Warwickshire County Council

NHS Warwickshire

Joint Director of Public Health

Annual Report 2011

Reaching Higher

Healthy Lives, Healthy People, Healthy Warwickshire

contents

foreword

We are entering a period of unprecedented change within our public services. Budgets are being reduced to tackle the national deficit whilst services are being restructured to deliver these savings, in a continued drive to improve quality and efficiency.

Within this changing landscape, both the Government and commentators have recognised the need to focus attention nationally and locally on addressing the enormous public health challenges that we face and in doing so reverse the alarming levels at which they are increasing. The Government has signalled through the NHS White Paper 'Liberating the NHS' and Public Health White Paper, 'Healthy Lives, Healthy People: Our Strategy for Public Health in England', that there will be a radical shift in the way that we tackle public health issues. There will be a clear drive to improve local and national leadership around public health and the challenge for people to see that public health is indeed everyone's business. The central aim of this policy is "to help people live longer, healthier and more fulfilling lives, and improve the health of the poorest fastest". This is our aim in Warwickshire too.

My report is produced against this backdrop of change and great opportunity. It will review and then prioritise the healthcare needs and challenges facing Warwickshire. It appraises the current services we provide and, using best practice evidence, considers how we move forward in tackling these key public health priorities. The Public Health White Paper reinforces the core public health philosophy that we all, including our partners, businesses, communities and individuals, have a shared responsibility for improving our public health. This report makes clear recommendations around each of our roles in delivering these public health priorities. A new feature of this year's report is the link to the supporting data. You can access the raw data in an interactive spreadsheet by following the link below: www.warwickshire.nhs.uk/yourhealth/publichealth The report and data will also help inform the first Annual Summary of our new Joint Strategic Needs Assessment process.

This report has a clear focus on improving our priority outcomes and details evidence based recommendations to achieve this. I hope to use the new mechanisms and structures being established nationally and locally to disseminate and implement the findings.

In addition, this report will be supported by the production of more detailed localised profiles and datasets.

"Progress will be monitored in future reports and your comments and feedback are, as always, welcome. Please direct any comments to publichealthintelligence@warwickshire.nhs.uk. I look forward to hearing your views."

Dr John Linnane
Joint Director of Public Health for Warwickshire

Acknowledgements

I am grateful to my many colleagues for their help in the production of this report:
Editorial Team: Rachel Robinson, Gareth Wrench
Contributors: Mike Caley, Ross Caws, Sally Eason, Caroline Galloway, Paul Hooper, Helen King, Paul Kingswell, Etty Martin, Angelique Mavrodaris, Kathryn Millard, Anna Nguyen, Fran Poole, Catherine Rigney, Giri Shankar, Warwickshire Observatory, Katie Whitehouse, Gemma Winzor, Nicola Wright.
Design: Communications, NHS Warwickshire
Published by: NHS Warwickshire, Westgate House, Market Street, Warwick, CV34 4DE
Telephone: 01926 493491 Fax: 01926 495074.

This report is also available on the website: www.warwickshire.nhs.uk and www.warwickshireobservatory.org

What is Public Health?

"The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society" (Faculty of Public Health).

Public Health addresses the health of the population whereas medical care focuses on individual treatment. This involves monitoring the health status of the population, identifying health needs, emergency planning provision, controlling communicable diseases, immunisation and vaccinations programmes, screening for early disease, health improvement, and developing policies for and evaluating healthcare provision. **Importantly, it is about preventing illness and promoting health to reduce the need for hospital or long term health care.**

The Public Health Annual Report

The Director of Public Health aims to improve the health and wellbeing of the people of Warwickshire. This is done by reporting publicly and independently on trends and gaps in the health and wellbeing of the population and by making recommendations for improvement to a wide range of organisations. The role of the Director of Public Health is to be an independent advocate for the health of the people of this County. This is the Director of Public Health's independent annual report which is intended to be a key document for all organisations and individuals interested or involved in improving the health of the people of Warwickshire.

What does being healthy mean?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organisation).
'Health' means different things to different people. For many people being healthy means not being ill. We often take our health for granted until we are ill or problems occur with our health.

What affects health?

Many factors can have either a positive or a negative effect on a person's health. These include our age, family history, friends, our lifestyle choices, income, housing conditions, access to services and education. Therefore, to improve health, action is required not just at the individual level but also in communities and through the work and living environment. In 1992, Dahlgren and Whitehouse developed a model which illustrates this, see Figure A. Most recently and compellingly, the report of the World Health Organisation's Commission on Social Determinants of Health, chaired by Professor Sir Michael Marmot gathered the evidence on what can be done to promote health equity, and to foster a global movement to achieve it. In addition, to make a difference, it is necessary to focus on the same topics for a number of decades to make sustained change.

For these reasons, the recommendations made in this report are long-term and extensive. They are not confined to traditional areas such as health services and social care but include the roles of business and communities in improving the overall health of the population.

Figure A.

It is everyone's responsibility

"We, the public health team, look forward to working with you all in making real, lasting improvements to public health and wellbeing in Warwickshire; to make the health of the people in Warwickshire the best it can be."

Progress Report on my 2009/10 Annual Report: Best Health for Older People

There are a number of areas on which I am happy to report improvement over the past 12 months.

1. Life Expectancy and Health Inequalities:

- Due to recent efficiency savings and restructuring, the health inequalities strategy and action plan will be taken forward by the Health and Wellbeing Board and will be incorporated into and act as the common theme running throughout the Health and Wellbeing Strategy.
- Progress against the indicators around Life Expectancy continues to be monitored (see setting the scene chapter) and increasing life expectancy continues to be a priority theme within the Spearhead area of Nuneaton and Bedworth.

2. Prevention:

- In addition, work is taking place locally to improve access for older people to Bowel Screening Services and around establishing abdominal aortic aneurysm (AAA) screening across Warwickshire and Coventry from March 2012.
- Work is also underway around childhood obesity (Priority Area 1), smoking cessation, housing and immigration.

3. Fuel Poverty:

- Work is continuing with public health and local authority colleagues to collaboratively tackle affordable warmth and excess winter deaths. A collaborative affordable warmth strategy has been commissioned, 'Warm and Well in Warwickshire', with contributions from Public Health, Warwickshire County Council and all Districts and Boroughs.
- Work is being undertaken at a County level and within District Partnerships including North Warwickshire and Rugby, to train frontline staff in the identification and referral of people who are in fuel poverty to support services. Events are planned later this year to promote this work.

4. Dementia:

- The health service and local government across Warwickshire have agreed and launched a joint strategy on dementia which focuses on early recognition, support for carers and palliative care.

5. End of Life Care:

- NHS Warwickshire have employed a nurse specialist with national experience to create and implement the work around the Gold Standards Framework (GSF) aiming to improve palliative care identification and support and planning in primary care. She is working with community nursing, palliative nurse specialists and GPs and linking this work with nursing homes.
- From September, a 'dying matters' pilot will be implemented as part of a national programme.
- Resources to support a structured GSF development programme are currently being sought.

Other areas of significant progress

1. Childhood Immunisations:

- Improvements have been seen in the uptake of the childhood immunisation programme with approximately 98% of one year olds having been fully vaccinated against diphtheria, tetanus, pertussis, polio, Haemophilus influenza B, pneumococcal disease and meningitis C.
- Approximately 95% of two year olds have received their first measles, mumps and rubella (MMR) vaccine and 90% of five year olds have received the recommended two doses of MMR vaccine.
- The pre-school immunisations given to children at three years four months continue on an upward trend. Currently, approximately 94% of five year olds have received their booster dose of vaccine, protecting against diphtheria, tetanus, pertussis and polio.

2. Teenage Pregnancy:

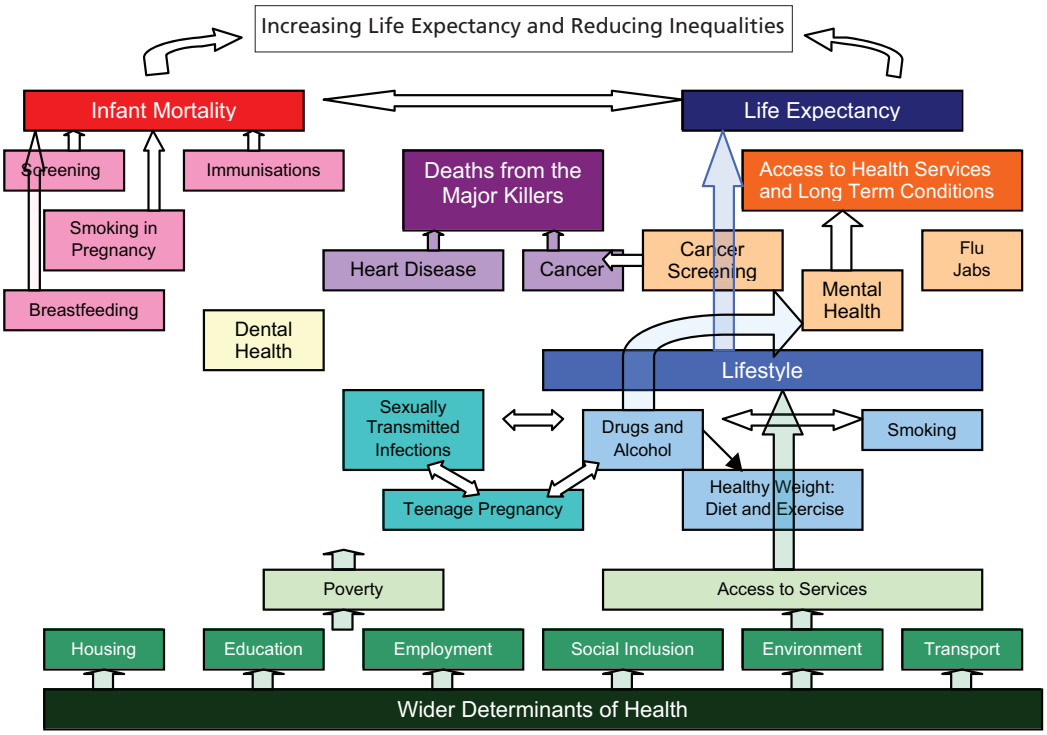
- See Priority Area 5 for progress and recommendations going forward.

