

# WILTSHIRE'S 2011-12 ANNUAL PUBLIC HEALTH REPORT







The past 12 months have been another productive and busy year for Wiltshire's public health team as we continue to work to improve the county's health, reduce health inequalities and prepare for the team's move from our home within the NHS back to our roots in local government.

I am pleased to be able to report that the past year has seen a number of positive achievements. Life expectancy has increased to 79.6 years for men and 83.7 years for women and we helped a further 2,945 people to stop smoking. The county has seen an improvement in the levels of physical activity, continued to tackle coronary vascular disease and improved access to local services. Wiltshire compares favourably to other areas both in the South West and England. However the ageing population and lifestyle choices mean we need to work hard to maintain this.

Public health, in conjunction with partners, has produced the first set of Joint Strategic Assessments (JSAs) for each of our 20 community areas. These provide local evidence for communities about issues such as health and wellbeing, community safety, housing, children and education, environment and population. These have helped communities develop plans based on local evidence and need. We have also worked with our GPs to provide JSAs for the new Clinical Commissioning Group.

The fourth annual Wiltshire Health Improvement Awards provided a showcase for some of the fantastic work being undertaken in the county. The awards acknowledged the contribution of individuals and teams working in the statutory, private and voluntary sectors, and once again we are grateful to everyone that took part and for the support from our sponsors that enables these awards to continue.

In April 2013 Public Health in Wiltshire, and across England, will transfer to local government accountability. This move is a return to local authorities for public health and will provide an opportunity for closer working between the public health team and colleagues working in areas such as environmental protection, social services, leisure and housing.

This report contains two parts. The first briefly explains the development of public health from the mid 1800s to the present day, while the second part provides details of a number of projects the public health team have worked on during 2011-12.

I would like to thank my NHS colleagues and Board members for their continued support to Public Health.

I would also like to thank Councillor Jane Scott, Leader of Wiltshire Council, Councillor Keith Humphries, Portfolio holder for Public Health and Public Protection, as well as Cabinet members at Wiltshire Council.

In addition my professional and dedicated Public Health team to whom once again I am grateful for their commitment to improve the health of our population.

*Maggie Rae*

Maggie Rae

Corporate Director of Public Health and Public Protection  
NHS Wiltshire and Wiltshire Council

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# THE HISTORY OF PUBLIC HEALTH

The history of Public Health in England has mirrored the history of progressive advances by public bodies and civic society.

The slums, the cholera, and the growth of the Public Health Movement that led to the Chadwick Report and the first Public Health Act changed the ambition of many local councils.

The effectiveness and impact of leading councils on tackling the ill health of their populations led to many councils vying with one another to provide the most innovative and progressive public programmes.

However, by 1948, the view was that Public Health had fulfilled its initial purpose: sewers had been built, slums cleared, water cleaned and diet improved. Health problems would be tackled from then on through improvements in medicines and technological advances - pills and potions and the surgeon's skills were to become the dominant theme.

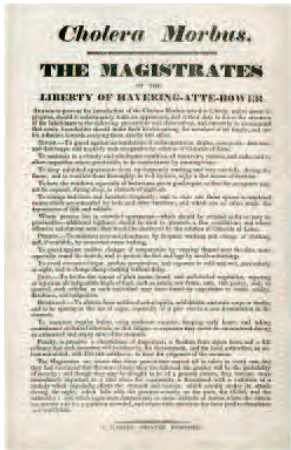
Government embarked on an ambitious hospital building programme and the era of innovative public health advances seemed to be on the wane. The structural reorganisation of 1974 further separated public health from its roots in local government and to many the specialism was now seen as secondary to general medicine, and it became distanced from the debate over the environmental determinants of health.

Yet the increasing demands being placed on the NHS by modern lifestyles as people became more obese, drank too much, smoked and had multiple sexual partners led to the commissioning of the Wanless Reports in 2002 and 2004. These examined future health trends and identified the key factors which would determine the financial and other resources required to ensure that the NHS could provide a publicly funded, comprehensive, high quality service available on the basis of clinical need and not ability to pay. The reports clearly spelt out the future impact of a continued rise in poor health caused by life style decisions and concluded that action had to be taken promptly if the NHS was to survive.

With the growing importance of public protection as a result of BSE, Foot and Mouth, 9/11, flooding and the potential for a flu epidemic, public health once again was at the forefront of innovative public policy.

The following pages illustrate the history of public health and examine some of the key milestones: from the Chadwick Report, through the 60s to the present day and the return of the specialism to its roots in local government.

1842  
Chadwick report 'The Sanitary Conditions of the Labouring Population'



1868  
Railway Act mandating smoke free carriages to prevent injury to non-smokers

1894  
Diseases of Animals Act

1907  
School health service formed



1955  
Polio vaccine introduced in the UK

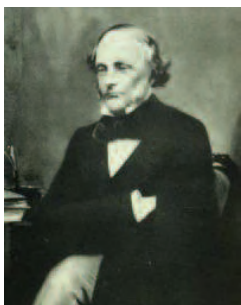
1958  
Diphtheria vaccines introduced



1961  
Launch of the contraceptive pill

# HISTORY OF PUBLIC HEALTH,

1847  
First Medical Officer of Health (MOH)  
Dr William Henry Duncan, appointed



1848  
First Public Health Act

1853  
Smallpox vaccination made compulsory

1860  
Food Adulteration Act

1908  
Children's Act bans the sale of tobacco to children under 16

1948  
Creation of the NHS



1954  
Link between smoking and lung cancer established



1964  
First cervical screening programme

1967  
Abortion Act

1974  
Responsibility for public health moves from local government to the NHS

1979  
Smallpox eradicated worldwide

1983  
Front seat safety belts made compulsory

1985  
First case of BSE in cattle diagnosed

1986

Government launches HIV/AIDS awareness campaign



Image Courtesy of The Advertising Archives

1995

The first case of a new version of Creutzfeldt-Jakob disease (vCJD), in 1996 the link to BSE is confirmed

First needle exchange schemes introduced in the UK

2000

Foot and Mouth outbreak

2001

9/11 World Trade Centre terrorist attack

2002

Wanless Report, securing good health for the whole population



2008

HPV vaccination programme begins

First Joint Strategic Needs Assessment (JSNA) published

2009

H1N1 outbreak, pandemic flu



First Wiltshire Health & Wellbeing Awards

# 1842-PRESENT DAY

1988

The Acheson Committee recommends a "new" public health system

World's first breast screening programme launched in the UK



Call/recall cervical screening programme introduced

1990

Introduction of the NHS internal market and purchaser provider split

Food Safety Act

1992

Health of the Nation strategy

2004

Civil Contingency Bill

Choosing Health White Paper

2006

National Bowel screening programme introduced

National Child Measurement Programme introduced

2007

Legislation prohibiting smoking in workplaces and enclosed public places introduced in England

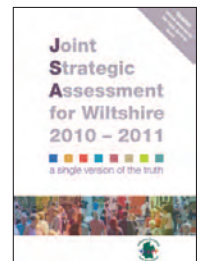


Maggie Rae appointed as Wiltshire's first Joint Director of Public Health

2010

First Joint Strategic Assessment for Wiltshire published

Marmot Review into Health Inequalities in England



2011

Joint Strategic Assessments for the 20 community areas published

NHS Health Checks introduced in Wiltshire

2012

Active Health launched countywide

Improved local cancer services, the launch of a mobile chemotherapy unit

2013

Public Health returns to local government

## The early days of public health up to 1948

In the early 19th century, the growing towns of Britain were characterised by overcrowding, poor housing, bad water and disease.

