as a marker on future sexual risk, including higher rates of unplanned sex, low condom use, multiple sexual partners, sexually transmitted infections and unintended pregnancy Men and women who drink hazardously are also significantly more likely to report multiple sexual partners, and the number of partners appears to increase with the amount of alcohol consumed. Alcohol is a major factor in sexual assaults. The 2011/12 Violent Crime and Sexual Offences statistics for England & Wales found that 41% of female victims believed their assailant to be under the influence of alcohol during a serious sexual assault, and a third of the victims themselves had also been under the influence of alcohol[17]. In Thurrock in 2011/12, the rate of alcohol related sexual offences was

0.19 per 1000 persons compared to 0.13 per 1000 persons in England.

Alcohol kills thousands of men and women in the UK every year: the deaths of 5,792 men and 2.956 women in 2011 were related to alcohol. Beyond the mortality statistics, there are many more people whose physical and mental health is damaged by drinking. In 2011/12 there were an estimated 1.2 million hospital admissions in England related to alcohol consumption, more than twice the number in 2002/03. Alcohol-related hospital admissions have continued to rise year-on-year for the last ten years. The majority of alcohol-related hospital admissions (75%) are due to chronic conditions such as cardiovascular disease, liver disease and cancer. However 16% are for mental and behavioural disorders resulting from alcohol use and 8% are for acute illnesses including injuries. In our local hospital we are reviewing how alcohol related admissions are recorded.

What we offer our community?

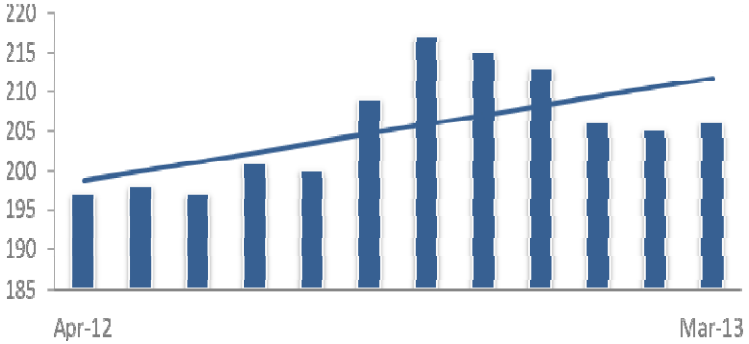
Public Health commissions services for those with serious or chronic alcohol problems through the local authority's Drug and Alcohol Action Team (DAAT). An Alcohol Workshop, jointly run by representatives from the police, probation, health, education and treatment services was held for professionals in Thurrock to identify needs, share expertise and highlight treatment services that are available. A key objective was to raise awareness and clarify treatment referral pathways with the intention of increasing numbers of those in treatment

Public Health plays a key role within the Alcohol Governance Group within Thurrock Council which oversees the delivery of the Thurrock Alcohol Strategy 2011/14. This is jointly owned by Thurrock's HWB and Community Safety Partnership Board.

Thurrock Alcohol Treatment

Figure 8 below shows the number of people in contact with alcohol treatment services in Thurrock over the last 12 months (*rolling 12 month figure*)

Figure 8 Number of people in alcohol treatment services in Thurrock (2012 -13)



- Number in treatment in 2012/13 was 206
- 62% are new treatment journeys
- 61% are in treatment for 1-6 months
- 60% complete treatment successfully (national 58%)
- 25% consume 400-599 units per month (national 19%)
- 19% have additional drug use (similar to national)

Data source: Thurrock DAAT
(charts shows numbers of treatments by month in 2012 / 13)

Alcohol Liaison Service (ALS) Worker Public Health commissioned a 12 month pilot locating an ALS worker at Basildon and Thurrock University Hospital NHS FOUNDATION Trust. The ALS worker has been in post since January 2013 and their role is to reduce the alcohol attributable and specific admissions to the Trust, in particular prevent readmissions of identified high impact users and reduce alcohol specific and alcohol attributable admissions. The worker has been liaising with the Accident and Emergency (A&E) department to identify alcohol related unplanned admissions as well as working with the Liver Specialist team.

This service includes liaison with community alcohol services and other specialist services across Thurrock, a key part of the role is around education and support for other healthcare workers in the hospital and delivery of brief interventions liaising with other alcohol workers around clients' care packages. The ALS worker has been working with Pub Watch and attends the Thurrock Alcohol Strategy Group .One of the important pieces of work undertaken by this worker is reviewing how data is captured at a local level.