3. Smoking Cessation:

- Warwickshire Stop Smoking Service continues to exceed its targets. In 2009/10, 3,629 4-week quitters were achieved (19% over-performance) and in 2008/09, 3,280 4-week quitters were achieved (6% over-performance). However, Warwickshire still has around 97,000 smokers, so it is important for the issue to be maintained as a key priority.
- Offering brief advice to stop smoking is the single most cost-effective and clinically proven preventive action a healthcare professional can take. Therefore, it is vital smoking cessation is raised whenever a smoker comes into contact with the NHS at the point of referral for elective care, primary and secondary care.

"I believe that we need to be more aspirational and innovative in our approach to improving the health of the public in our County. Our health outcomes do not reflect our levels of affluence and overall economic attainment. We need to aim higher and maximise lost opportunities. Prevention offers a solid investment to improve the health of our population and is cost effective."

- Health is multi-factorial and complex. It is influenced by a number of things including our age, family history of illness, employment, education and living conditions.
- In order to tackle inequalities and increase life expectancy, we need to influence and improve outcomes in a number of areas and be aware of these links (see diagram below).
- This means that all individuals and organisations have a role in improving health across Warwickshire.
- In this current political and financial climate, we have a great opportunity and need to work together, to tackle these issues.
- We need to be more aspirational. We work in a County with low levels of deprivation yet our educational attainment and life expectancy are only marginally higher than the England average.



Key themes

Wider determinants of health:

- Demographics: The population of Warwickshire is ageing at a faster rate than England. This will lead to increased pressure on our public services. It raises many concerns, including if we will have enough carers and young people to support the economy in the future?
- Housing: The demand for social housing has increased across the County. We need to consider if there will be enough housing, and more importantly, the right housing in the right location, to support the changing demographic as we move forward.
- Education: Educational attainment, while above the England average, is still low when we consider the relatively affluent population of Warwickshire and it is a particular issue in the North of the County. Education is an important determinant of health.
- Unemployment: Warwickshire has experienced a faster than average rise in the number of people claiming Job Seekers Allowance, which may be explained by higher proportions employed in the most vulnerable sectors. This could have implications for the mental health of the population who are unemployed or at risk of losing their job.

Priority areas

Reviewing the public health outcomes for Warwickshire show the need to prioritise and focus on five main areas; obesity, alcohol, cancer and screening, mental health and well-being, and health protection - sexual health. These do not stand in isolation of each other, they are interlinked. These issues cut across all sectors of society and we all have a role to play in addressing these but focusing on these areas, I believe, will give us the greatest health gain.

Obesity: The increasing prevalence of obesity amongst adults and children is a major public health challenge, placing significant strain on budgets and resources. It is estimated that approximately 8% of premature adult deaths could be reduced if the population maintained a healthy weight.

Alcohol: We are seeing a continued growth in hospital admissions and liver disease as a result of alcohol across the County. The cost of dealing with alcohol related harm in Warwickshire each year is estimated at £300million. The Department of Health estimates that changing the way we deliver alcohol-related services can save PCTs up to £650,000 a year.

Cancer and Screening: Cancer is a major cause of ill health and death. It is estimated that more than one in three people will develop some form of cancer at some point in their lifetime, and one in four will die from cancer. The incidence of cancer generally increases with age. Increases in the number of cases are predicted despite the relatively stable rates in recent years, mainly due to the ageing population. 5% of the NHS budget is spent on cancer care, with some estimates suggesting that the overall cost could increase by more than a third in the next decade. Up to half of all cancers may be preventable through lifestyle changes

Mental Health and Well-Being: Mental illness affects not only the individual with the condition, but also family, friends and the wider society. Around 1 in 4 people will have a mental illness during their lifetime. 12% of the health budget is spent on mental health.

Health Protection - Sexual Health: Sexually Transmitted Diseases: Over the past decade, there has been an increase in the number of sexually transmitted infections (STIs). Teens are particularly at risk. Many STIs are without symptoms but if left untreated can lead to complications. Safe sex and condom use can prevent STIs but early detection is vital.
An estimated £63 million a year is spent on the NHS on teenage pregnancies. Teenage Pregnancies are, however, as a whole falling in Warwickshire but not at the same rate across all Districts and Boroughs and they have increased slightly in Warwick District.

The report makes clear recommendations for each priority for a range of agencies, individuals and for the public. These are given in detail in the related section of the report. There are, however, a number of key themes that cut across all priorities which are relevant to all organisations.

Prevention is everyone's business. It is a solid investment that will save us money in the longer term.

- All agencies/partners shall be aware of and adopt the 'Every Contact Counts' philosophy which every opportunity and contact with healthcare professionals and other frontline staff, is seen as an opportunity to reinforce advice about healthy lifestyles and or/signpost to the relevant services. It should be part of all routine services. We need to maximise these lost opportunities with clients, patients and the public.
- Exercise improves mental wellbeing. It is an effective treatment for mild and moderate depression and helps delay the onset of dementia.
- We need to ensure we increase the uptake of screening programmes across the County, targeting the areas with the lowest uptake.

Inequalities

- The health of the most disadvantaged in our society should be our top priority. However, we need to ensure our programmes target people right across the inequality profile.
- In-line with the Marmot report, the highest priority should be given to children from pre-conception through to adolescence.

Aspiration

- The report demonstrates that our health outcomes are not in line with our level of affluence as a County. Aspiration, both at the individual level and within communities, is key to ensuring that we enable people in Warwickshire to lead long healthy and productive lives.

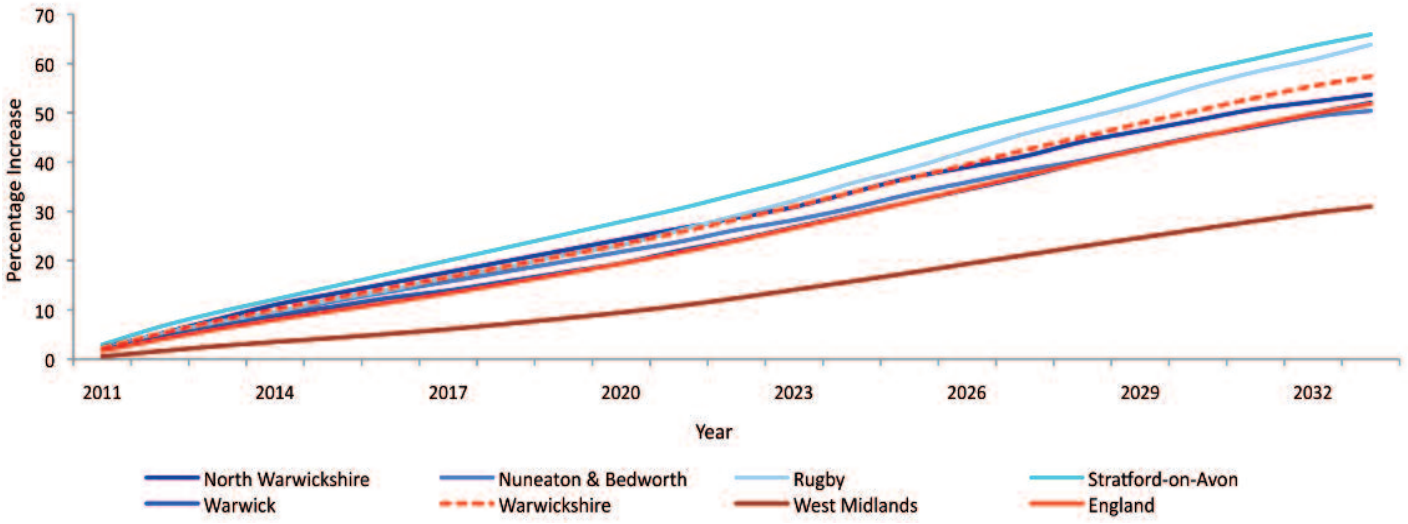
"This is the Public Health offer; that we can improve the health of our population, increasing life expectancy and reducing inequalities by working together, investing in prevention and making every contact count."

Reviewing the public health outcomes for Warwickshire shows the need to prioritise and focus on five main areas; obesity, alcohol, cancer and screening, mental health and well-being, and health protection - sexual health. These do not stand in isolation of each other, they are interlinked. These issues cut across all sectors of society and we all have a role to play in addressing these but focusing on these areas I believe will give us the greatest health gain.

1. Demographics: A Rapidly Growing and Ageing Population

In recent years, population growth in Warwickshire has been rapid, although not consistently so across the County. The County's population is projected to reach 634,900 by 2033; an increase of just over 100,000 or 19% from 2008. Migration is seen as one reason for the increase but there is evidence that this is slowing.

Figure 1: Population Growth in Over 65s



Source: ONS Population Projections

Alongside this general population growth will be a higher rate of increase in those aged over 65. The rate of growth increases with age, with the oldest age group (those aged 85 and over) projected to almost treble in number by 2033. This is a trend reflected across all Boroughs and Districts.
The number of people aged over 65 in Warwickshire is projected to increase at a faster rate than that for England, although there is some variation across the Districts & Boroughs.

Population projections help inform the planning of services and decisions about the future allocation of resources. An ageing population has implications for the future provision of many services linked to older age groups. Population projections also inform household projections, which are used to estimate the future demand for housing. The implications of this were covered in detail in my 2009/10 report.