The great health fears in Victorian England were cholera and typhus and in 1837 and 1838 there were epidemics in the major cities. These outbreaks led to Edwin Chadwick being appointed by the government to start an enquiry into the sanitation of the UK's major cities. In 1842 Chadwick, assisted by Dr Thomas Southwood Smith, published his landmark report, 'The Sanitary Conditions of the Labouring Population'. The report stated that there was an urgent need to improve the living conditions of the poor and that the lack of public health was directly related to the lifestyles endured by the poor. Chadwick also noted that the labouring class could not labour as well as it might in an expanding industrial economy because of their poverty and poor health. Therefore it was argued that the improved health of the poor would directly benefit the nation as a whole. When his findings in the report were read out in the House of Commons, it is said that MP's listened in "astonishment, dismay, horror and even incredulity". However away from London local councils continued to be influenced by Chadwick's work and in 1847 Liverpool appointed Dr William Henry as the country's first Medical Officer. A change of Prime Minister led to the first Public Health Act in 1848.



Edwin Chadwick was appointed Sanitation Commissioner and a new Central Board of Health was created with the powers to clean the streets and improve both the water and sanitation systems. Chadwick continued to have many ideas on how to improve the lifestyle of the poor but his priorities remained a constant supply of fresh and clean water; toilets in homes and a sewage system that would carry sewage from the cities out to rural areas where it could be treated. One of his many innovations was the use of glazed



ABOVE: Northern outfall sewer and overflow into the River Lea

LEFT: A poverty-stricken couple with their five children

earthenware pipes for sewage, which reduced the possibility of contamination of drinking water. Shallow drinking wells were abolished and replaced by a mains water supply.

And so the link between the environment and living conditions and public health was firmly established.

The benefits of these sanitation measures soon became clear, and by late in the 19th century many local councils were competing with each other to provide the best public health. When the Boer War revealed that half of the adult population were unfit for military service the Government ordered that local councils must take steps to improve the health of the poor:

The Public Health Department headed by the Medical Officer of Health flourished during the first half of the 20th Century.

In 1906 local councils were told to provide free school meals for poor children. The school health service was formed in 1907 (among these examinations were those of the 'nit nurse') and arrangements for improving antenatal and postnatal care were developed. Public provision of health care was extended by the introduction of the National Insurance Act 1911 and by the 1920s and 1930s Medical Officers of Health occupied a pivotal role in the provision of health care to the population. They had responsibility for monitoring water supplies, sewage disposal, food hygiene, housing and control of infectious diseases. In addition, they had responsibility for health visitors, midwives and the school health service. In 1929 they also took on the task of administering municipal hospitals. The Medical Officer of Health occupied a central role in the public provision of health care as well as in the prevention and monitoring of ill health.





## 1948–1973

After the Second World War, the NHS Act 1946 set up three distinct controlling bodies for health care. NHS hospitals were administered by Regional Hospital Boards, public health services became the responsibility of local authorities and local executive councils administered general medical services which provided primary medical care to the population. The Medical Officer for Health had responsibility for the provision of some personal health services and in addition, as an officer of the local authority, was able to influence social and environmental aspects of health.

The period post 1948 saw significant scientific advances that led directly to the prevention of many diseases through vaccination, with the introduction of the polio vaccine in 1955 and diphtheria in 1958 and, in 1954, the establishment of the link between smoking and cancer.

The emergence of Britain from the post war period saw the launch of the contraceptive pill in 1961 and the first cervical screening programmes in 1964.

ABOVE: Biologists perform tests on a modified Polio vaccine at a research laboratory

## 1974 to present day

The reorganisation of public health in 1974 broke the structural link between local authority services such as social care and environmental protection and the NHS.

The Acheson Report, published in 1988, found that mortality had decreased in the last 50 years but that inequalities in health remained, and in some instances health inequalities had widened. The report recommended a new public health system. Since 1988, public health doctors have been involved in reshaping health services as purchasers within the internal market and are involved in the development of evidence-based healthcare within the NHS.

Public Health has been in a new era where specialists have been involved in advances in medicine and technology, as well as programmes to challenge unhealthy behaviour. 1988 saw the first breast screening programme, bowel screening was introduced in 2006 and the HPV vaccine programme was launched in 2008. In addition, public health specialists have been involved in tackling the spread of HIV/AIDS, supporting individuals to stop smoking and play a key role in emergency planning.

2013 will see public health return to local government and another new era will begin.



TOP: Breast screening testing

MIDDLE: Its best to test kit available for chlamydia screening

ABOVE: A resource available to help people stop smoking





# PUBLIC HEALTH 2011–12

## Health Improvement

Improving the public's awareness about cancer and ability to recognise symptoms is a key health promotion activity. Successful awareness campaigns have been run locally focusing on skin cancer and sun awareness, and Wiltshire residents have also benefitted from the national campaigns around bowel and kidney cancer.

Improving both the coverage and the quality of screening programmes has continued to be a key objective across the programmes for breast, bowel and cervical cancer screening. Increasing numbers of women aged 47–73 in Wiltshire are now invited for breast screening, and uptake and other programme targets are being met across the county.

A review by the Regional Quality Assurance team in March 2011 confirmed that the bowel cancer screening programme was operating effectively and progress was being made on developing health promotion programmes to increase uptake above the overall figure of 60%.

In respect of cervical cancer screening, uptake responses vary across GP practices and work has been focused on designing innovative reminders – by text message, for example - and offering more flexible appointment times in those practices with the lowest rates. Preparatory work in 2011/12 laid the foundations for the roll out of HPV testing for all eligible women as part of cervical cancer screening in April 2012.

### Active Health

Active Health is a new, countywide 12 week exercise programme developed by NHS Wiltshire and Wiltshire Council, and supported by DC Leisure. It was launched in February 2012 and allows GPs and other healthcare professionals to refer people with specific medical conditions who would benefit from a supported exercise programme.

The Active Health programme incorporates the traditional GP referral to assist with conditions such as depression, being overweight, family history of heart disease, as well as offering specialist classes of Exercise after Stroke, Cardiac Phase 4 Rehabilitation and Falls Prevention.