Applications for Licensed Premises We are working closely with our licensing team at Thurrock council with a view to challenging any new applications of licensed premises which we feel do not have sufficient measures to address the reduction of harmful drinking. We support this through obtaining statistical data and local evidence as well as supporting information from our ALS worker identifying those areas or premises where highly intoxicated residents are more likely to originate from. We are also working closely with Pub Watch to work with current landlords and to remind them of their obligation around this issue and offer support to help in delivering this message

5-19 Service

Public Health is now responsible for commissioning the 5-19 service, which is mainly school nursing. The 5-19 (school nursing) service acts as a bridge between education, health and the home supporting work on health issues, and making health services more accessible to children, young people, parents, carers and staff. The aim is to promote the physical, mental and emotional well-being of the school age population, especially tackling health inequalities, and thereby enabling all young people to reach their full potential in life. The 5-19 services (School nurses) work to the principles set out in Getting it right for children, young people and families (DH, 2012).

The 5-19 services will contribute to the delivery of Thurrock's Health and Well-being Strategy for Children and Young People in 2013-2016 which outlines four aims to achieve its ambitions:

1. Outstanding universal services and outcomes
2. Parental, Family and Community Resilience
3. Everyone Succeeding
4. Protection When Needed

The Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

The You're Welcome quality criteria (DH, May 2011) sets out a quality assurance initiative aimed at making health services for 11-19 year olds more young people friendly. The initiative is focused on accessibility and quality of health services that have a role in treatment, prevention of ill health and health promotion. The service will self-assess services delivered at the interface with young people. As the service develops, a quality assurance programme for You're Welcome will be developed and agreed. Transforming Community Services: Ambition, Action, Achievement - Transforming Services for Children, Young People and their Families (DH, 2009) takes a three-pronged approach: improving services, developing the people who provide them, and aligning systems to underpin the transformation. The guidance will support delivery of the Healthy Child Programmes for all children and, when they need additional care, ensure that this is based on high quality evidence and best practice.

The Public Health Outcomes framework for England 2013-2016 (DOH 2012) offers a framework for measuring the impact of school nursing services on improving the health outcomes for children and young people.

The aims of the service provision are:

- Maximise the school nursing contribution to improving health outcomes for children, young people, and families, including public health outcomes and priorities.
- Maximise the contribution to safeguarding through multi-disciplinary working, provision of early help and referral when appropriate to specialist services. This should include participating in child protection and child in need processes
- Build capacity in communities including the school population, for the prevention of poor health and for the improvement of health and wellbeing amongst children and young people.
- Contribute to meeting the needs of children and young people who have life-long conditions, disabilities and/or additional health needs (including mental health problems) in school and community environments.
- To facilitate transition arrangements for children to adult services (if required) to ensure that the services provided continue to be appropriate to the age and needs of the young person involved
- To ensure children, young people and their families have the information and knowledge so that they are able to make the best use of healthcare services and to effectively manage their own healthcare needs where clinically appropriate.
- Target the necessary resources to address the health needs of this population.
- To provide high quality, efficient and cost effective services.
- To coordinate, deliver and validate the collated data within the National Child Measurement Programme (NCMP) within South West Essex

This is our first year commissioning this service, and we have developed a new service specification around You're Welcome policies. We will be engaging with schools in 2013/14 to promote healthier lifestyle initiatives.

Mental Health

Mental health and wellbeing affects almost every part of our life. It has an impact on our physical health, our ability to work, the relationships we have with our friends and family and our education. People with good mental health are less likely to smoke, drink too much alcohol, use illicit drugs or have risky sexual behaviour. They tend to be more resilient and cope better with change, challenge and adversity.

Mental health problems are extremely common and can affect anyone. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. The commonest problems for children are conduct and emotional disorders, and for adults anxiety and depression. Approximately 1 in 100 adults have a more serious mental health disorder such as schizophrenia or bipolar disorder. BME parents with mental health problems are more likely to experience poverty, unemployment and homelessness. The earlier mental illness is recognised and treated the better the chances of recovery. Yet we know that many people with mental illness, particularly those with common mental health problems, do not get diagnosed. The main treatments for mental illness are medication and talking therapies, but it is important that attention is also paid to the social and cultural aspects of life, such as seeing friends and keeping up with interests. In recent years the focus of recovery has extended from clinical recovery (eliminating symptoms, restoring social functioning, and in other ways 'getting back to normal') to 'personal recovery'. Personal recovery is defined as: about having hope; having an identity apart from the mental illness; having meaning in life; and taking personal responsibility for one's own life. Supporting personal recovery involves moving away from a focus on treating illness and towards promoting wellbeing.