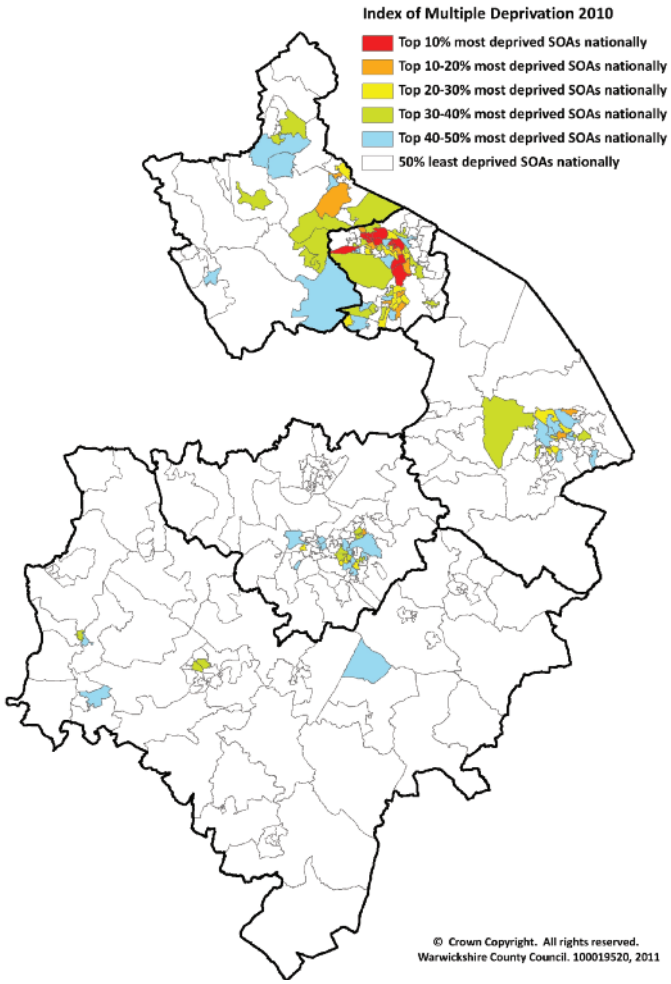
Growth in the number of people under 16 is also expected, but at a slower rate (around 11% by 2033). This is slightly below the national rate (12%) with the exception of Warwick District, which is projected to increase at a higher rate. Growth in North Warwickshire in this age group is expected to be negligible.

2. The Wider Determinants of Health

In overall terms, Warwickshire exhibits above average levels of affluence, although pockets of deprivation persist. There are improvements in education levels, but demand for social housing continues to increase and unemployment remains a concern.

According to the Indices of Deprivation 2010, Warwickshire County continues to be ranked in the 20% least deprived authorities within England. The Index of Multiple Deprivation (IMD) shows the variation in deprivation across the County. All nine of the SOAs in Warwickshire that feature within the top 10% most deprived SOAs nationally are in Nuneaton & Bedworth Borough (See Map 1).

Map 1: Deprivation in Warwickshire, 2010



Source: IMD 2010, Communities and Local Government

Housing

The number of households on local authority housing registers provides an indication of the demand for social housing. Between 2000 and 2009, the number of households on local authority housing registers in Warwickshire more than doubled from 5,750 to 12,100. This was a higher rate of growth than that for England as a whole. Some of this increase was driven by the general increase in the number of households in the County, but even allowing for this, the proportion of all households in the County which were on a housing register rose between 2000 and 2009, from 2.8% to 5.4%.

Education

The GCSE attainment results in Warwickshire for 2007 had suggested some levelling-off in the improvements that had been seen. However, figures for 2010 have demonstrated further significant improvements across the County. The latest figures show that Stratford-on-Avon, Warwick and Rugby are well above the national average, with Warwickshire as a whole in-line with the national rate. Rugby Borough experienced the largest percentage point improvement between 2009 and 2010 (See Table 1).

Table 1: Pupils achieving five or more GCSEs at grades A*-C by District/Borough area of residence (2010) (provisional)

	2007	2008	2009	2010
North Warwickshire	42%	40%	46%	48%
Nuneaton & Bedworth	38%	42%	44%	47%
Rugby	54%	53%	54%	62%
Stratford-on-Avon	55%	61%	61%	65%
Warwick	60%	57%	58%	63%
Warwickshire	**47%**	**51%**	**53%**	**57%**
England	**46%**	**48%**	**51%**	**55%**

Source: EPAS, School Census, Commissioning Support Services

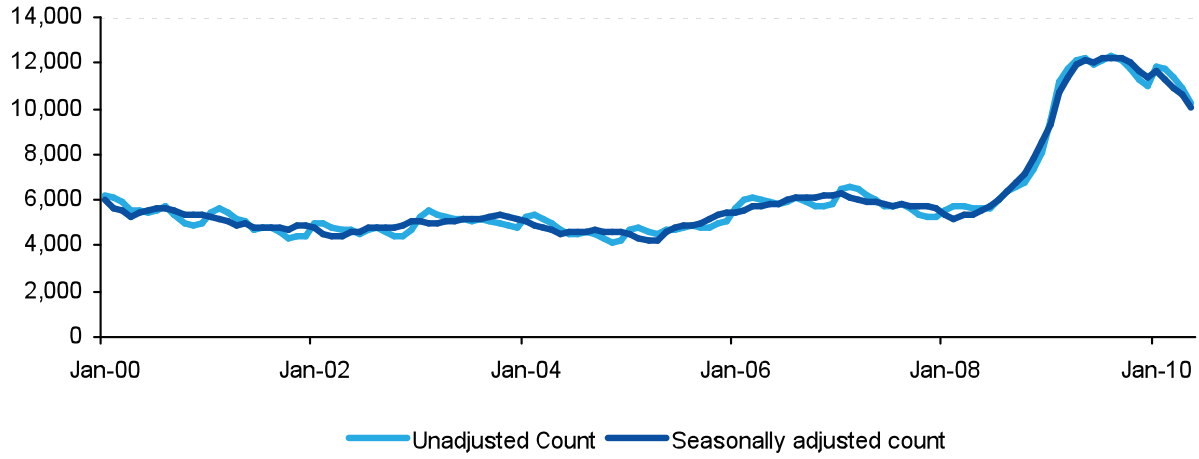
Crime

Levels of crime and disorder are consistently found to be the single most important factor influencing the quality of life for Warwickshire residents. Between April 2009 and March 2010, a total of 33,828 crimes were recorded in Warwickshire. This represents a decrease of 10% on the previous year (37,421 recorded).

Unemployment

Between 2000 and 2005, the number of people claiming Job Seekers Allowances (JSA) in Warwickshire fluctuated between 4,000 and 6,000, with levels slightly rising between 2006 and 2008. However, the claimant count began to increase rapidly in the final months of 2008 as a result of the recession and resulting economic downturn. At its peak, in August 2009, there were 12,267 JSA claimants in Warwickshire.

Figure 2. Warwickshire Claimant Count, January 2000-May 2010



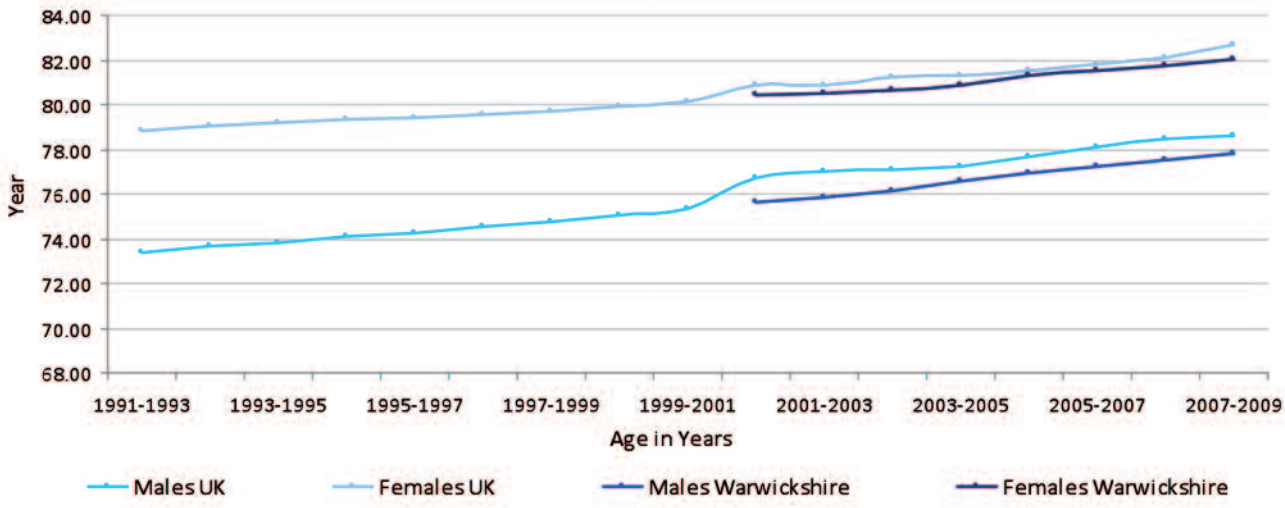
Source: National Statistics (www.nomisweb.co.uk) © Crown Copyright, 2010

The rate of increase in the County's JSA claimant count in the year up to August 2009 was faster than that experienced regionally or nationally. This is likely to be a consequence of the particular structure of the Warwickshire economy. Its relatively low share of employment in the public sector means the workforce is more susceptible than others to fluctuating market conditions, and there are relatively high proportions employed in the most vulnerable sectors such as manufacturing, construction and financial services. Although the JSA claimant count has fallen slightly from its peak in recent months, it still remains at a stubbornly high level (Figure 2).

3. Life Expectancy and Infant Mortality: Low Infant Mortality and Increasing Life Expectancy

In 2010, the infant mortality rate in Warwickshire remained the same as the previous year at 4.5 mortalities per 1,000 live births. This is slightly lower than the current national rate of 4.7 and follows a downward trend since 2008. However, the rate is based on small numbers and is therefore subject to fluctuation.