In the first months of delivery, the programme on-line referral process is proving to be a big success. The revolutionary online referral system enables GPs and Healthcare Professionals to complete an online form to refer a patient into the

exercise programme. Highlights of the initial phases of the programme include:

- 67% of GP surgeries signed up to deliver the new scheme
- 127 on-line referrals
- 229 referrals made on the old paper system
- 63% of referrals made in age brackets spanning 40–69 years of age
- 66% of referrals were for females
- 53% of referrals were for obesity/overweight
- Only 12 of the 127 referrals have not started exercise, or dropped out of the programme

## Obesity

### Adult Obesity

Analysis of obesity trends and future projections has suggested that obesity prevalence will continue to rise and by 2020, 30% of men and 28% of women could well be obese (National Heart Forum, 2010 Obesity Trends for Adults). In Wiltshire it is estimated that about one in four adults are currently obese (the same as England as a whole).

Public Health has produced an Obesity Treatment Pathway for use in primary care. The options range from simple advice on diet and activity levels to specific programmes such as Active Health, the Counterweight weight management programme overseen by dietitians and, if appropriate, obesity medication and surgery.

To support self-help a range of 'lifestyle leaflets' are now available which healthcare staff can give to patients and can be used by community groups. These detail local resources concerning physical activity and healthy diet and are available to download online, together with other resources to support weight management.

The Counterweight weight management programme was available through 20 GP practices during 2011–12 and 264 patients were registered on the scheme. A 5% body weight loss over a 6 month period is accepted as a good outcome to aim for and 30% of patients attending Counterweight achieved this in 2010–11.

## Child Obesity

Wiltshire children are a healthier weight than those in many comparable areas and England as a whole. However, 1 in 3 children in Year 6 (10/11 year olds) and 1 in 5 in Reception (age 4/5) are either obese or overweight. Reducing these levels continues to be a priority.

A Child Obesity Pathway for healthcare staff has been introduced. This details the interventions available. We also routinely send individual National Child Measurement Programme (NCMP) results to parents of the children measured and whole school statistics to headteachers. This offers the opportunity for making changes to diet or activity levels at home and in the school environment. We also share general NCMP statistics with relevant support organisations and Community Area boards who can use them to target areas of need.

Schools play a major role in educating and encouraging children and young people to make healthier food and nutrition choices and to increase their levels of physical activity. The Wiltshire Healthy Schools Programme helps with this task.

Public Health has commissioned Sustrans to run a 'Bike It Plus' scheme in selected primary schools in Trowbridge, Chippenham and Calne. A local Bike It Officer has been employed to encourage children and parents to walk, cycle and scoot more, working in partnership with the Wiltshire Council Road Safety Team. In its first year 13 schools have been engaged with cycling workshops and cycle themed events.

The best opportunities for tackling child obesity arise within the family unit and Public Health endorses and supports the means for families to take charge of their own lives, for example by promoting the national Change4Life initiative.

## Pharmacy Campaigns

Wiltshire Public Health works with the local community pharmacies to support the delivery of health campaigns. The audience available to pharmacies is different to that of other 'health outlets' and therefore extends the reach of health improvement campaigns.

During 2011–12, Wiltshire Public Health provided resources and guidance to all community pharmacies for the delivery of five campaigns: Falls Awareness; Safe in the sun; Smokefree Homes; Top Tips about Diet and Physical Activity; No Smoking Day.



ABOVE: Wiltshire Health Trainers

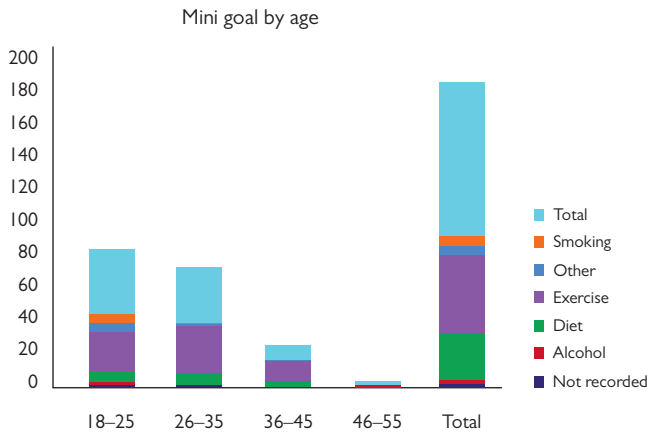
## Health Trainers

Health Trainers support health related behaviour change by working with a client over a six week period.

Health Trainers working in the Tidworth area with family members of military personnel have supported a number of clients in improving their health and wellbeing and have also attended numerous events with the army and civilian community. This resulted in a total of 750 brief interventions focused on healthy eating and weight, increasing physical activity, sensible drinking and stop smoking.

Offenders at HMP Erlestoke continue to be trained as Health Trainers, who then successfully support fellow prisoners to improve their health. This year saw the Health Trainers also work in partnership with health care, in delivering stop smoking groups in the prison. They have also been working closely with isolated and unfit prisoners, including supporting 30 to attend a new circuit training group for offenders who are not engaged with activity and often have low confidence.

A successful Health Trainer service, in partnership with Wiltshire and Swindon Probation Trust, was launched in August 2011. The total number of offenders who have engaged with the programme and completed their 1–1 support is 65. Each client sets weekly mini goals and the chart shows the range of activity. In addition the Health Trainers have supported registration with a GP, housing issues, reducing isolation through joining groups and clients gaining employment.



Working in partnership with Swindon and Wiltshire drug and alcohol service a part-time Health Trainer has been employed to support drug and alcohol users on the second phase of their recovery. The Health Trainer has worked with 28 clients, eight of whom were female.

### Behaviour Change

Behaviour change training is delivered to front line staff to support the improvement of health and well being in Wiltshire. Staff are trained in techniques to use when working with clients using a client centred approach. The aim is to help people help themselves. They are given evidence based tools to use to support behaviour change.

A total of ninety staff have attended the training this year from a wide range of staffing groups. Overall, 96% of participants graded the training good or excellent. In addition all staff gave a pledge about how they would use their learning in practice.

### Health and Wellbeing Awards

The 2012 Health Improvement Partnership Awards ceremony was held on 23rd February at Warminster Civic Centre. There were a number of award categories, all focused upon improving health and wellbeing. A total of 111 nominations



were received for 72 individuals and projects. Over 20 of the nominations were from organisations or groups which had not been involved in the awards previously - over a quarter of the total. The Award ceremony was attended by 130 people.

### Young People Friendly

The Young People Friendly (YPF) quality assurance template provides a framework to assess how well a service meets the needs of young people. Services achieving the quality assurance framework include GP surgeries, school nurse drop-ins, extended services, sexual health clinics and Children's Centres. Twenty four services are now engaged with YPF and eight of these have achieved the status. All services have reported the process to be beneficial in improving the service they offer and their involvement and feedback from young people.

## Preventing Ill Health

### Antenatal and Postnatal Health

The majority of pregnant women in Wiltshire are seen by a midwife by 12 weeks of pregnancy and over two thirds by 10 weeks enabling women and their partners to discuss and plan their pregnancy and make timely decisions about antenatal screening.