Promoting mental wellbeing supporting recovery is not just the role of specialist providers. As the government strategy *No Health without Mental Health* states 'mental health is everybody's business.' Mental health is the foundation for wellbeing and effective functioning for an individual and for a community.
Mental health is defined as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Taking action to improve mental health and wellbeing will contribute to a wide range of positive outcomes for individuals and communities as well as helping prevent mental illness. Studies have shown that communities - such as schools, workplaces or neighbourhoods - with high levels of mental health are more likely to support people with both acute and long term problems because they are more resilient.

Looking after our mental health: 'The Five Ways to Wellbeing'

Research evidence shows that there are five simple actions we can all take to improve wellbeing in our everyday lives[12]:

.

Connect…with the people around you: with family, friends, colleagues and neighbours; at home, work, school or in your local community. Building these connections will support and enrich you every day
Be active…Go for a walk or run, step outside, cycle, play a game, garden, dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness
Take notice…Be curious. Catch sight of the beautiful, remark on the unusual; notice the changing seasons; savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you
Keep learning…Try something new. Rediscover an old interest. Sign up for that course; take on a different responsibility at work; fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun
Give…Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time, join a community group. Look out, as well as in; seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you

Mental Health underpins all our services, i.e. weight management programmes, parenting and breastfeeding and exercise programmes are key to supporting people to feel better about themselves. But we recognise we need to work with our colleagues and partners locally to really start to work in partnerships with our communities to address mental wellbeing in Thurrock. This will be achievable in Thurrock as we develop our programmes such as ABCD and LAC to empower the community to improve their mental health and wellbeing by becoming resilient communities and in the future offering public health programmes that really engage with our communities.

Public Health Responsibility Deal

The Government launched the Public Health Responsibility Deal in 2011, in recognition of the contribution of businesses for improving public health and helping to tackle health inequalities through their influence over food, physical activity, alcohol, and health in the workplace. Businesses committing to the Responsibility Deal sign up to five core commitments, and a number of collective and individual pledges appropriate to their business. The core commitments are[13]:

1. We recognise that we have a vital role to play in improving people's health.

2. We will encourage and enable people to adopt a healthier diet.

3. We will foster a culture of responsible drinking, which will help people to drink within guidelines.

4. We will encourage and assist people to become more physically active.

5. We will actively support our workforce to lead healthier lives.

The Public Health Responsibility Deal at a local level

Small and medium sized enterprises (SMEs) have the potential to play a major role in improving public health in their role as employers. The out-of-home food market is also dominated by small businesses. In recognition of the fact that engagement with local businesses is best done at a local level and many local authorities already operate local schemes covering aspects of the Responsibility Deal, a toolkit has been developed to support and strengthen local activity in this area.

The Public Health Responsibility Deal local toolkit covers actions to address alcohol, food, health at work, physical activity and tobacco.
Local authorities can carry out this activity under the umbrella of the National Public Health Responsibility Deal, gaining enhanced national profile for their work by signing up to a new collective pledge under the Responsibility Deal:

SMEs undertaking action from the menus will also have the option of signing up to the National Public Health Responsibility Deal as local partners (in addition to or as an alternative to signing up to a local authority run scheme). The benefits of signing up nationally include promotion through the National Responsibility Website and opportunities to link with other organisations at Responsibility Deal network events. SMEs signing up to undertake actions from the menus of local actions would also be asked to sign up to the Deal's five core commitments and provide an annual update of their achievements through the Responsibility Deal website. The public health team will be supporting its own organisation and a few businesses locally in 2013/14 to evaluate the benefits of this exciting programme.

Making Every Contact Count (MECC)

Making Every Contact Count is a long-term strategy that aims to improve lifestyles and reduce health inequalities. It encourages conversations based on behaviour change methodologies, ranging from brief advice to more advanced behaviour change techniques, empowering healthier lifestyle choices and exploring the wider social determinants that influence our health[15]. Making Every Contact Count is about using every opportunity to talk to individuals about improving their health and well being.