Figure 3: Life Expectancy at Birth, Warwickshire and England 1991-93 - 2007-09



Source: ONS

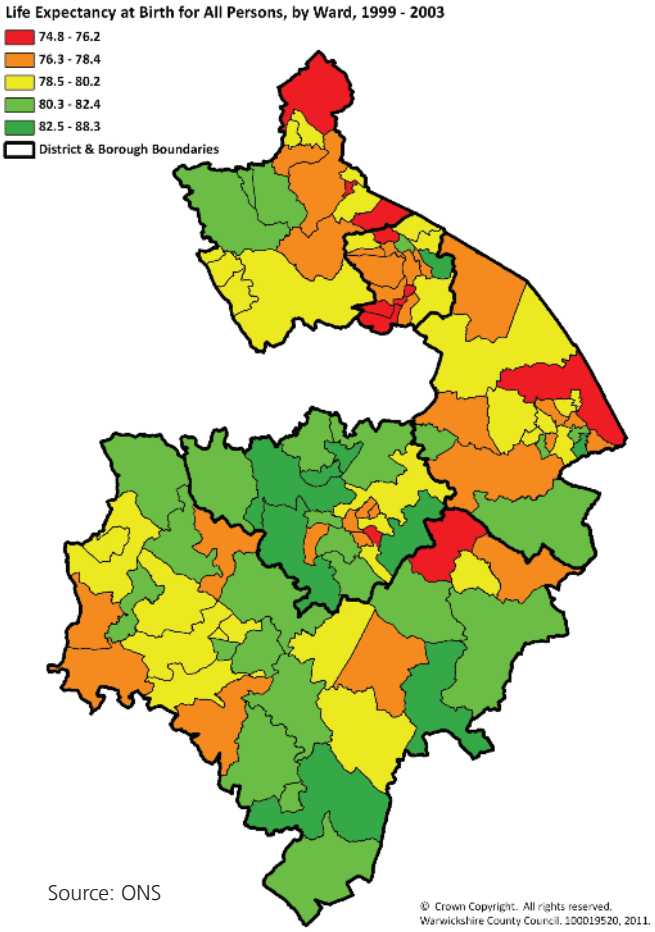
Life expectancy is approximately 6 months higher in Warwickshire than the England average for both males and females, with men expected to live 78.6 years and women 82.7 years from birth in 2007/09. There have been small changes year on year but the gap has remained relatively consistent. Out of the 34 Counties in England*, Warwickshire males were ranked 20th for life expectancy, with females ranked 19th.

The most recent data ranks Warwickshire in the bottom 50% for Life Expectancy at a County level.*

There is considerable variation in Life Expectancy across the County with a range across the wards between 74 ½ years in the North to 88 years in the South, a difference of 13 ½ years. Map 2 highlights this pattern.

*This includes all the Shire and Metropolitan County Areas

Map 2: Life Expectancy at Birth by Ward, Persons, 1999/2003



Source: ONS

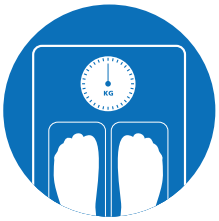
Table 2: Summary of Public Health Outcomes for Warwickshire

Domain	Indicator	Warwickshire 2010	England 2010	Trend	Variation across Districts	Data
Communities	Deprivation	4.4	19.9	→	0.0-15.4	% living in deprivation
	Children in poverty	13.9	22.4	→	9.7-19.5	%
	Statutory homelessness	1.02	2.48	n/a	1.38-1.4	Rate per 1,000
	GCSE achieved (5A*-C inc. Eng & Maths)	53.6	50.9	↓	42.9-63.4	%
	Violent Crime	11.3	16.4	↓	7.6-14.8	Rate per 1,000
	Carbon emissions	7.9	6.8	↓	1.9-9.6	Emissions per capita
Children and young people	Smoking in pregnancy	14.8	14.6	↓	14.8	%
	Breast feeding initiation	73.2	72.5	↑	73.2	%
	Physically active children*	47.7	49.6	↓	40.3-53.3	%
	Obese children	7.5	9.6	↓	6.1-9.3	%
	Tooth decay in children aged 5 years	0.6	1.1	↓	0.4-0.8	Rate per 1,000
	Teenage pregnancy (under 18)	36.7	40.9	↓	23.9-47.6	Rate per 1,000
Adult's health and lifestyle	Adults who smoke	18.8	22.2	↓	15.5-23.9	%
	Binge drinking adults*	22.4	20.1	↑	20.5-24.7	%
	Healthy eating adults	29.0	28.7	↓	21.1-35.2	%
	Physically active adults	11.9	11.2	↓	9.3-13.1	%
	Obese adults	25.0	24.2	↓	21.9-29.0	%
Disease and poor health	Incidence of malignant melanoma	13.1	12.6	↑	7.1-19.3	Rate per 100,000
	Incapacity benefits for mental illness	19.0	27.6	↑	14.6-27.1	Rate per 1,000
	Hospital stays for alcohol related harm	1430	1580	↑	1270-1680	Rate per 100,000
	Drug misuse	n/a	n/a	n/a	n/a	n/a
	People diagnosed with diabetes	4.0	4.3	↑	3.4-4.7	%
	New cases of tuberculosis	9	15	↑		Rate per 100,000
	Hip fracture in over-65s	480.5	479.2	↑	441-542	Rate per 100,000
Life expectancy and causes of death	Excess winter deaths	19.6	15.6	↑	16.5-25.7	Ratio
	Life expectancy – male	78.5	77.9	↑	76.7-79.3	Years at birth
	Life expectancy – female	82.1	82.0	↑	80.9-83.4	Years at birth
	Infant deaths	4.00	4.84	↑	2.59-5.48	Rate per 1,000
	Deaths from smoking	174.2	206.8	↓	142.6-230.7	Rate per 100,000
	Early deaths: heart disease & stroke	65.1	74.8	↓	55.4-84.4	Rate per 100,000
	Early deaths: cancer	107.7	114.0	↓	98.6-122.9	Rate per 100,000
	Road injuries and deaths	72.5	51.3	↓	39.9-110.9	Rate per 100,000
Health Protection	Chlamydia*	1.53	1.99	↓	n/a	Rate per 1,000
	Gonorrhoea*	0.23	0.31	↑	n/a	Rate per 1,000
	Syphilis*	0.02	0.06	→	n/a	Rate per 1,000
	Herpes*	0.44	0.53	↑	n/a	Rate per 1,000
	Warts*	1.47	1.51	↑	n/a	Rate per 1,000
	HIV*	0.52	1.40	↓	n/a	Rate per 1,000
	Flu Vaccinations in over 65s	73.2	72.4	↓		%

*STI Data is from 2009

Source: www.healthprofiles.info and Health Protection Agency - More detailed indicator notes see references and key documents

"The evidence clearly highlights our need to focus and prioritise our public health effort in the next 12 months to tackling the ongoing issues around cancer, sexually transmitted infections and mental health & wellbeing. At the same time we need to double our efforts on the emerging issues around alcohol and obesity. That is not to say we should neglect other areas of health. We still need to maintain a watchful eye and ensure progress on other issues such as smoking and those wider determinants of health including housing and education which have such a significant impact on our overall health. However, given the current political climate, we also need to target our attention and resources more efficiently" (see Summary Table 2).



The increasing prevalence of obesity amongst adults and children is a major public health challenge, placing significant strain on budgets and resources. It is estimated that approximately 8% of premature adult deaths could be reduced if the population maintained a healthy weight.

Background and Introduction

Being overweight or obese can increase the risk of developing a range of other health problems such as coronary heart disease (CHD), type 2 diabetes, some cancers, stroke as well as reducing life expectancy. The consequences of obesity are not limited to the direct impact on health, they can also have adverse social effects through discrimination, social exclusion, lower earnings and adverse consequences on the wider economy through, for example, working days lost and increased benefit payments.

Being overweight or obese is a result of an accumulation of excess body fat which occurs when "energy in" through food and drink consumption is greater than "energy out" which occurs through physical activity and the body's metabolism. The most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing body weight (in kilograms) by height (in metres) squared. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese. BMI measures, however, may be skewed by high muscle mass and it varies with ethnicity and in adolescents.

The National Child Measurement Programme (NCMP) is an important element of the Government's work on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). The NCMP was established in 2005.

Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues. To encourage engagement, parents can request their child's results from their Primary Care Trusts (PCTs).

For those people who are overweight or obese, there are a range of associated mental and physical health conditions. The National Obesity Observatory in 2010 estimated that approximately 8% of premature adult deaths would be reduced if the population maintained a healthy weight. During 2007, the cost of obesity to the economy in England was estimated at £15.8 billion per year, which includes £4.2 billion costs to the NHS.

Reducing the number and proportion of overweight and obese people is a complex issue which requires a holistic, multi-faceted approach. Obesity cuts across many other lifestyle issues, therefore it is essential that tackling it forms an integral part of the collaborative work with professionals and communities as well as the voluntary and private sectors.

The Scale of the Problem: The prevalence of obesity has increased sharply in recent years

- The proportion of adults who were categorised as obese increased from 13% of men in 1993 to 22% in 2009 and from 16% of women in 1993 to 24% in 2009 (Health Survey for England).
- In addition, 10.2% of boys and 8.9% of girls (average 9.6%) in Reception (aged 4-5 years) and 20% of boys and 16.5% of girls (average 18.3%) in Year 6 (aged 10-11 years) are classified as obese. (NCMP 2008/09).
- By 2050, the prevalence of obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

Table 3: Estimated Prevalence of Adults who are Obese (BMI > 30), 2006-2008

	Overweight				Obese				No of children measured	
	Reception		Year 6		Reception		Year 6			
	Prevalence	95% CI ±	Prevalence	95% CI ±	Prevalence	95% CI ±	Prevalence	95% CI ±	Reception	Year 6
wickshire	14.4%	3.0%	14.1%	2.7%	7.2%	2.2%	24.4%	3.3%	540	652
&	13.9%	2.1%	15.9%	2.1%	9.7%	1.8%	18.7%	2.2%	1,047	1,170
	11.6%	2.1%	16.4%	2.3%	8.2%	1.8%	15.6%	2.3%	890	960
n-Avon	12.7%	2.3%	12.1%	2.4%	6.3%	1.7%	13.1%	2.5%	804	726
	10.4%	2.0%	12.2%	2.6%	6.6%	1.6%	12.1%	2.5%	883	629
hire	12.5%	1.0%	14.5%	1.1%	7.8%	0.8%	16.9%	1.1%	4,164	4,137
ands	13.2%	0.3%	14.8%	0.3%	10.5%	0.2%	20.5%	0.3%	58,487	55,795
	13.3%	0.1%	14.6%	0.1%	9.8%	0.1%	18.7%	0.1%	526,499	499,867

Source: Obese Adults Modelled Estimates, Association of Public Health Observatories

- In Warwickshire, an estimated one in four adults are obese, which equates to nearly 110,000 people. However, in statistical terms, Warwickshire's prevalence is not significantly different to that for England.
- The estimated prevalence of obese adults in North Warwickshire (27%) and Nuneaton & Bedworth (29%) Boroughs are significantly higher than the national average. In contrast, the estimated prevalence rate in Warwick District is significantly lower than the England average at 22%.