To ensure the local population is offered safe and effective antenatal and newborn screening, Antenatal and Newborn Screening Governance Groups have been established in Wiltshire. They are co-ordinated and chaired by Public Health in partnership with local maternity providers and are proving effective in assuring standards are met and in driving service improvement. Public Health has continued to chair and co-ordinate the Maternity Strategy and Liaison Committee (MSLC) which expanded in July 2011 to cover Wiltshire, Bath and Swindon. Key priority areas identified for progress during 2011-12 and beyond included: the promotion of normal birth, improved governance for antenatal and newborn screening and the promotion of breastfeeding.

In June 2011 Public Health and relevant senior health professionals across Wiltshire, Swindon and Bath came together for a 'Normal Birth Summit' where they shared good practice, renewed their commitment to the normal birth agenda and agreed key actions to take forward.

A multi-agency Wiltshire Breastfeeding Strategy 2011-14 was developed during the last year by the Breastfeeding Steering Group, chaired by Public Health. All Midwives and

LEFT: Award winners from the 4th Health and Wellbeing Awards



ABOVE: Breast feeding welcome launch

Health Visitors in Wiltshire have received UNICEF Baby Friendly Initiative (BFI) training and providers have all achieved UNICEF BFI Stage 2 or beyond. Women who have experience of breastfeeding their own children have been trained as Breastfeeding Peer Supporters in some areas. Information Sharing Agreements were developed between maternity services and Children's Centres in Wiltshire to enable peer supporters to contact women in more deprived areas during pregnancy and soon after the birth to offer support.

Public Health is committed to listening to women and their partners' experiences of maternity and newborn care and has been working alongside current users to encourage other women and families to get involved.

During this year the Directors of Nursing and Public Health examined still births rates among Wiltshire women. It is likely that there will be increases in still birth rates in the future as a result of women being older when having babies, an increase in multiple births as a result of fertility treatment and more women being overweight or obese while pregnant. The Maternity Service Liaison Committee has taken this on board and made maternal obesity a priority area for action.

### Childhood Accident Strategy

Wiltshire decided to maintain its Children's Trust Board arrangements to ensure a partnership approach to commissioning services for children and young people. Public Health is an active member of this partnership and lead the work to mitigate the effects of child poverty and the child health surveillance group. Additionally, public health makes significant contributions to the 11–19 year old commissioning strategy. Through an executive this partnership fulfils the recommendations laid out in the Kennedy Report which aimed

to overcome cultural barriers within the NHS to 'Getting it Right for Children'. A key strength of this multiagency partnership is that all strategies are consulted on and the voice of the child is captured through the work of the Voice and Influence team at Wiltshire Council. Additionally the Public Health team have utilised the services of the Voice and Influence team to assist in getting young people involved in service redesign.

### Healthy Life Expectancy and Preventing Mortality

The Public Health team firmly believe in not only quantity but also quality of life. A key part of this is to ensure that at the end of their life people are enabled to live well until they die and, whenever possible, die in their place of choice. The Wiltshire End of Life care strategy has begun to demonstrate progress in achieving its aim of increasing the proportion of people who die in 'their usual place of residence', this has increased from 41% in 2007/8 to 47.3% in 2011/12.

In June 2011 a workshop was held for practitioners from across Wiltshire to discuss how end of life care pathways worked and identify practical solutions to some of the logistical challenges.

Initiatives that have contributed to improved quality of end of life care for Wiltshire patients include:

- Advance care planning training for health professionals
- Just in Case Box availability. In a recent cross sectional audit of JIC boxes issued in 2011, the mean length of time the boxes were in a patient's home was 11.7 days. No drugs expired or were unaccounted for after the patient died and in the majority of cases (88%) relatives returned the box and unused drugs to the pharmacy. 96% of patients with a Just in Case box died in their own home and 4% died in a care home
- End of life care register, a system recording a person's end of life care wishes and making this information available to all front line health professionals working in and out of hours who care for that patient. Of patients who recorded a preferred place of death on the electronic end of life register, 56% of people wanted to die in their own home, 37% in a care home, 6.5% in a hospice. 0.5% of people wanted to die in hospital

The majority of bereaved people will only require practical support and information on 'what feelings to expect'. For this reason NHS Wiltshire and partners drafted a brief guide to bereavement, which covers both these elements. This has been widely distributed to GP surgeries, libraries and community nursing teams and is also available via the web site.

This financial year agreements were drafted with CRUSE in both Bath (covering West and North Wiltshire) and Salisbury (covering South Wiltshire) and GPs are encouraged to refer



patients to either of these services. The Improving Access to Psychological Therapies (IAPT) service can also provide support for ambulatory patients who are struggling with bereavement issues.

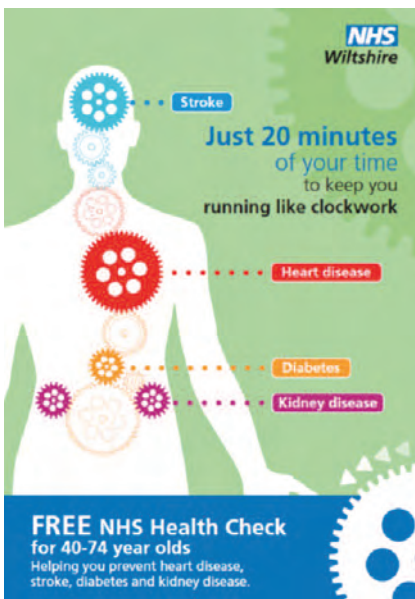
### Health Information Support Service

The Health Information Support Service (HISS) is a partnership project, funded by NHS Wiltshire. Wiltshire Community Health Services are commissioned to deliver the Health Information and Support Services in twelve libraries within Wiltshire, with one session of 3 hours per week taking place in each of the following libraries: Warminster, Melksham, Salisbury, Chippenham, Calne, Wootton Bassett, Devizes, Mere, Marlborough, Bradford on Avon, Trowbridge, Tidworth.

During 2011/12, 3096 people visited the HISS Project for a variety of reasons including: General Health, Mental Health and Social Care. The largest proportion attended for General Health reasons.

### NHS Health Check

The NHS Health Check aims to identify those people at high risk of vascular disease and help them make lifestyle changes, as well as identifying patients with previously undiagnosed disease who need medical treatment. People at lower or moderate risk will receive advice to help maintain or improve their vascular health. Every GP practice in Wiltshire provides this service and each year 20% of the eligible 40–74 year old population will be invited to attend for an NHS Health Check. This means every five years Wiltshire people will be offered the NHS Health Check.