The Council's Public Health team is supporting the initiative of Making Every Contact Count, which will help to increase the number of frontline staff trained to give lifestyle advice and undertake screening and brief interventions with people at risk from unhealthy behaviours such as smoking, excessive drinking, lack of exercise or poor eating habits.

All public health services contracts include MECC as a condition for the provider; we expect all health professionals to offer advice on improving people's lifestyles and be able to refer any individual to other public health programmes.

The MECC on line training is being offered to health and local authority frontline staff in 2013/14.

Immunisation and Screening

The table below shows all the vaccinations and screening procedures available over the life course. The vaccines on offer are evolving all the time. Over the past decade jabs for pneumococcal disease and the HPV (to protect against cervical cancer) have been introduced for children. This year a vaccination for rotavirus and shingles is being introduced, while schoolchildren will start to be offered annual flu vaccination in the coming years.

Much of the immunisation and screening programme is delivered by the NHS. GPs deliver the majority of the immunisations in children and adults, although human papillomavirus (HPV) vaccinations, nasal sprays and some boosters are given in schools.

Screening tends to be delivered in both, hospital and community settings

The NHS England Local Area Team commissions most of these programmes while the public health team oversees them.

Pre-birth Antenatal screening for pregnant women (includes examinations for Down's Syndrome and foetal abnormalities	Birth Newborns get a physical examination, plus a hearing test and a heel prick or blood spot test (top check for several conditions, including cystic fibrosis and sickle cell anaemia)	Two months Five-in-one (diphtheria, tetanus, whooping cough, polio and Hib) Pneumococcal Rotavirus	Three months Five-in-one (second dose) Meningitis C Rotavirus (second dose)	Four Months Five-in-one (third dose) Pneumococcal (second dose)	12 to 13 months Hib/Meningitis C booster (given as a single jab) MMR Pneumococcal	Three years and four months MMR (second dose) Four-in-one booster (diphtheria, tetanus, whooping cough) and polio	Four to five Years School entry health check including growth, hearing and vision
Four to five years Height and weight measurement in Reception under the National Child Measurement Programme	10 to 11 years Height and weight taken under second – stage of National Child Measurement Programme	12 to 13 years HPV (three jabs given in six months to girls only)	13 to 15 years Meningitis C booster (from September 2013)	13 to 18 years Three-in-one booster (diphtheria, tetanus and polio)	Under 25 years Chlamydia screening targeted at sexually active under 25s.	From 25 to 64 years Cervical screening (women only)	From 50 to 70 years (being extended to 47 to 73 in coming years) Breast screening (women only)
From 60 to 69 Bowel cancer screening (from 70 onwards you can request screening but you are not automatically invited)	65 years Screening for aortic aneurysms (men only)	65 and over Flu (every year) Pneumococcal	70 to 79 years Shingles (being rolled out from October 2013)	Immunisation Screening			

Table Source: Local Government Association (LGA) (2013). Immunisation and Screening, Local Government's new public health role

Developing Health and Wellbeing for Thurrock – Looking Forward

Thurrock Council has already adopted the objectives set out in the Marmot Review as policy objectives for the Council. This and the **Joint Strategic Needs Assessment (JSNA)** 2012 which sets out the local health and wellbeing challenges in Thurrock are good starting points for the development of the Council's HWBS

The Government's **Comprehensive Spending Review (CSR**) 2010 was designed to reduce the national deficit. The CSR has significantly reduced funding for the public sector and is a key driver of health reforms. In this context, effective and creative partnerships are the key to making the best possible use of all the resources available.

The HWBB acknowledge the challenges set out in particular the shortfall in funding and engagement with a wide range of stakeholders to set the future priorities. Recognising the need for public health input into decision making is a key element of local authority's success. There are a number of challenges to be addressed in the development of a HWBS.

A new **Public Health Strategy Board (PHSB**) and a **JSNA Delivery Group (JSNADG**) has been established within the council. The PHSB reports directly into the HWBB and the JSNADG reports into the PHSB. These two new groups will enable partners and stakeholders to embrace the public health agenda across Thurrock by engaging in the delivery of the public health outcomes priorities set out in the annual Public Health Service Plan.