Table 4: Prevalence of overweight and obese children, with associated 95% confidence intervals (CI), 2009/10

	Overweight				Obese				Number of children measured	
	Reception		Year 6		Reception		Year 6			
	Prevalence	95% CI ±	Prevalence	95% CI ±	Prevalence	95% CI ±	Prevalence	95% CI ±	Reception	Year 6
North Warwickshire	14.4%	3.0%	14.1%	2.7%	7.2%	2.2%	24.4%	3.3%	540	652
Nuneaton & Bedworth	13.9%	2.1%	15.9%	2.1%	9.7%	1.8%	18.7%	2.2%	1,047	1,170
Rugby	11.6%	2.1%	16.4%	2.3%	8.2%	1.8%	15.6%	2.3%	890	960
Stratford-on-Avon	12.7%	2.3%	12.1%	2.4%	6.3%	1.7%	13.1%	2.5%	804	726
Warwick	10.4%	2.0%	12.2%	2.6%	6.6%	1.6%	12.1%	2.5%	883	629
Warwickshire	**12.5%**	**1.0%**	**14.5%**	**1.1%**	**7.8%**	**0.8%**	**16.9%**	**1.1%**	**4,164**	**4,137**
West Midlands	**13.2%**	**0.3%**	**14.8%**	**0.3%**	**10.5%**	**0.2%**	**20.5%**	**0.3%**	**58,487**	**55,795**
England	**13.3%**	**0.1%**	**14.6%**	**0.1%**	**9.8%**	**0.1%**	**18.7%**	**0.1%**	**526,499**	**499,867**

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset. Copyright © 2010. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved. Data for Warwickshire PCT is based on an incomplete submission.

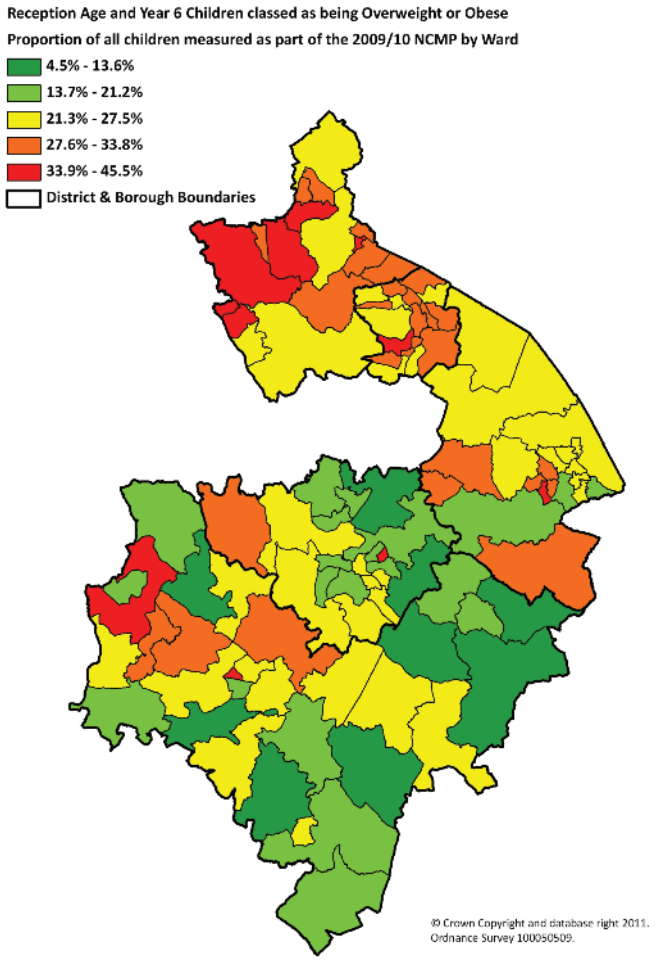
- According to the latest data, 7.8% of Reception age and 16.9% of Year 6 children in Warwickshire are classed as being obese. This is statistically significantly lower than both the West Midlands Region and England figures.
- North Warwickshire has the highest proportion of Year 6 children who are obese and this is statistically significantly higher than both the Regional and National figures. In contrast, the equivalent figures for Warwick and Stratford-on-Avon Districts are statistically significantly lower than the Regional and National figures.
- The prevalence of childhood obesity increases with age as larger proportions of Year 6 children are classed as being overweight and obese than Reception age children.

More detailed analysis at a more localised level to highlight the Warwickshire schools with the highest prevalence rates is now underway to enable better targeting of tailored initiatives and interventions.

The data shows that in North Warwickshire, during the 2009/10 academic year, nearly one in four (24.4%) Year 6 schoolchildren were classed as being obese.

This ranks as the second highest prevalence rate across all the local authority areas of the West Midlands Region and 13th highest across England. It appears that this is a blip within this particular cohort as the equivalent figures for previous academic years were notably lower. However, there is clearly a need for close monitoring to see if any particular trend develops in the future.

Map 3: Obesity and Overweight in Warwickshire, Year R and Year 6, 2009/10



Source NCMP 2009/10

At a ward level, there is considerable variation in the proportion of reception age and Year 6 children who are overweight or obese. The general geographic pattern is that rates are highest in the North. However, there are significant pockets of obese and overweight children living in Leamington, Rugby and rural areas of Stratford-on-Avon District.

Tackling the Issue: Focus on Childhood Obesity

The Evidence Base

Government strategy, policy and research highlights that reducing obesity is complex in its nature and requires a multi-faceted multi-agency approach. 'Healthy Weight, Healthy Lives' lays out five recommendations for tackling obesity (see references and key documents). Along with NICE Guidance and research, NHS Warwickshire has ensured that all interventions commissioned to reduce obesity are underpinned by a needs analysis, a robust business case and strong evidence base.

Current Performance Indicators:

- Prevalence of healthy weight in 4-5 and 10-11 year olds.
- Prevalence of healthy weight in adults.
- Prevalence of breast feeding at 6-8 weeks from birth.

Current Services

Public Health in NHS Warwickshire, Warwickshire Community Health, Warwickshire County Council and other statutory and non-statutory partners have been working collaboratively towards meeting these targets. These performance measures form an integral part of the Warwickshire JSNA, the Warwickshire Children and Young People's Plan as well as each of the five Local Strategic Partnerships action plans.

As a result, the following services have been put in place:

A revised NCMP programme to ensure that:

- Families are consulted with on the services they would like in Warwickshire to help maintain their child's and their own healthy weight.
- Families are given information about their child's weight as soon as possible after weighing and measuring takes place.
- Families are pro-actively followed up and offered support by the Family Change4Life Advisory Service
- Families are signposted and supported to attend family based structured weight management programmes in the North of the County and Rugby.
- Families are signposted to all services which tackle the wider determinants of health.
- Programmes and interventions aimed at increasing healthy activity, physical activity and building positive emotional well-being are underpinned by a model of health behaviour change.
- Partners are supported to develop sustainable affordable community activities which have a whole family focus, such as: cook and eat programmes; physical activity programmes and programmes to develop positive emotional well-being.

Other services include:

- Baby, toddler and family nosh training programmes in some Children's Centres.
- Community-based 'Weight Buster' sessions in Nuneaton and Bedworth.
- Dietetics Service in the North and South of the County.
- Community-based Cooking Programmes.
- Community-based Physical Activity Programmes.
- 'Talking about Weight' Training Programme for health and other professionals.
- Training for professionals and peer support programmes to encourage breastfeeding.
- Partnership promotion of '5-a-day' and healthy eating across Warwickshire.
- Parenting programmes.
- Some Children's Centres offer pram walks.
- Warwick District has a measured mile - the other Districts/Boroughs are developing at least 1 walk each.
- Some of the districts/boroughs have successfully run 'Back To' courses for netball and tennis and also 'Starting Running' courses.
- Nuneaton and Bedworth Leisure Trust employs a Physical Activity Consultant, who encourages the inactive to become active.
- Most of the District/Boroughs employ walking coordinators to support walking initiatives.
- The Healthy Living Centres in the County organise and run activity sessions at affordable prices.
- Age UK – Warwickshire organise and deliver activity sessions and walks across the County.

Recommendations: Investment in the life course approach

The organisations and groups below should give consideration to the following actions, based on evidence and an appraisal of current services:

Secondary Care

- Introduce a weight management plan for midwives to support pregnant women and ensure that weight issues during pregnancy are more thoroughly assessed and appropriately treated/supported.
- Develop care pathway with clear referral routes into community and/or other health provision for over weight/obese pregnant women.
- Develop pathway for adults accessing surgery to ensure that weight management issues are captured and appropriate support is encouraged.
- Enhance collaborative working to increase breast feeding prevalence.

Primary Care Practitioners

- Work with primary care practitioners to promote and encourage referrals to community based weight management provision and to encourage and support individuals to maintain a healthy weight.
- GPs to refer overweight and obese patients to the exercise referral scheme – to increase activity levels in GP Consortia.
- Give priority to weight management services when commissioning new provision.
- Work collaboratively to ensure patients know where and how to access weight management support in their communities.

County Council

- Ensure that weight management is a priority agenda with shared targets and is performance managed collaboratively with partners through the Children and Young People's Plan and other performance tools.

District/Borough Councils

- Implement projects aimed at encouraging healthy weight and healthy lifestyles.
- Develop training tools for Children's Centres and communities to develop their own programmes to promote healthy weight management programmes.

Public Health Professionals

- Continue the development of partnerships to ensure collaborative working to promote activities which support individuals to maintain a healthy weight and healthy lifestyles.

