

# **PUBLIC HEALTH UPDATE REPORT: 'FIT AND HEALTHY LIFESTYLES' WORK PROGRAMME**

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## **1.0 REASON FOR ITEM**

To brief members on the outcomes from work relating specifically to:

- Obesity
- Sexual and Reproductive Health & Wellbeing
- Stroke Prevention

## **2.0 OPTIONS AVAILABLE TO THE COMMITTEE**

Members of the Committee are asked to:

- a) Note the contents of the report.

## **3.0 BACKGROUND INFORMATION**

**3.1** Public Health transitioned from the NHS into the London Borough of Hillingdon in April 2013. Since that time the Social Services, Housing & Public Health Overview Committee has received a number of updates on the progress of transition and transformation.

**3.2** Local authorities are democratically accountable stewards of their local populations' wellbeing and they understand the crucial importance of 'place' in promoting wellbeing i.e.

- The built and natural environment within which residents live, work and play;
- Housing;
- Green spaces;
- Opportunities for work and leisure.

All of these factors are crucial to health and wellbeing. Local authorities are well placed to try new and different ways of tackling public health challenges. The Council has considerable expertise in building and sustaining strong relationships with residents and service users through community and public involvement arrangements. This will undoubtedly help to extend the engagement of local people in the broader health and wellbeing agenda.

**3.3** This report provides an update, *as requested by the Policy Overview Committee*, on Obesity, Sexual Health and Stroke Prevention work and the pilots that have been completed since 2014/15 to date.

## **4.0 OBESITY**

**4.1 Background:** The majority of adults in Hillingdon are either overweight or obese (63.4%) which is similar to England's rate (64.6%) but higher than the London average (58.4%). Over a third of all children leaving primary school are either overweight or obese (34.6% - Year 6 2014-15 NCMP); and 23% of all adults are obese.

**4.2. Council responsibilities:** Public Health's Transition to Local Authorities in 2013 coincided with local authorities becoming responsible for improving the health of their population, which includes tackling obesity. Under this, a *mandatory* responsibility for commissioning of the National Child Measurement Programme (NCMP - weighing and measuring of school children) was passed on to Councils, alongside commissioning of lifestyle weight management programmes for children and adults *specified* as a Council responsibility in addition to the wider prevention programmes and environmental measures. Hillingdon Council's work on all these areas is summarised under section 4.5. The NHS is responsible for more downstream treatment of severe and complex obesity (termed as tier 3 and tier 4 services) including bariatric surgery.

**4.3 Health impacts of overweight and obesity:** Obesity is a major cause of illness and disability and places a significant burden on the social care system. After hypertension (high blood pressure) obesity is the most common chronic condition recorded by general practitioners in Hillingdon<sup>1</sup>.

4.3.1 Around 44% of the incidence of diabetes, 23% of heart disease and between 7% and 41% of certain cancers (for example, breast, colon and endometrial) are attributable to excess body fat. Many types of psychosocial problems and psychiatric morbidities are also caused or complicated by excess weight. Raised BMI increases an individuals' risk of developing obesity related co-morbidities.

4.3. Obesity can reduce life expectancy by 11 years (on average, for white men and women who have a BMI of 45 kg/m<sup>2</sup> or over, starting from between 20 and 30 years of age) and is responsible for around 9,000 premature deaths a year.

4.3.3 Obesity also has significant effects on children before the health risks that become apparent in adulthood. Children who are obese as teenagers are highly likely to remain obese into adulthood. Obese children suffer from stigmatisation, bullying and health exacerbations like asthma, bone and ligament issues and low self esteem. An increasing number of children are being diagnosed with type 2 diabetes, previously seen only in adults. Obesity is also intergenerational – families with an obese parent are more likely to include obese children.

4.3.4 **Links with Oral Health:** Poor child oral health is also closely associated with child poverty, deprivation and overweight/obesity. National epidemiological surveys to monitor

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<sup>1</sup> HSCIC (2014) GP Quality and Outcomes Framework data 2013/14 <http://www.hscic.gov.uk/catalogue/PUB15751>

the oral health of 5-year old children show that only 55.5% 5 year olds in Hillingdon were caries free against the national target (70%).