LEFT: Health Check Wiltshire poster



ABOVE: Exercise after stroke class

### Exercise After Stroke Programme

Over 800 people in Wiltshire are admitted to hospital following a stroke each year, with around a third having a long term disability. A stroke often results in reduced strength, mobility, fitness and mood as well as social isolation. Many of these problems could be alleviated through exercise. A stroke may also result in a myriad of additional challenges such as pain, impaired movement or comprehension, which may render it difficult for people with stroke to access exercise facilities. These challenges need to be recognised and managed effectively by trained exercise instructors to enable people to exercise safely.

Public Health, and Wiltshire Council have worked together to provide exercise classes for stroke survivors at leisure centres across the county. Exercise professionals have received stroke training so they can advise individuals and provide after-stroke tailored exercise classes.

### Cardiac Rehabilitation in the Community

Cardiovascular Disease (CVD) is the biggest cause of premature death in England. In Wiltshire it is the second biggest cause of premature death, responsible for 18% of deaths in females and 30% in males under the age of 75 in 2010.

As a result of improvements in healthcare and changes to individual risk factors, premature deaths from CVD in Wiltshire have halved in a decade. Wiltshire's rates are below those of the South West and England.

Cardiac rehabilitation is defined by the World Health Organization as:

'the sum of activities required to influence favourably the underlying cause of the disease, as well as the best possible physical, mental and social conditions, so that people may, by their own efforts, preserve or resume when lost as normal a place as possible in the community. Rehabilitation cannot be regarded as an isolated form or stage of therapy but must be integrated within secondary prevention services of which it forms only one facet'.

Public Health has worked with the Royal United Hospital Bath, DC Leisure and Wiltshire Council to provide community-based cardiac rehabilitation, thus increasing access to this key means of reducing premature mortality for people recovering from heart attacks, heart surgery and cardiac interventions. In addition to hospital-based cardiac rehabilitation in Bath, Swindon, and Salisbury, Wiltshire's cardiac patients now have access to nurse-led cardiac rehabilitation in Westbury and Chippenham, together with a county-wide exercise and education programme available at each leisure centre.

## Cancer Services

Although cancer has remained the leading cause of premature death in Wiltshire, along with CVD, deaths in those aged under 75 years are reducing. The three sites of cancer causing the highest mortality rates in Wiltshire are breast, lung and colorectal for women and lung, colorectal and prostate for men. The public health team has continued to work with the three hospitals which serve Wiltshire patients to ensure that cancer services meet national targets, and are responsive to users' requirements. Providing services at community level where possible is an important objective of the cancer strategy. We have been able to achieve this in respect of chemotherapy services with the support of the Help for Tomorrow charity which has provided a Mobile Chemotherapy Unit for the people of Wiltshire.



ABOVE: Launch of Wiltshire's Mobile Chemotherapy Unit

## Tackling Wider Determinants of Health

Looked After Children share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.

Recognising that these are one of the most vulnerable groups within our local population and the need for the NHS and Local Authority to work jointly to improve health outcomes for Looked After Children, there is an active Children in Care Health Forum. During this year substantial work has been undertaken to improve the health and well being of looked after children. This has resulted in an increase in performance of annual review health assessments from 80% last year to 98% this year. This is truly exceptional and highlights the good work of an active health partnership. The focus of next year's work will be on making the same improvements in initial health assessments for looked after children and engaging foster carers and children in care with the health improvement agenda.

Working closely with colleagues in the public protection team in Wiltshire Council, the public health team started developing joint approaches to a number of environmental issues which impact on health. Air pollution, for example, is a contributor to ill-health in those with asthma and respiratory problems. With Air Quality Management Areas declared in 5 towns across Wiltshire, the team have been working with Community Area Boards to develop sustainable responses in traffic 'hotspots', focusing on strategies which will also support increased exercise for adults and children.

Fuel poverty is another area where joint work has resulted in a focus on health, and within the Wiltshire Affordable Warmth Strategy reducing excess winter deaths is now targeted. Wiltshire has a relatively high Excess Winter Death Index at 21.8%, and through training health and community staff to identify cold and damp homes and signpost to sources of support, both mortality and morbidity should be reduced.

## Healthy Child Programme

The Wiltshire Healthy Child Programme Universal and Progressive pathways were developed by the Wiltshire Child Health Surveillance group, which is chaired by Public Health. The new services were commissioned through the Great Western Community Contract and launched in September 2011, at an event attended by many multiagency partners, including our Councillor for Health & Well Being.

The Healthy Child Programme has focused on ensuring each secondary school has a health and well being drop-in service on a weekly basis. Of the 29 secondary schools in Wiltshire 20 schools have a drop-in service, 4 are due to start in the near future and staffing issues are being resolved at the remaining schools. Six of the schools have achieved the 'Young People Friendly' Award, which ensures services are youth friendly and accessible.

During the year a key achievement has been the strengthening of joint working between Health Visiting, Children's Centres and Midwifery, ensuring that information is shared and activities for new parents are joined up. An example is the 2 year 3 month old developmental check undertaken by health visitors in a group setting which now takes place in children's centres.

In response to an identified local need a multiagency Emotional Health and Well Being Strategy has been developed and consulted on. This strategy focuses on promoting positive mental health, resilience and coping skills and includes a handbook for frontline staff on managing deliberate self harm.



ABOVE: Launch of the Wiltshire Healthy Children Programme

## Healthy Schools

The Wiltshire Healthy Schools website ([www.wiltshirehealthyschools.org](http://www.wiltshirehealthyschools.org)) was launched successfully in December 2011, and has proved an invaluable tool for communicating with school staff and promoting Healthy Schools and Personal Social Health Education.

The second cohort of schools undertaking Healthy Schools Plus finished their involvement in the programme in early 2012, with a total of 38 schools sending in their final data to demonstrate the improvements to improving children and young people's health behaviours.

## Tobacco Control and Stop Smoking Services

March 2012 marked the 50th anniversary of the publication of the seminal report "Smoking and Health". The 1962 report stated that smoking caused lung cancer and was linked to other diseases and started a major shift in public attitudes to smoking. In 1962, around 70% of men and 40% of women smoked. Smoking was omnipresent, accepted, and established. Since then there have been many changes in public health policy, including a ban on smoking in enclosed public places and work places, a ban on tobacco advertising and promotion, restrictions on the sale of cigarettes to children, price increases, and the growth and success of NHS stop smoking services. As a result, in 2012 smoking is no longer the norm. Our schools, hospitals, pubs, cinemas and public transport are subject to smoke-free legislation. In Wiltshire fewer than 19% of the population now smokes.

However, smoking and the disease and deaths attributed to smoking still have a greater impact on health inequalities than any other cause. Smoking attributable causes will directly kill half of all smokers. Stopping smoking is one of the most important lifestyle changes that people can make to improve their health and NHS Wiltshire provides a comprehensive Stop Smoking Service to support people to make this change. Investment in stop smoking services is one of the best value-for-money investments in health that can be made. The NHS Wiltshire service provides a range of ways to help individuals to stop smoking, including appointments to see advisers, drop-in clinics, telephone counselling and a text messaging service to encourage individuals to get in touch with the service. The majority of people accessing the service do so through their GP practice most of which employ staff who are trained and supported by the PCT service to provide specialist stop smoking services.