Schools and Colleges

- Analyse findings from the Big College Health Check and use this to plan future activity to help young people maintain a healthy weight.
- Continue to work with Healthy Schools to provide childhood obesity data and give priority to implementation of activities within schools which encourage and support children and their families to maintain a healthy weight.
- Use 2012 Olympic Games to encourage more sport and activity in schools.

Businesses

- Develop assistance programmes, providing support to encourage and enable employees to maintain a healthy weight.

Voluntary Organisations

- Provide information to relevant agencies and communities on weight management related topics such as healthy eating, physical activity and promotion of positive emotional well-being.

The Individual

- Eat 5-a-day fruit and vegetables.
- Families able to access information and signposting support so that individuals can maintain a healthy weight.
- People with learning disabilities and their parents/carers to be able to access information and signposting so that individuals can maintain a healthy weight.

We are seeing a continued growth in hospital admissions and liver disease as a result of alcohol across the County. The cost of dealing with alcohol related harm in Warwickshire each year is estimated at £300 million. The Department of Health estimates that changing the way we deliver alcohol-related services can save PCTs up to £650,000 a year

Background and Introduction

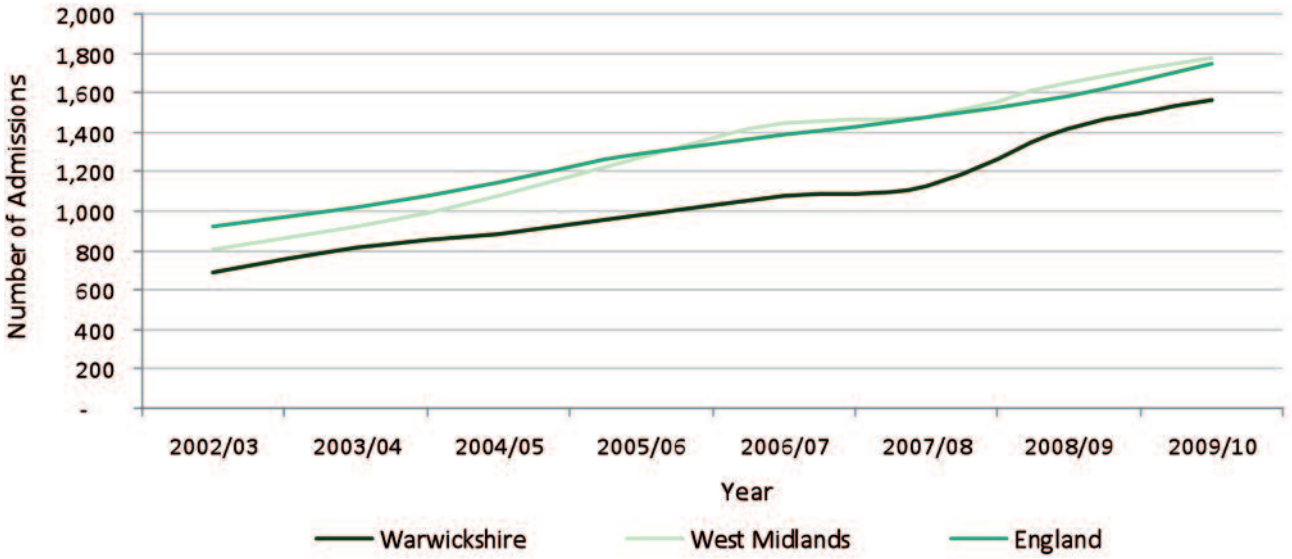
Alcohol is the most widely used mood-altering substance in the UK. Consuming alcohol gives pleasure to people and financial benefit to economies. However, when used irresponsibly it can cause harm to users, their families, friends and communities. Alcohol is a priority for both health and community safety partners in Warwickshire, with a wide range of organisations having to deal with the often significant consequences of its misuse. Partnership work to reduce this harm is undertaken across three key themes:

- Education and prevention.
- Treatment and aftercare.
- Local enforcement of alcohol-related legislation.

The Scale of the Problem: The rate of hospital admissions continues to increase.

The headline indicator used to assess performance in reducing alcohol related harm is the rate of alcohol related hospital admissions. The effect on the NHS of alcohol misuse is vast. In 2009/10, there were 1,056,962 hospital admissions wholly or partially attributable to alcohol which continued a year on year increase in these admissions. One in four A&E attendances is related to alcohol in some areas. Although the rate of such admissions in Warwickshire is lower than the regional and national rates, it has more than doubled from 689 per 100,000 in 2002/03 to 1,562 per 100,000 in 2009/10 (a 127% increase). This is even greater than either the regional (120%) or national increases (88%).

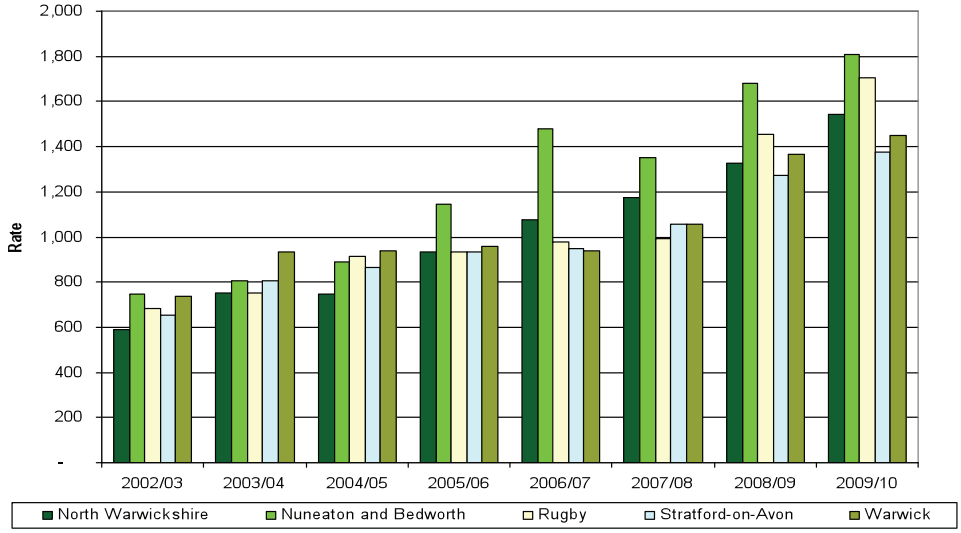
Figure 4: Hospital Admissions for alcohol related harm, Directly Standardised Rate per 100,000 population, England and Warwickshire, 2002/03-2009/10



Source: North West Public Health Observatory

Trend information suggests that the level of alcohol related hospital admissions will continue to rise. Partners in Warwickshire have set a target to slow the increase in the rate of admissions and achieve a figure 1% lower than the forecast trajectory in 2011/12.

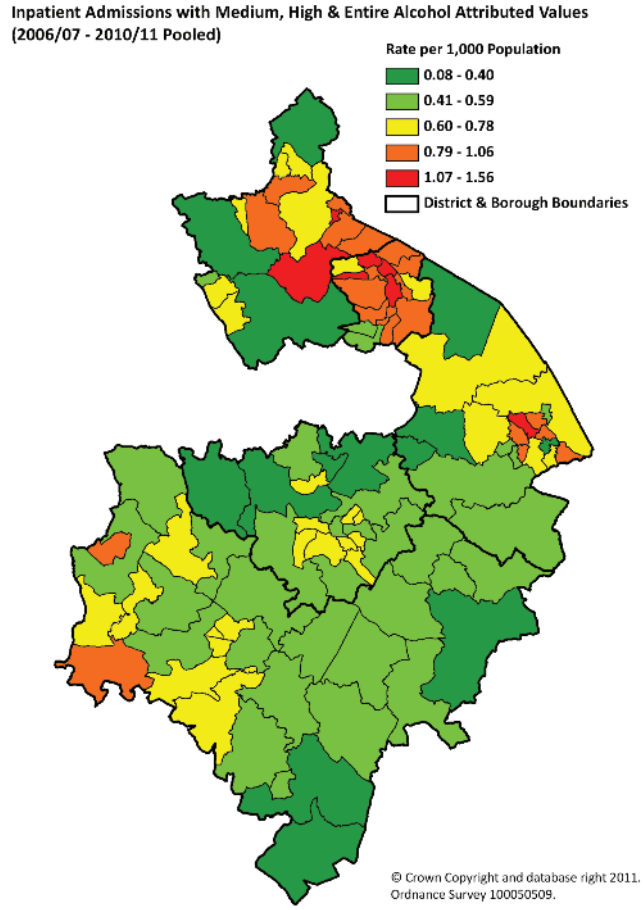
Figure 5: Hospital Admissions for alcohol related harm, Directly Standardised Rate per 100,000 population, by District 2002/03-2009/10



Source: North West Public Health Observatory

2009/10 figures show that the rate of alcohol-related hospital admissions per 100,000 population have continued to show annual increases in every District and Borough and across Warwickshire as a whole; with Rugby seeing the largest increase since 2008/09.