**4.4 Economic Impact:** Obesity has serious financial consequences for the NHS and the wider economy. The cost to the NHS in 2007 was estimated to be 5.1 billion and 15.8 billion to the wider economy. By 2050 the cost is estimated to rise to 9.6 billion to the NHS and 49.9 billion to the wider economy. Furthermore;

4.4.1 An estimated 16 million days of sickness absence a year are attributable to obesity. Obese people are less likely to be in employment than people of a healthy weight.

4.4.2 The associated welfare costs are estimated to be between £1 billion and £6 billion. The government's call for action states:

*“Overweight and obesity are a threat to the economic growth on which the country's future prosperity and wellbeing depend.”*

*“There is a clear ‘business case’ for addressing overweight and obesity – in terms of the toll it takes on individuals and families, and the costs incurred by the NHS, local government and the economy.” (Healthy Lives, Healthy People: A call to action on obesity, 2011)*

#### **4.5 Tackling obesity in Hillingdon: current action**

Hillingdon Council's work to tackle obesity may be categorised under 4 major areas:

- Obesity prevention (tier 1 services)
- Child Obesity Surveillance (NCMP)
- Weight loss programmes for those in need of support (tier 2 services)
- Working with partners e.g. schools, NHS and local businesses

**Obesity Prevention:** Hillingdon Council has taken a number of initiatives to prevent obesity, maintain accurate surveillance of data on childhood overweight and obesity and support adults and children residents who are already overweight and obese, but are motivated to lose weight. These include:

4.5.1 Action on early years, to improve diet, nutrition, play and behaviour change support for families before children reach Reception year. Early years settings e.g. nurseries and children's centres are a crucial element of this work and a detailed action plan is available.

4.5.2 **Breastfeeding Promotion:** Breastfeeding is a well-documented protective factor against childhood obesity. Since 2009, great strides have been made in Hillingdon towards improving breastfeeding rates through introduction of UNICEF / WHO baby-friendly principles in the community. Rates of initiating breastfeeding in new-born babies in Hillingdon is at 83.4% which is significantly better than the England average, however breastfeeding prevalence at 6-8 weeks is 62.2% and we are trying to improve this.

4.5.3 **Improving diet and physical activity:** Hillingdon Council has been working with schools under the healthy schools programme to improve catering facilities, promote healthy eating and physical activity.

**4.5.4 Hillingdon's Physical Activity Strategy Action Plan:** A comprehensive programme of sports and leisure initiatives exist for adults, children and older people to increase their physical activity levels. There are many opportunities in Hillingdon via outstanding leisure facilities, pools, leisure Centres, walking schemes and outdoor gym facilities in local parks.

Hillingdon has excellent opportunities for outdoor activities with 34 parks awarded Green Flags, making it the local authority with the highest number of top-quality parks and green spaces in the UK for the third year running.

**Child Obesity Surveillance:** Commissioning the National Child Measurement Programme (NCMP) is a mandatory function of local authorities.

**4.5.5** The National Child Measurement Programme (NCMP) in Hillingdon is a high-quality, locally reliable surveillance data programme with one of the highest uptake rates in London. NCMP is key to improving our understanding of overweight and obesity in children and for monitoring trends. In 2014/15, 7203 children aged 4-5 and 10-11 were weighed and measured with 99% and 98% completion rate. Data on Hillingdon as below shows rates since 2007. NCMP provides a much valued opportunity to raise parents' awareness of child obesity and assist families to make healthy lifestyle changes. It also provides a basis for planning and development of programmes to prevent obesity.

**Table 1: NCMP: Proportion of obese and overweight & obese children in Reception year and Year 6**

School year and Weight category		2006 /07	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013 / 14	2014/ 15
Reception	Obese	8.5	8.4	9.2	9.6	10.1	9.5	9.4	10.0	9.6
Reception	Overweight & obese	19.6	18.2	19.1	21.4	21.5	20.9	21.4	21.3	20.6
Year 6	Obese	19.5	19.4	19.7	19.6	20.6	20.7	19.8	20.1	19.8
Year 6	Overweight & Obese	33.6	32.0	32.6	33.4	34.9	35.6	34.6	34.6	33.2

**Weight management programmes for children and adults:**

Local authorities are responsible for providing programmes that achieve weight loss through lifestyle change (termed as tier 1 or tier 2) which more intensive, clinically based support involving dietetic advice, psychological support or surgical intervention is provided by the NHS.