This is our first APHR for Thurrock Council – we recognise that in the first year we have some challenges in engaging with the community and partners, we are working closely with our colleagues in social care, education, environment, housing, corporate services and regeneration to engage wider with members and officers in Thurrock. Each directorate in the council has a dedicated member of the public health team linked to their directorate to ensure that we can offer public health support across the whole of the council. We have a core offer agreed with the Thurrock Clinical Commissioning Group and over the next few months will work closer on the joint health agenda with the additional support of a new public health registrar who joined the team in September 2013. We are also engaging with our local **Healthwatch** and **Council for Voluntary Service (CVS)** with regards to advising the Board on the valuable work of the voluntary, community sector and on the needs of the communities for the future health and wellbeing of our population.

We are feeling very positive about the future of public health being led by Thurrock council and this will be apparent in the next few years as we really start to improve the lives of our local population across Thurrock. Thurrock is a forward thinking local authority and partnership working is strong, together there is already lots of innovation and we are looking forward to supporting colleagues to develop further the strengths of our communities. But, we know that there are challenges ahead, some of these are listed below

- The shortfall of 12.7% in the public health grant awarded to Thurrock council has left us disadvantaged – we continue to challenge this decision at a national level.

- Although the term health and wellbeing is widely used, our understanding and experience of wellbeing is very different. As part of the work to develop a shared vision of public health we need to develop a shared understanding of the term.

- In recent years, the NHS and Local Authorities have been required to meet many "top down targets". The Council and its partners now have greater choice on the outcomes and actions to achieve improved health and wellbeing for the people of Thurrock. In 2014. We will consult with the community through Thurrock's new initiatives i.e. ABCD and regeneration programmes we will also link with our community through the new LACs.

- The process of developing the Health and Wellbeing Strategy needs to ensure that engagement and decision making occur in a co-ordinated way. It is also important to recognise those actions which lie outside of local decision-making.

- At the highest level 'delivering more with less' means that we need to help more people to live healthier, illness-free lives for longer. Therefore, these people will need less input from health, social care and other services until later in life. To achieve this, action needs to be taken to meet the needs of the most disadvantaged individuals and groups at every stage of life. Meeting these needs early on can prevent higher costs and poorer outcomes later

The Next Steps – What we will focus on in our first year:

- Working with all Thurrock schools to commission evidence-based interventions to improve children and young people's health, for example healthy eating and physical activity programmes.
- We will undertake a value for money exercise for tobacco and weight management public health programmes in 2013/14
- We will produce a new Joint Strategic Needs Assessment to include Assets working through the JSNA Delivery Group.
- We will review seasonal mortality rates in Thurrock and produce recommendations on reducing excess deaths.
- We will continue to work with all directorates within the council to embed public health principles.
- We will develop a Healthy Weight Strategy in 2014.
- We will produce a Tobacco Control Strategy in 2014.
- We will produce a public health responsibility deal for Thurrock Council and across local businesses.
- We will ensure that we review the needs of our total population in recognition re changing demography of Thurrock and need to look at health needs within the BME community
- We will offer health impact asessments for the new regeneration projects in Thurrock.
- We will work with Public Health England to prepare for the smooth transition of the 0-5 service in 2015 into Local Authority, working with key stakeholders to develop a comprehensive 0-19 service.

- We will support Thurrock Clinical Commissioning Group as public health specialists as agreed within the Memorandum of Understanding

Thanks to all contributors to Thurrock's Annual Public Health Report 2013-14

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- *Carol Spencer, Funding Officer*
- *Susan Williams, Community Dwevelopment*
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- *Donna Southam – Audit and Research Midwife - BTUH*

We would like to know what you think of this annual report. If you have any comments or questions please contact us at: publichealth@thurrock.gov.uk

If you would like this in a different format such as large print or Braille, please contact: Directorate of Public Health, Thurrock Council, Civic Offices, Grays, Essex, RM17 6SL Phone: 01375652510 or Email: publichealth@thurrock.gov.uk

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GLOSSARY

ABCD	Asset Based Community Development
A&E	Accident & Emergency
ALS	Alcohol Liaison Service
APHO	Association of Public Health Observatories
ASH	Action on Smoking and Health
BFI	Baby Friendly Initiative
BMA	British Medical Association
BMI	Body Mass Index. BMI is calculated by dividing an individual's weight in kilograms by the square of their height in metres (kg/m2)
BMJ	British Medical Journal
BTUHT	Basildon and Thurrock University Hospital Trust
Care Pathway	An agreed sequence of practices, procedures and treatments, that should be used with people with a particular condition in an appropriate time frame
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute, for Public Finance and Accountancy
CSR	Comprehensive Spending Review