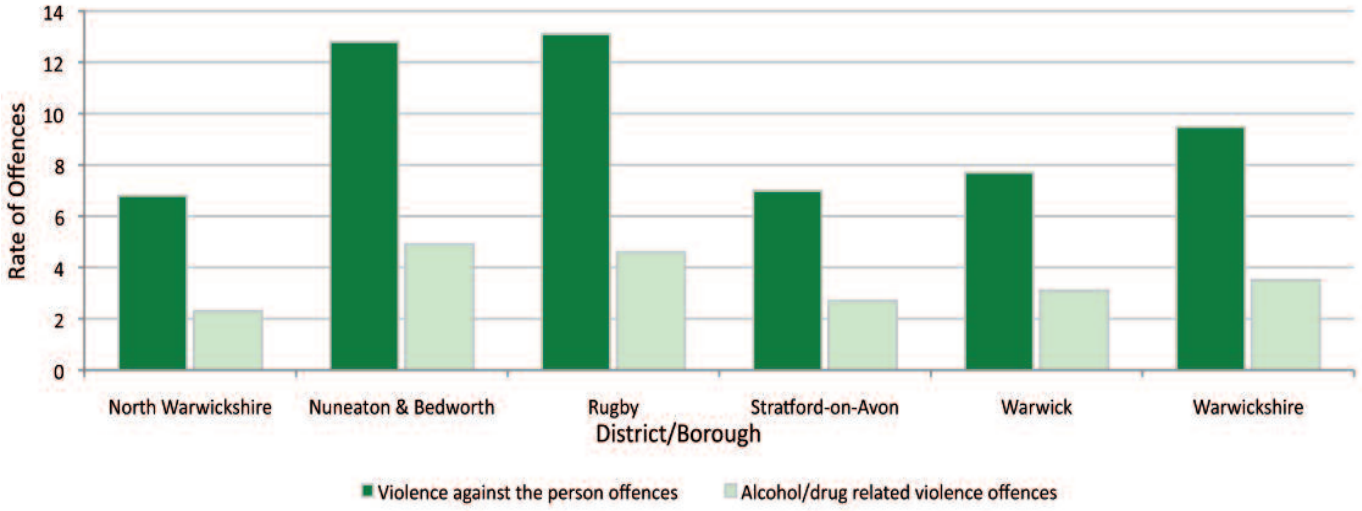
Map 4: Hospital Admissions recording alcohol as a feature of the admission, 2006/07-2010/11 Pooled



At ward level, crude inpatient hospital admission rates recording alcohol as a key feature of the admission are highest within central Nuneaton, Atherstone and Rugby. Crude admission rates are generally lower in the South of the County.

Source: NHS Warwickshire Evolve; SUS

Figure 6: Violence against the person offences, crude rate per 1,000 population, by Districts 2009/10



Source: Warwickshire Police

Where offences reported to the Police are judged to be related to alcohol and/or drugs, they are marked with an alcohol/drugs 'flag'. It is not possible to separate alcohol and drug related offences. However, it can be inferred that the majority of violent crime with an alcohol/drugs flag will be associated with drinking and the night time economy. In 2009/10, there was a total of 5,290 violence against the person offences in Warwickshire. Of these, 2,106 (39.8%), were marked with an alcohol/drugs flag. The highest levels of both overall violence against the person and violence specifically related to alcohol or drugs were recorded in Nuneaton and Bedworth and Rugby, with the lowest levels recorded in North Warwickshire.

A recent report undertaken by John Moores University for NHS Leeds and Leeds City Council estimated that dealing with the consequences of alcohol misuse, including criminal justice interventions, lost productivity in the workplace, health and social care issues and wider social costs, costs £730 per year per adult in the city . According to the Office of National Statistics mid-year population estimates for 2009, there are 423,900 adults aged 18 and over in Warwickshire. Applying the formula used in Leeds suggests that the cost of dealing with alcohol related harm in Warwickshire is over £300m per year.

Young People: Survey data shows that less young people are drinking alcohol, with 45% of 11 -15 year olds reporting having ever drunk an alcoholic drink. However, the percentage of children reporting being drunk is still too high with 14% of 11-15 year olds saying that they have been drunk in the last four weeks. This is consistent with the national trend that less young people are drinking alcohol, but those who do drink are drinking more. Hospital admissions data shows that fewer young people are being admitted to hospital for alcohol-related harm, although Nuneaton and Bedworth still show the highest instances of admissions. The likelihood of drinking alcohol increases with age. 68% of Warwickshire pupils said that they received helpful information and advice from school on alcohol. This figure is significantly higher than the national average and the average of Warwickshire's statistical neighbours.

Andy's Story

I don't have a history of alcoholism in my family and I had a normal relationship with alcohol. It was never taboo. As I got older it became apparent I could drink more than most. At teenage parties, I'd turn up with four cans of beer and after three cans other kids would be getting merry, but I'd be thinking, 'I just feel the same as before'. So I started having a few cans before I went to parties, and then stronger stuff as I got older. I started drinking more heavily around the age of 17, the last year of my A-levels. I would drink every day. But again, I didn't think it was a problem. I had four close mates, and I was aware that we drank more than other people. I wasn't a nasty drunk, I rarely lost my temper and I never got into trouble over alcohol. I got four A-levels and started university, and no one commented on my drinking.

By the time I left university I was beginning to feel unwell. I gave up playing rugby and went to the doctor because I was getting pains in my gut. I had what's called a fatty liver, which can progress to hepatitis and cirrhosis. But because my health was OK for the next few years, I continued drinking. In 2001 I became very sick. I literally turned yellow, my hair started falling out & my nails went translucent. I was admitted to hospital and told that I had cirrhosis. I haven't had a drink since I went into hospital. My liver is quite delicate. I have to eat healthily and take care of myself. I have to take beta blockers and go to the hospital fairly regularly.

People do live in denial about the amount they drink. A lot of us are alcohol-dependent to some extent because how many of us would choose to socialise without a drink in our hand. But if you continue drinking at a high level, you could end up where I am.

Tackling the Issue: A new service specification and partnership approach to addressing the issue

Performance Indicators

- Rate of hospital admissions per 100,000 for alcohol related harm

The Warwickshire Alcohol Harm Reduction Strategy and Implementation Plan shows how partner agencies aim to reduce alcohol-related harm to individuals, families and communities in the County, thereby improving health and reducing crime and the associated costs.

The Evidence Base

Estimates produced using the Rush Model suggest that we need to be providing alcohol treatment to a greater number of people. However, the funding available for alcohol treatment over the past few years has been significantly less than that available for drug treatment. Calculations shown in the needs assessment suggest that there is funding shortfall of over £1,000,000 from the amount required to meet even the minimum demand for treatment.

Partners in Warwickshire have recognised this gap and work is ongoing to commission an integrated drug and alcohol treatment system offering both community and inpatient interventions which promote the recovery agenda for all users. It is anticipated that this new service will commence on 1st December 2011.

During 2010, partners in Warwickshire committed time and resource to the development of the Alcohol Implementation Plan. This comprehensive plan includes a range of actions to be undertaken across the three themes within the Alcohol Harm Reduction Strategy. The plan incorporates both actions from the QIPP (the guiding principles of Quality, Innovation, Productivity and Prevention established to help the NHS deliver its quality and efficiency commitments) and NICE guidance where appropriate and now needs to be implemented during 2011. Key actions which feature within both the QIPP and the implementation plan include:

- Introduction of an Alcohol Hospital Liaison Service providing information, advice and care.
- Identification of alcohol 'champions' to raise the prominence of alcohol with health professionals.
- Introduction of a specific Intervention and Brief Advice (IBA) tool for midwives.
- Provision of alcohol awareness training to targeted professionals from a range of partner agencies.
- Scoping the role of pharmacy in providing information, advice and, where appropriate, referral.
- Roll out of screening and brief advice to all mainstream services through 'Every Contact Counts'.

The cost benefits of investing in alcohol treatment are demonstrated in a British Medical Journal (2005) study which found that, for every £1 invested in specialist treatment, £5 is saved on health, welfare and crime costs.

The Alcohol Ready Reckoner provides examples of some of the savings that could be achieved through the implementation of specific initiatives. The Ready Reckoner suggests that employing one full time alcohol health worker to work in acute hospitals with dependent drinkers would cost £60,000 but achieve a saving of £145,200. The net benefit to Warwickshire from employing just one hospital liaison worker would be £85,200, with 295 A&E visits and 172 hospital admissions averted.

Current Services

- The main provider of community alcohol treatment services in Warwickshire is Swanswell. They have bases in Rugby, Nuneaton & Leamington and also provide outreach, largely via Health Centres. Coventry and Warwickshire Partnership Trust provide specialist community alcohol services to severely dependent patients with complex needs, and also inpatient detoxification at Woodleigh Beeches (at Warwick Hospital).
- Arrest referral services, for both drugs and alcohol, are provided by Addaction.
- A wide range of agencies provide initial (Tier 1) information and advice relating to alcohol.

Analysis within the alcohol needs assessment suggests that the demand for treatment is not currently being met within Warwickshire. There appears to be particularly significant levels of unmet need for detoxification and residential rehabilitation services.

Enforcement measures are utilised by a range of partners, including Warwickshire Police, Trading Standards and agencies working to improve child protection. These include;

- Taking action against problematic licensed premises, including those selling alcohol underage.
- Implementing policing and/or partnership operations in town centres during peak times for alcohol related violence.

Each individual school is responsible for providing alcohol and drug education as part of Personal, Social and Health Education (PSHE). A range of practitioners working with young people have been trained to give brief advice on alcohol use including school nurses, youth workers, social workers and police community support officers. The Warwickshire Young Persons Substance Misuse Service (YPSMS) is provided by Coventry and Warwickshire Partnership Trust and is responsible for delivering specialist treatment interventions to problematic substance misusers under the age of 18.

Recommendations: An increased focus on prevention and reducing consumption to safe levels
The organisations and groups below should give consideration to the following actions, suggested based on the evidence and an appraisal of current services:

Secondary Care
- Improve the recording of screening and Intervention and Brief Advice (IBA) information.
- Introduce a specific IBA tool for midwives to identify alcohol issues amongst pregnant women and ensure that alcohol use during pregnancy is more thoroughly assessed and appropriately treated.

Primary Care Practitioners
- Increase the number of newly registered patients screened through the Directly Enhanced Service and provide those who test positive on the audit tools with appropriate advice and intervention.
- Work with the Drug and Alcohol Action Team (DAAT*) and NHS Warwickshire to explore the feasibility of expanding Shared Care to include treatment for alcohol problems.

GP Consortia
- Give priority to alcohol treatment services when commissioning new provision.

County Council
- Drug and Alcohol Action Team (DAAT) to lead on a service modernisation process which results in the commissioning of an effective and Integrated drug and alcohol treatment system.
- DAAT to commission alcohol awareness training for Tier 1 and targeted Tier 2 professionals from a range of partner agencies.

District / Borough Councils
- Implement projects to tackle alcohol related crime and anti-social behaviour in priority areas.
- Licensing authorities to take advantage of the opportunity offered by the proposed new Licensing Legislation to review existing local policies and make these more robust.