**4.5.6 MEND – (Mind, Exercise, Nutrition...Do it!')**: Mend is an evidence based community orientated weight management programme for overweight children and their families providing nutritional education and physical activity. In Hillingdon the programme is available for children aged 2-4, 5-7, and 7-13 years old.

**4.5.7 Fit Teens -** This is programme developed in house by Hillingdon Sports and Leisure Team to help children and young people aged 13+ lose weight.

**4.5.8 Adult Weight Management Pilot -** In 2015, a pilot weight management programme was introduced and it is underway. The pilot operates a two pronged community trial of two separate evidence based interventions for comparison of what works better for Hillingdon

residents. The pilot is due to run for 6 months, engage with 200 residents and inform a business case for the future commissioning of a tier two weight management programme.

Based on the success of the pilot, the options to commission a tier two weight management programme will be undertaken with the aim of providing a programme to engage with residents at risk of vascular diseases (e.g. heart disease, stroke), diabetes and early signs of psychological or musculo-skeletal disorders with the aim of reducing their risk factors and improving resident outcomes.

**Working with partners:**

Hillingdon Council actively works with the local partners on tackling and preventing obesity e.g. history of preventative work with schools under the healthy schools programme. Furthermore;

4.5.9 Hillingdon Obesity Strategy Group is a multi-agency partnership facilitated by Hillingdon Council for maintaining oversight of local actions by Council and NHS partners to prevent and treat overweight and obesity. The group holds consultations with wider partners to ensure local awareness and co-ordinate action.

4.5.10 LB Hillingdon engaged with stakeholders in 2014 and 2015 through a series of multi-agency engagement workshops. A number of themes were identified and these were consolidated into a business case for action to explore option to manage adult excess weight in Hillingdon.

4.5.11 Hillingdon Clinical Commissioning Group (CCG) has expressed a desire to work with the Hillingdon Public Health team and the Hillingdon Obesity Strategy Group on developing a local approach for *tier 3* and *tier 4* treatment options in 2016/17

## **5.0 SEXUAL AND REPRODUCTIVE HEALTH & WELLBEING**

**5.1** Sexual health is a major public health issue. If left undetected and untreated, sexually transmitted infections (STIs) may result in serious complications in later life.

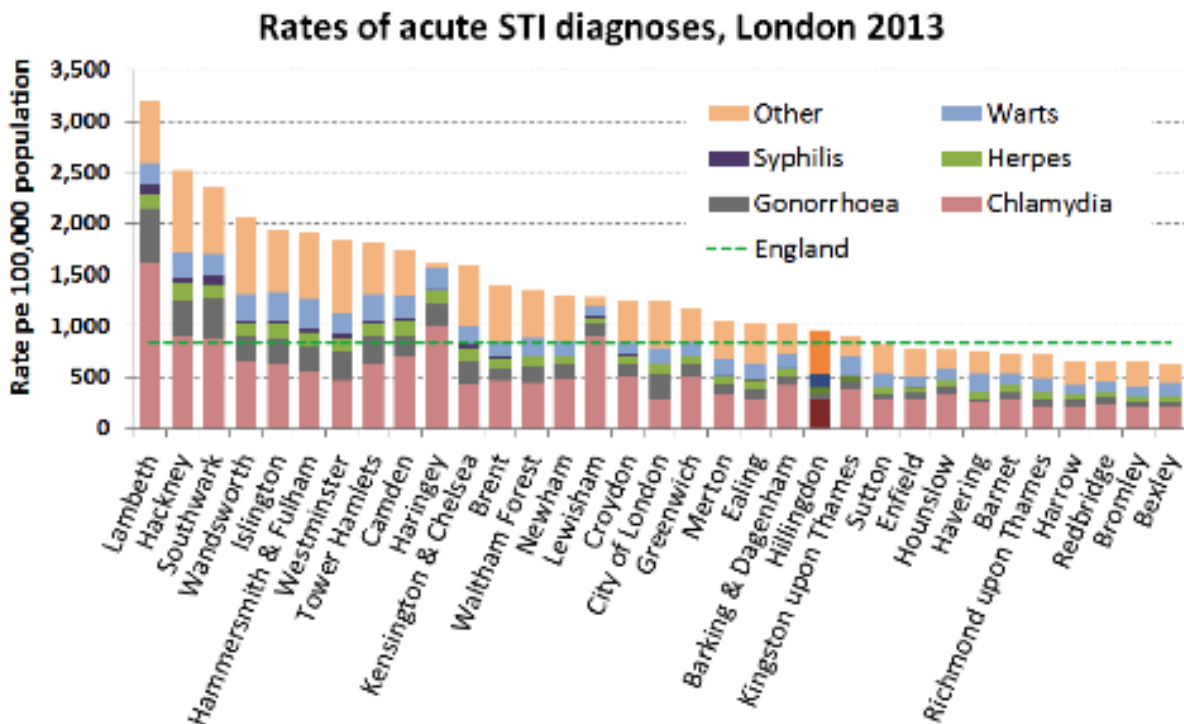
The focus of work around this area is to ensure the delivery of mandatory and non-mandatory services centred on the Council's vision of putting residents first.