In 2011–12, the Wiltshire Stop Smoking Service supported 2,945 people to quit smoking, the highest number in any year since the service began. Over 36% of these were from routine and manual workers and the unemployed, which are the key population groups to support in stopping smoking in order to have a positive affect on health inequalities.



## Alcohol and Drugs

Significant progress has been made in Wiltshire to reduce the harms associated with alcohol and drugs misuse. Between 2010 and 2011 there was a 21% reduction in alcohol related violent crime and disorder as a result of the work of the Licensing Task Group. There has also been a 37% increase in the number of successful completions of drug treatment, with performance higher than the national average, and a similar reduction in unplanned discharges from treatment.

In addition there has been a roll out of specialist certificates in both alcohol misuse and drugs misuse for GPs, practice nurses and pharmacists.

Strategies are in place to reduce the harms caused by all aspects of adults' alcohol misuse and drug misuse, and to prevent and intervene early in substance misuse problems among children and young people. "Hidden Harm" approaches are being taken forward to protect children and young people from parental alcohol and drug problems, and to keep families together. Provision of high quality and effective services has been shown to reduce harm to individuals, their families and communities and deliver cost savings to the public sector.

Progress in reducing alcohol and drug misuse in children and young people has included the provision of a dedicated service, Motiv8, and the development of referral routes between hospitals, mental health services and other children's services into the new service.

Significant progress has been made in implementing the Wiltshire Hidden Harm strategy, including building strong links between adult substance misuse services and children and families services and the development of a joint protocol to set out ways of working together and sharing information.

In addition two Hidden Harm Link Workers have been appointed to provide support to young people whose parents have alcohol or drug problems and to ensure a whole family approach to working with parents.

Provision of a range of drug and alcohol related support to schools has continued. This included general advice and guidance, staff training, peer support programmes, input for parents, targeted input for pupils and advice in responding to drug and alcohol related incidents.

Wiltshire delivers a comprehensive annual programme of drug and alcohol training to frontline professionals. The 2011–12 programme consisted of 23 days of training, of which 11 were aimed at staff who work with young people, 11 at staff who work with adults and 1 day at staff who work with 16–25 year olds. A total of 324 training sessions were completed by staff from a wide variety of agencies including GPs, school nurses, probation staff, police neighbourhood teams and community and voluntary organisations.

### Licensing Group

The Wiltshire Alcohol Strategy, launched in 2008, was developed by the Community Safety Partnership. The strategy aims to ensure a county-wide, co-ordinated approach to tackling all aspects of alcohol-related harm.

A commitment was made to improve the management of the Night Time Economy. This led to the creation of the Licensing Tasking Group in June 2010, chaired by Wiltshire Council and supported by the Police, Fire and Rescue and Public Health.

The Group's aims are:

- To ensure public entertainment is safe and well managed in Wiltshire
- To ensure the responsible sale and consumption of alcohol by managing an effective licensing regime
- To work with other agencies to reduce the incidence of violent crime and disorder
- To develop a multi agency approach to target resources on problem premises
- To encourage intelligence led interventions by relevant agencies either acting together or on an individual basis

A tactical assessment document is assembled by the Council and Wiltshire Police. Data is drawn from the police record management system on any crimes that took place in or near a licensed premises in the previous month. Any relevant intelligence reports entered on the police database are also included. Anonymised data from Minor Injury Units and Emergency Departments and on locations of alcohol related assaults are also incorporated into the assessments.

The numbers of incidents are collated to identify the premises which are linked to the highest numbers of crimes. The tactical assessment is used to focus on the top three problem premises in order to focus resources. The Group reviews the data and decides on what actions to take with licence holders. Actions can include joint inspections, visits from the Fire and Rescue Service, or structured meetings with the Designated Premises Supervisor.

Latest figures from Wiltshire Police indicate a 21% decrease between December 2010 and November 2011 in alcohol-related violent crime.



ABOVE: Community Safety Partnership Trowbridge Street Drinkers Project

## Child Accident Prevention

Unintentional injury is a leading cause of death among children and young people aged 1–14. In England and Wales in 2008, 208 children and young people aged 0–14 died from such injuries (NICE, 2010).

Wiltshire's admission rates for serious unintentional injury for both 0–4 year olds and 5–14 year olds are lower than national rates but not statistically significantly lower. Data shows that serious unintentional injury rates are higher among 0–4 year olds. Falls, poisonings and burns are the three most prevalent types of unintentional injury requiring admission for children under five years of age.

An increasing number of burn injuries are being caused by hair straighteners. As a child's skin is 15 times thinner than adults, burns are more severe and burns caused by straighteners may well result in permanent scarring.

Hair straighteners usually reach very high temperatures, often up to 220°C which is the same temperature as an iron. Straighteners can take up to eight minutes to cool down so increasing the risk of injury.

In response to this growing problem, NHS Wiltshire (in partnership with Wiltshire Council, Wiltshire Fire and Rescue Service and the Child Accident Prevention Trust) commissioned a short film to raise awareness of the dangers posed by these common household items. A DVD will be sent to Children's Centres and Health Visiting teams.

## Domestic Abuse

Tackling domestic abuse has been recognised as one of the ways to improve the wider determinants of health. Wiltshire has a well-established multi-agency Domestic Abuse Reduction Group (DARG) that is responsible for the delivery and implementation of the Wiltshire Domestic Abuse strategy.

“The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. Physical and sexual violence and abuse have direct health consequences and are risk factors for a wide range of long-term health problems, including mental health problems, alcohol misuse, unwanted pregnancy, sexually transmitted infections and risky sexual behaviour. It is less well recognised that a number of health problems such as obesity and dental neglect due to dental phobia can also be caused by abuse. Action to tackle the causes and consequences of violence against women and children therefore contributes to the health and well-being of the population.” (Alberti Report).



This year, Public Health funded bespoke training on domestic abuse which was delivered to nursery nurses and dental staff. A 2 hour introductory session was delivered to 63 staff from Wiltshire Community Health Services Dental Service, which included clinicians and administrators. As a result of partnership working, clinicians from the Great Western Ambulance Service attended the county-wide domestic abuse awareness training for the first time this year.

## Falls and Bone Health

During 2011–12 Public Health has been working with key stakeholders to prevent falls and improve bone health.

Falls and fractures present a considerable challenge for health and social care services. Around 1 in 3 people aged over 65 and almost 50% of people aged over 85 have one or more falls every year, many of which may have been preventable.

A community pharmacy public health campaign was organised to screen older people for falls risk using the Falls Risk Assessment Tool (FRAT), a validated questionnaire. Nearly 900 over 70 year olds were screened, of whom 31% had had a fall in the last 12 months – a risk factor for future falls. Anyone who had had a fall was given an information leaflet on falls prevention.