CVD	Cardiovascular Disease- a term used for a family of diseases that can affect the heart and circulatory system (e.g. coronary heart disease, stroke, heart failure, chronic kidney disease)
CVS	Council for Voluntary Service
DAAT	Drug and Alcohol Action Team
DH	Department of Health
DSR	Direct standardised rate – this enables data sets to be compared more accurately between populations with a different age/sex profile
ERPHO	Eastern Regional Public Health Observatory
GHS	General Household Survey: an inter-departmental multi-purpose continuous survey carried out by the Office for National Statistics collecting information on a range of topics from people living in private households in Great Britain
GLS	General Lifestyle Survey: an inter-departmental multi-purpose continuous survey carried out by the Office for National Statistics collecting information on a range of lifestyle topics from people living in private households in Great Britain
GP	General Practitioner (Doctor)
GUM	Genitourinary Medicine
Health Inequalities	Differences in people's health between geographical areas and between different groups of people
HELP	Healthy Eating and Lifestyle in Pregnancy
Heart Failure	Heart failure is a serious condition caused by the heart failing to pump enough blood around the body at the right pressure
HMRC	HM Revenue & Customs
HIV	Human Immunodeficiency Virus

HPA	Health Protection Agency
HSCIC	Health & Social Care Information Centre collects, analyses and publishes national data and statistical information for commissioners, analysts and clinicians
HSE	Health Survey for England: annual survey designed to measure health and health related behaviours in adults and children
HWBB	Health and Wellbeing Board
Incidence	Incidence is the number of newly diagnosed cases of a disease or conditions in a population at risk
Intervention	Action to help someone improve their health action e.g. be more physically active or to eat a more healthy diet
IMD 2010	Indices of Multiple Deprivation: a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighbourhoods
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Local Area Co-ordinators
LAPE	Local Alcohol Profiles for England: 25 different indicators of harms associated with alcohol use for every local authority in England
LARC	Long Acting Reversible Contraception
LHO	London Health Observatory
LSOA	Lower Super Output Area: Output areas are very small geographic areas, containing approximately 125 households (300 residents); LSOAs are aggregations of output areas, containing a minimum of 1,000 residents (average 1500)
MECC	Making Every Contact Count: is about using every opportunity to talk to individuals about improving their health and well being

MEND	Mind, Exercise, Nutrition … Do it! :family based healthy lifestyle programme for parents and children
Morbidity rate	Morbidity is another term for illness. The rate is the number of people with a particular illness, injury or condition within an existing population in particular period of time. A person can have several co-morbidities simultaneously
Mortality rate	Mortality is another term for death. The rate is the number of deaths that occur in a population within a particular period of time. The rate is often given as a certain number per 100,000 people
MSM	Men who have Sex with Men
NAO	National Audit Office
NCMP	National Childhood Measurement Programme
NCSP	National Chlamydia Screening Programme
NELFT	North East London Foundation Trust
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NOO	National Obesity Observatory
Obesogenic	Causing obesity
ONS	Office for National Statistics
PHE	Public Health England
PSHE	Personal, Social Health Education
PHSB	Public Health Strategy Board
PHOF	Public Health Outcomes Framework

POPPI	Protecting Older People Population Information
Primary Care	Healthcare delivered outside hospitals
QOF	Quality Outcomes Framework
Prevalence	The number of cases of cases of a disease or condition existing in a population
Risk factor	Aspect of a person's lifestyle, environment or pre-existing health condition that may increase their risk of developing a specific disease or condition
Secondary care	Care provided in hospitals
SHAFT	Sexual Health Awareness Foundation Training
SMEs	Small and medium sized enterprises
Standardized mortality rate	The death rates of in a population adjusted to take account of population differences in age structure, in order to make the data comparable between areas
STI	Sexually transmitted infection
Thromboembolism	Formation of a clot within a blood vessel
UNICEF	United Nations Children's Fund
Wanless	The Wanless Review – a major review to examine healthcare funding needs in the NHS, led by Sir Derek Wanless. Published by the Treasury in April 2002. Securing our Future Health: Taking a Long Term View was commissioned by Gordon Brown, the then Chancellor of the Exchequer, to help close unacceptable gaps in performance both within the UK and between the UK and other developed countries and set out NHS funding for the next 20 year
WHO	World Health Organisation