**5.2** The Council is responsible for commissioning the majority of sexual health interventions and services as part of its wider public health responsibilities, with costs met from the ring-fenced public health grant. The Framework for Sexual Health Improvement in England (DH March 2013) states that local authorities will commission comprehensive sexual health services, including:

- Contraception, including implants and intrauterine contraception and all prescribing costs – but excluding contraception provided as an additional service under the GP contract
- STI testing and treatment, Chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing

- Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies

**5.3 Sexually transmitted infections:** Sexual transmitted infections (STIs) represent an important public health issue in London which has the highest rate of acute STIs in England, 66% higher than England as a whole. Sexually transmitted infections have been on a general increase over the past 10 years. In comparison with other London boroughs, however, as shown in **Figure 1** below, Hillingdon has a relatively low rate of sexually transmitted infections.



Source: Public Health England: STI diagnoses & rates by local area

**5.4** The **Table 1**<sup>2</sup> below shows the main sexually transmitted infections treated in Hillingdon.

**Table 1: Sexually Transmitted Infections Treated in Hillingdon (All ages) 2009 to 2013**

<b>STI</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Chlamydia</b>	745	800	760	810	890
<b>Gonorrhoea</b>	85	95	80	110	130
<b>Herpes</b>	115	130	150	150	180
<b>Syphilis</b>	<10	<10	<10	30	10
<b>Genital Warts</b>	370	350	365	360	380

The total number of acute sexually transmitted infections diagnosed in Hillingdon in 2012 is reported as 2,720. Age related data shows that young people experience higher rates of infection and account for higher proportions of treatments.

**5.5 HIV:** Local authorities are not responsible for providing specialist HIV treatment and care services but the provision of HIV testing is part of the local authority requirement to provide free STI testing services. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator.

In 2013, 6,000 people (4,477 men and 1,522 women) were newly diagnosed with HIV in the UK. New diagnoses have continued to decline since a peak in 2005 (7,892), largely due to a decrease in new diagnoses reported among persons infected abroad. Since 2007, London had the largest number of persons accessing HIV care within the UK.

The rate of HIV diagnosed in Hillingdon in 2013 was 2.58 per 1,000 of the population aged 15-59. Hillingdon ranked 26th lowest out of the 33 London Boroughs.<sup>3</sup>

**5.6 Chlamydia Screening Programme:** Each year PHE produce a borough focused ‘Sexual and Reproductive Health Profile’.<sup>3</sup> This supports Local Authorities and Public Health leads to monitor the sexual and reproductive health of their population and the performance of local public health related systems.

<sup>2</sup> Source: Public Health England Sexual Health Profiles

<sup>3</sup> HIV in the United Kingdom 2014 report, PHE report.

<sup>3</sup> Sexual and Reproductive Health Profile 2013, PHE Profile.