Falls awareness training has been delivered to a voluntary sector rural outreach service and the staff now use the FRAT as part of their initial assessments.

Public Health continues to commission falls prevention strength and balance classes which are provided by Wiltshire Council leisure services.

Using funding from Public Health, Wiltshire Community Health Services developed and delivered basic Medicines Management training for Neighbourhood Team staff to assist them when carrying out falls risk assessments in a patient's home environment.

Public Health held a Falls and Bone Health conference in December 2011 for frontline health and social care staff. The conference provided teaching on behavioural change, alcohol use and dementia in relation to falls prevention and bone health, amongst other topics.

## Hip and Knee Pathways

A Wiltshire review of hip and knee replacement care pathways began with a review in the south of the county. Working with GPs and the Salisbury Foundation Trust local data showed wide variations in referral rates for hip replacements.

Pathways were developed to provide greater opportunities for GPs and patients to consider the negative impacts of surgery and look at alternatives to surgery such as weight management and pain relief. If referred for surgery, the pathways aim to ensure that some follow up appointments are conducted in primary care, nearer to home, rather than all being conducted in secondary care.

The pathways are now being rolled out by the Clinical Commissioning Group and will eventually lead to more consistent practice across the county.

## Mental Health

Mental health problems are common and costly. Almost 18% of the adult population have a common mental health problem such as anxiety or depression. A further 6% are alcohol dependent and 3% are drug dependent. This means that in a GP practice of 2000 people:

- 352 people will have a common mental health problem
- 120 people will be alcohol dependent
- 60 people will be drug dependent.

Evidence shows that improving mental health and wellbeing is associated with improved physical health, increased life expectancy, reduced risky behaviours such as alcohol misuse, increased economic productivity and reduction in suicide rates.

The government published its Mental Health strategy, No Health Without Mental Health, in February 2011. Two of its key priorities are to ensure that more people have good mental health and that fewer people will harm themselves or die by suicide.

### Promoting Good Mental Health in Adults

Wiltshire Wildlife Trust continues to provide a "green gym" service. Anyone with mental health problems can be referred by their GP to this service where they will be able to attend regular group sessions of conservation activities such as woodland management or countryside walks.

Evidence suggests that those with mental health problems are more likely to be in debt. Therefore Wiltshire Citizens Advice Bureau has been commissioned to provide a pilot project giving one weekly session of debt and financial management advice to service users. The project is due to conclude in March 2012 and will then be evaluated.

Public Health continues to audit deaths from suicide using a nationally developed audit tool to monitor trends.

Evidence suggests that one way of preventing suicides is to provide mental health awareness training for those who are likely to come into contact with people at high risk of mental health problems. Further Mental Health First Aid training courses were funded this year for frontline staff working with people at high risk of mental health problems. A wide range of staff attended the training, including the Probation Service, Job Centre Plus, Citizen's Advice Bureau, Carers Support Wiltshire, Parent Support Advisors and housing associations.

### Promoting Good Mental Health in Children and Young People

A multiagency team provides a response to each instance of child suicide, ensuring the child's family and friends are supported and any possible 'contagion' associated with social networking sites, media and informal communication is promptly responded to. As a result the Wiltshire Suicide Prevention Strategy has been updated and expanded to reflect the needs of children and young people and includes self-harm.

The Public Health team has worked with Wiltshire Council, Child and Adolescent Mental Health Services (CAMHS) and the voluntary sector to develop an Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people and contributed to the development of local multiagency guidelines for children and young people who self-harm.

## Health Protection and Resilience

### Tuberculosis Service Strategy

Tuberculosis (TB) is a communicable disease which can affect any part of the body but most commonly affects the lungs. Infection is generally acquired by inhaling droplets that have been expelled from a person with active TB of the lung when they are coughing. It usually requires close prolonged contact of about 8 hours with the infected case. When a clinician has confirmed a case of TB, they have a statutory duty to notify the Health Protection Agency who then informs Public Health.

Cases of TB nationally are increasing, and although rates in Wiltshire are lower than many urban areas, cases in Wiltshire do occur each year. Swift and effective treatment for patients and screening of any close contacts is important to prevent the spread of infection. The Public Health TB lead has worked with the local hospitals to conduct a mapping review of the TB services in Wiltshire to enable a strategy to be developed for Wiltshire residents which will help to target at risk groups; provide continuous support for TB patients and increase awareness within the community through an awareness campaign programme.



ABOVE: TB awareness day

### Norovirus Assessment Sheets for Health Professionals

Norovirus is a highly contagious virus that causes diarrhoea and vomiting. Cases in clinical settings cause major disruption every year due to the necessary infection control restrictions that are put in place to prevent the spread of infection. These restrictions prevent the movement of patients, stopping new admissions, delaying discharges home and closing wards and care homes to visitors.

A simple advice sheet has been developed collaboratively between the Health Protection Team and the neighbouring organisations to provide practical advice for health care professionals who need to visit inpatients and provide clinical assessments during an outbreak of Norovirus. This guidance is now being actively used in local health care settings to improve the patient experience and mitigate the risks of this unpleasant virus.

## Influenza Vaccination Passports

Those most at risk of seasonal flu include pregnant women, older people and anyone suffering from a long-term health problem such as asthma or diabetes. This year, to help protect those more vulnerable to the effects of influenza, Wiltshire Public Health launched a new Vaccination Passport. The passport is designed to provide a simple method of tracking when your immunisations are due.

Passports are available from GP surgeries or, if you are pregnant, you receive a copy direct from your midwife. The passport is a reminder to contact your GP surgery at the start of the flu season around late September, to make your appointment and over time will provide a valuable record of your immunisation history.

## Prison Health

HMP Erlestoke is a Category C prison which currently holds 494 male prisoners over the age of 21 years. There is a high proportion of young men in Erlestoke, with 54% of prisoners aged between 19 and 35, compared to 19% of the male, Wiltshire population. Prisoners generally have high levels of health problems compared to the general population.

The Public Health team have worked closely with prison management and the healthcare providers, GWH, to deliver high quality health services and health promotion programmes. Having demonstrated year on year improvements over the last 3 years, HMP Erlestoke's prison healthcare services received green ratings against all the Department of Health's Prison Health Performance and Quality Indicators, one of only 7 prisons nationwide to achieve all green.

The fourth cohort of prisoners have been trained as Health Trainers, delivering brief interventions, advice and information on a wide range of health issues to fellow prisoners and to prison staff. The prison and Public Health team have worked with Barnardos to improve facilities available at the Visitor Centre, develop a programme of family days, and provide access to parenting courses for prisoners to prepare them for release. Public Health provided funding for free fruit for children and families at the Visitor Centre, and with Wiltshire Council jointly funded a play area for children visiting Erlestoke.



ABOVE: HMP Erlestoke Health Trainer

A whole pathway approach has been taken to delivering alcohol services from initial screening for alcohol problems for all new arrivals through to availability of a range of interventions including peer support and 12 step programmes as well as clinical interventions. A discharge project is also being developed to support prisoners with alcohol problems on release.