The Profile provides a snapshot of sexual and reproductive health across a range of topics including Chlamydia Screening. The key facts to note from the current Hillingdon Profile (for the period January to December 2014) are as follows:

- The Chlamydia detection rate in Hillingdon 2014 was 1,369.4 per 100,000 young people between 15 and 24 years, which was below both the England detection rate of 2012.0 and the London detection rate 2178.0. Although rates vary across the borough – CNWL evidence suggests the south of the borough have a higher Chlamydia detection rate, in particular in Heathrow Villages, Townfield, Botwell, Pinkwell and Barnhill. This mirrors the teenage pregnancy hotspot wards and highlights the need to continue reducing teenage pregnancy conception rate despite the downward trend Hillingdon has witnessed in the last few years;
- Two thirds more young women in Hillingdon were screened for Chlamydia in 2014 which mirrors the national picture;

**5.7 Teenage Pregnancy:** Teenage pregnancy increases health inequalities and leads to poor long term outcomes for young parents and their children. Tackling teenage pregnancy helps to reduce child poverty. Teenage mothers will be more likely than older mothers to require support e.g. access to housing, education, employment and training). Benefit payments to a teenage mother who does not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.

**5.8** Teenage conception rates remain an area of policy interest. The Government has retained the teenage conception rate (aged under 18 years) as one of its three sexual health indicators in its Public Health Outcomes Framework (PHOF) and it is one of the national measures of progress in tackling child poverty.

**5.9** A range of commissioned evidenced based interventions provided by GPs, Pharmacists, Community Nursing and the Council's children and young people's early intervention and prevention service, are in place - with a focus on reducing both teenage pregnancies and the incidence of STIs in this age group. Services include:

- Young People Friendly Contraceptive services;
- Emergency Hormonal Contraception and advice on prevention of STIs;
- Chlamydia Screening;
- Clinic in a Box outreach – to identify at risk individuals including those who may be at risk of a second teenage pregnancy;
- Self Esteem Raising Project for young women;
- Triple P Parenting Programme;
- Workforce Development Training;
- Life Education - Drugs and Alcohol.

**5.10** When last reported to POC teenage pregnancy was at its lowest, in 2012. There were 139 conceptions recorded and a conception rate of 27.7 per 1,000 females under 18 years (aged 15-17 years) for the period 2012.

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In 2013, 116 conceptions were recorded and the rate of conceptions in under 18s fell to 23.0 per 1,000 females under 18 years (aged 15-17 years). This is above the rate for London (21.8) and below the rate for England (24.3).<sup>4</sup> It is useful to note that in the 'Baseline Year' (ie. 1998), the rate of teenage conceptions was 43.9 per 1,000 girls under 18 years.

- 5.11** The maternity rate amongst under 18s (ie. those young women who choose to keep their baby) in Hillingdon, in 2012 was 12.6 per 1,000 girls aged under 18 years. The maternity rate in 2013 in under 18s in Hillingdon fell to 8.7 maternities per 1,000 females under 18s (aged 15-17 years). This is similar to the rate for London (7.8) and below the England rate (11.9)<sup>5</sup>.
- 5.12** **Abortions:** The percentage of conceptions leading to an abortion in females under 18 years (aged 15-17 years) in Hillingdon in 2012 was 54.7%. This percentage increased to 62.1% in 2013.

The Sexual Health Outreach Team has an ongoing programme of targeted Condom Distribution and Emergency Hormonal Contraception awareness raising in the community including:

- Fresher's Week/Health Week at Uxbridge College, Hayes and Uxbridge sites;
- Sexual Health Outreach Nurse/Team CNWL includes all of the above as well as visiting targeted Schools, YMCA, Looked After Children Homes, Training for Foster Carers;
- GP Updates are available on request and include Chlamydia screening and sharing examples of good practices for GP's and Practice Nurses who participate in the LBH Primary Care Contract for Chlamydia Screening;
- Community Pharmacists Integrated Sexual Health Hubs in 15 Pharmacies;
- Termination of Pregnancy Providers - Marie Stopes, British Pregnancy Advisory Service;
- Early Intervention Youth Services - Fiesta, Youth Bus, KISS/Sorted, Link and the Youth Offending Team;
- RAF Uxbridge.

- 5.13** Commissioned Contraception, Sexual & Reproductive Health Services: Whilst the Health & Social Care Act 2012 is prescriptive about *what* is commissioned, it is lacking in detail in *how* it is actually commissioned. For example, the requirement to provide STI testing is mandated but the way in which this is provided (access points, waiting times, opening times, providers etc) is entirely up to the Local Authority to determine.

Such flexibility provides options going forward that will enable LB Hillingdon to deliver value for money, ensuring that services comply with the strategic objectives of the Council, and, most importantly, maintaining the focus on meeting the needs of Hillingdon's residents.

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<sup>4</sup> Public Health England -

<sup>5</sup> Source: Hillingdon JSNA 2015 – Teenage Pregnancy

**5.14 Sexual Health Needs Assessment:** Public Health is currently undertaking an in depth sexual health needs assessment for Hillingdon's residents. Once complete, the assessment could serve to inform the development of a specification for an Integrated Sexual and Reproductive Health service which may be presented to Members for their consideration and then possibly tendered.

## **6.0 STROKE PREVENTION**

**6.1** Background: As per the GP data in 2014/15 there were 3,336 patients in Hillingdon who had suffered stroke. The estimated average cost to the NHS of a stroke per patient is £10,000. Approximately a third of new care home admissions are for people with first strokes, which can cost £100,000 per year for as long as the person lives.

**6.2** The roles and responsibilities of Councils in this aspect of public health include:

**6.2.1** Prevention: The best way to prevent stroke is healthy eating, being physically active, smoking cessation, keeping your weight down and sensible drinking.

**Healthy Eating:** Public awareness and targeted action to reduce intake of fat and salt in diets prevents risk factors like high blood pressure and high cholesterol. Hillingdon Council is implementing a project where fast food restaurants will be encouraged to reduce salt and fat in food they serve.

**Smoking:** Hillingdon Stop Smoking Service provides support for smokers to quit. Smoking significantly increases an individual's risk of having a stroke. Helping more smokers to quit smoking is likely to decrease the population level risk.

**Exercise:** Hillingdon Council's Leisure Services provides a comprehensive programme of activities to encourage people to increase their fitness levels. For most people, at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity, such as cycling or fast walking, every week is recommended. After suffering a stroke, rehabilitation and gradually increasing activity level (as per medical advice) is recommended.

**Alcohol:** The Council has an array of initiatives to encourage sensible drinking in the borough from licensing, support and treatment via commissioned Drugs and Alcohol services and an A&E liaison specialist. Excessive alcohol consumption can lead to high blood pressure and trigger irregular heartbeat (atrial fibrillation), both of which can increase the risk of having a stroke. Alcohol being high in calories also contributes to excess weight hence increases the risk in many ways.

**Weight loss:** Hillingdon Council is currently piloting weight loss services to support local residents because currently 63.4% of Hillingdon's adult population carries excess weight; and 23.3% are classified as clinically obese. Excess weight increases your risk of developing high blood pressure, high cholesterol and the risk of vascular diseases including stroke. With majority of the adult population in the overweight bracket, effective and adequate provision for people to achieve weightloss is important for reducing the risk of cerebro-vascular disease.

**Awareness Raising:** Nationally, FAST campaign has been a hugely effective tool to raise awareness of stroke. Public Health England's (PHE) evaluation of the campaign saw a 70% rise in the number of emergency calls for stroke, meaning that 40,000 more people got to hospital within 3 hours of their stroke symptoms starting and nearly 4,500 fewer people became disabled as a result. Figures showed that although the campaign cost £12.5m it provided a return on investment of £332.9m including a decrease in care costs and benefit to the state. Therefore, raising awareness of symptoms at population level saves lives and is cost effective.

**NHS Healthchecks and Identification of risk factors:** Hillingdon Council commissions the NHS Health checks programme via local pharmacists and GPs. It is aimed at the population group aged 40-74 years for identifying the risk of vascular diseases including strokes. One of the earlier studies found that NHS healthchecks averted 1800 strokes per year in England. Since then, the programme has been rolled out nationally and identifying AF (Atrial fibrillation - one of the risk factors for stroke) has been added to the programme. Checking adequate numbers of residents is likely to increase our capacity to prevent more strokes.

Regulations made in 2013 set out legal duties for local authorities to make arrangements for NHS Health Checks to be offered to each eligible person aged 40–74 years once every 5 years and for each person to be recalled every 5 years if they remain eligible so that the risk assessment includes specific tests and measurements, as well as to ensure the person having their health check is told their cardiovascular risk score and their other results.

**6.2.2 Rehabilitation and Community Support:** Local authorities are responsible for providing care services to stroke patients and to work with NHS to prevent the risk of further harm, including risk of stroke. These services range from rehabilitation, overcoming communication difficulties, sensory loss and physical difficulties and psychosocial support. Effective rehabilitation can significantly limit disabilities.