## Sexual Health

### The National Chlamydia Screening Programme

The National Chlamydia Screening Programme provides opportunistic testing to 15–24 year olds, to test for Chlamydia trachomatis, a bacterial sexually transmitted infection. Chlamydia has few symptoms with 70% of females and 50% of males with the infection experiencing no symptoms at all. If left untreated Chlamydia can lead to infertility in men and women, ectopic pregnancy and chronic pelvic pain. In both sexes it can cause arthritis. The associated costs of chlamydia related infertility costs the NHS an estimated £100 million per year.

In 2009 Wiltshire accepted the findings of the HPA report 'Hitting the target and missing the point' and moved to a targeted programme and greater provision through core services. Testing, finding and treating positive chlamydia and good partner notification processes improves the impact on the public health associated with chlamydia than just testing large numbers of people.



During 2011/12 performance data shows 21.3% of the targeted 15–24 years population were tested, equating to 11,108 screens, of these 8% tested positive.

In November 2010 the young people's sexual health service No Worries transferred from teenage pregnancy services based at Wiltshire Council into Public Health. Since this time the service has undergone a complete service review and is now underpinned by clear clinical governance guidelines and structures. The service maintains the original public facing brand which young people have been shown to recognise during consultation and continues to be delivered through partners in pharmacy and primary care, as well as schools, colleges and the youth service.

Patient Group Directives have been written to support colleagues delivering the clinical aspect of the service, with care and referral pathways into specialised services.

Training and update sessions are provided and complement statutory training for providers, updating professionals on sexual health, treatments, and safeguarding.

All four college sites across Wiltshire have a full clinical sexual health service on campus, providing a full range of sexual health testing and condom distribution. The Trowbridge, Lackham and Chippenham sites also provide long acting reversible contraception (LARC) on site in specially adapted clinical suites. These clinics are well utilised and each site has needed to increase opening times over the past 6 months to meet demand.

The colleges are now working with public health to develop a sexual health phone app to make information and signposting even more accessible.

### Improving contraception services

The improving access to contraception programme (IATC) began in November 2010, with the objective of increasing access to LARC across Wiltshire. LARC is considered to be the most effective form of contraception available with a 0.01% failure rate due to the need for human compliance being removed.

The aim of the IATC programme is to increase the take up of LARC, to reduce teenage conceptions and reduce all age unplanned pregnancy and repeat terminations.

The Wiltshire IATC programme set out to train GPs and practice nurses to fit LARC to increase provision through primary care. In November 2010 there was no GP practice offering all forms of LARC, only 6% offered sub dermal implants and 27% offered coils.

By March 2011 capacity in primary care had increased to 34% and the Wiltshire programme was adopted by the

South West Sexual Health team as best practice and the Wiltshire model was rolled out across the region. A target was set for all PCT areas in the region to have 70% coverage of their primary care practices offering all forms of LARC.

Wiltshire achieved and surpassed the 70% target in September 2011 with 84% coverage with 53 of the 64 practices able to provide all forms of LARC and also offer emergency coil fits as a form of emergency contraception.

Prescribing data has been used as a data source for monitoring whether the increased capacity to provide LARC in primary care has increased actual uptake. An evaluation undertaken in April 2012 found there to be a 378% increase in the uptake of coils and 391% increase in the uptake of sub dermal implants. Although there has been a decrease in teenage conceptions and terminations during the time the IATC programme has been in place, the success in this area will need to be assessed over several years. However the prescribing data unquestionably shows the success of the programme in increasing the uptake of LARC.

## Public Health Evidence and Intelligence

The role of the Public Health Intelligence function at NHS Wiltshire is to examine evidence data from a wide range of sources to provide intelligent information about the current public health of the county and to predict future trends.

### Joint Strategic Assessments (JSAs) “a single version of the truth”

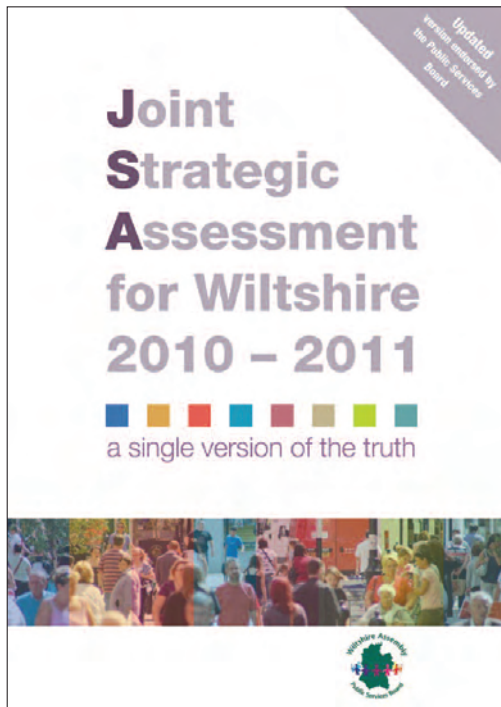
The JSA for Wiltshire 2010/11 [www.intelligenetwork.org.uk/joint-strategic-assessment/](http://www.intelligenetwork.org.uk/joint-strategic-assessment/) brought together the key evidence and priorities identified by each of the thematic delivery partnerships into a single comprehensive report. It was followed in 2011/12 by a suite of supporting documents. Public Health Intelligence produced the JSA for Health and Wellbeing, a JSA for each locality in Wiltshire's Clinical Commissioning Group and also produced a JSA for each of our 20 community areas.

The JSA for Health and Wellbeing (previously called the Joint Strategic Needs Assessment (JSNA)) describes the current and future health, wellbeing and care needs of the Wiltshire population and the strategic direction of service delivery to help meet those needs.

The JSAs for Community Areas are important documents that set out the strategic issues for community areas based on local level data, information and knowledge. They include

information on health and wellbeing; health inequalities and vulnerable families and highlight the variations between and within Community Areas.

The JSA for each locality in Wiltshire's Clinical Commissioning Group contain a wealth of information and analysis at both CCG and GP Practice level.



Other topics Public Health Intelligence have worked on in 2011/12 include:

- National Childhood Measurement Programme intelligence reports
- Vulnerable Families Survey - Health Visitors were asked to complete a survey on every family in their caseload. They were asked to report on 34 different factors and data was collected on almost 20,000 families.
- Teenage conceptions: production of a quarterly assessment for the Teenage Pregnancy Commissioning Board
- Analysing the gap in life expectancy in Wiltshire: briefing on inequalities in life expectancy between affluent and deprived areas
- Cardiovascular disease: analysis of geographical variation in revascularisation rates
- Programme budgeting: a factsheet comparing spending on 23 topic areas against outcomes
- Alcohol and drug misuse: analysis of hospital admissions
- Excess winter deaths: analysis of factors contributing to higher mortality rates during winter months.