Public Health Professionals
- Increase the promotion of alcohol education campaigns and alcohol treatment services, with a focus on the North of the County and Rugby.

Schools and Colleges
- Commission or deliver alcohol education sessions, providing advice to young people on the facts about alcohol and underage drinking.

Businesses
- Develop assistance programmes, providing support to encourage and enable employees to reduce their alcohol consumption where this has been identified as an issue of concern.
- Licensees to work with the Police and other partners to implement measures which reduce the risk of alcohol related violent crime occurring in or around their premises.

Voluntary Organisations
- The service user involvement organisation, Voices 4 Choices, to undertake in-depth research into why people in Warwickshire choose not to engage in alcohol treatment.
- Provide food, shelter and advice to alcohol users in priority locations (e.g. Leamington Night Shelter).

Local Communities
- Provide information to Police and other relevant agencies on alcohol related crime and anti-social behaviour, to enable interventions to be targeted effectively.

The Individual
- Drink within government guidelines on sensible drinking (no more than 3-4 units per day for men and 2-3 units per day for women).
- Provide children with appropriate advice and information about safe and sensible drinking from a young age.

*DAAT - a partnership team, hosted by Warwickshire County Council with a responsibility for commissioning drug and alcohol treatment services

Cancer is a major cause of ill health and death. It is estimated that more than one in three people will develop some form of cancer at some point in their lifetime, and one in four will die from cancer. The incidence of cancer generally increases with age. Increases in the number of cases are predicted despite the relatively stable rates in recent years, mainly due to the ageing population. Up to half of all cancers may be preventable through lifestyle changes.

Background and Introduction

There are many different types of cancer, and many different sites of the body where they can occur. Skin cancers are very common but cancer incidence statistics usually exclude 'non-melanoma skin cancers', which comprise the majority of these. (There are several reasons for this. One reason is that, because these are often simply excised on an outpatient basis, there may be under-ascertainment of cases. Another reason is that spread beyond the original tumour site is unusual, and they are usually cured by excision). Cancer can occur at any age, but it is predominantly a disease of older adults, with only a very small proportion of cases occurring in children.

The Scale of the Problem

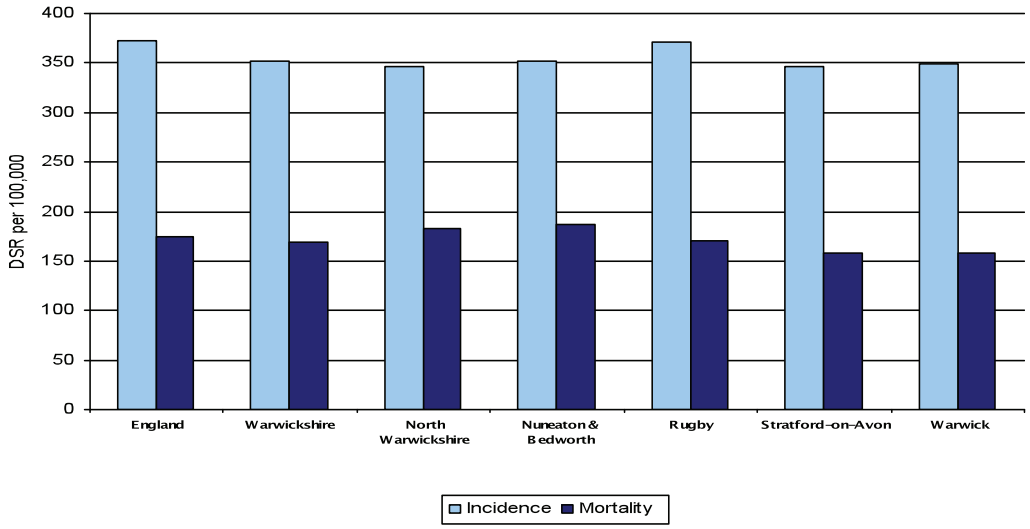
Overall, there are approximately 2,500 cases of cancer diagnosed in Warwickshire each year, and about 1,400 deaths (representing about 27% of all deaths) from cancer each year in Warwickshire.

Although the age-standardised rates of cancer incidence (occurrence) have remained reasonably constant over recent years, the actual number of cases diagnosed has tended to increase. This is because the incidence of cancer increases with age, so we would expect to see a rising number of cancer cases as the number of older people in the population increases, despite no increase in age-standardised rates. Similarly, although age-standardised rates of mortality from cancer have fallen over recent years, both nationally and locally (indicating improved survival), the actual number of deaths from cancer has not decreased.

Figure 7 illustrates that the age-standardised incidence of cancers is significantly lower in Warwickshire than nationally. None of the individual Districts and Boroughs have incidence rates that are 'significantly' different from the Warwickshire average.

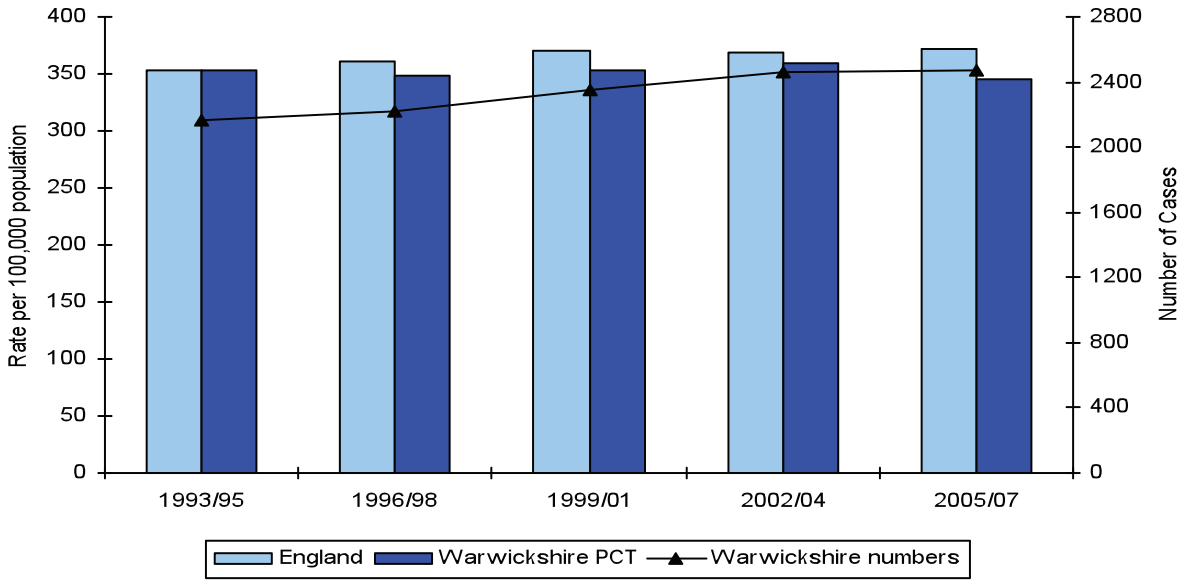
This also illustrates that the age-standardised mortality from cancers is lower in Warwickshire than nationally (although this difference is not statistically significant). However, Nuneaton and Bedworth has a significantly higher cancer mortality rate than both the national and the Warwickshire rates.

Figure 7: Directly Standardised Incidence rates for 2004/06 and Mortality rates for 2006/08 of all cancers (excluding non-melanoma skin cancers) for people of all ages (three-year pooled data), by District and Boroughs



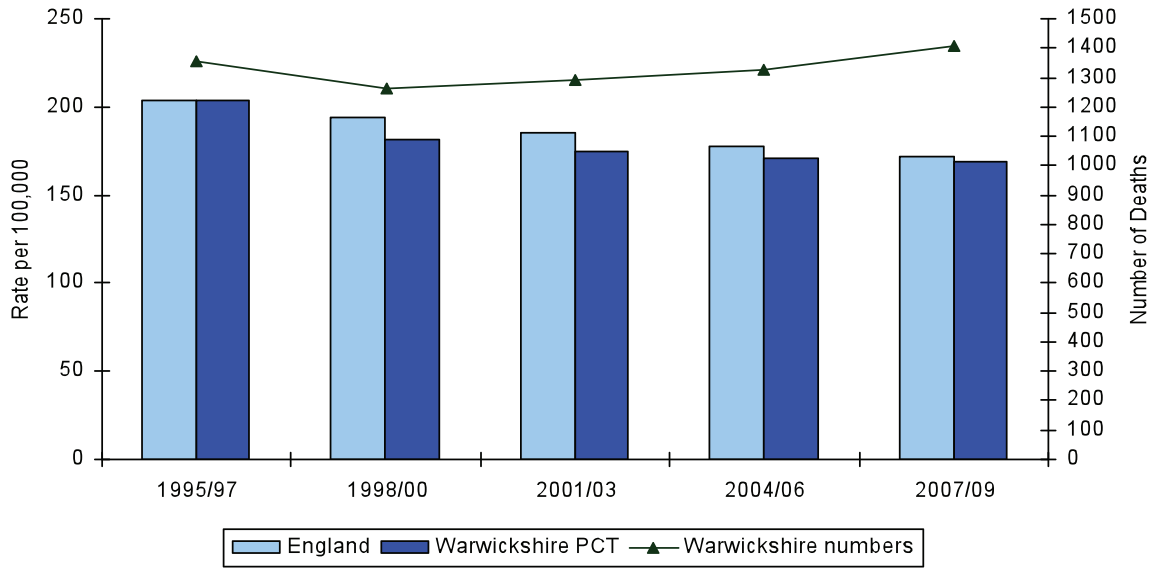
Source: The Information Centre for Health and Social Care (2009), Compendium of Clinical and Health Indicators. Accessed April 2011

Figure 8: Directly Standardised Incidence rates for all cancers (excluding non-melanoma skin cancers) all ages for 1993/95-2005/07 (3 year pooled data) Warwickshire and England and average annual number of cases for all cancers (excluding non-melanoma skin cancers) all ages for Warwickshire.



Source: The Information Centre for Health and Social Care (2009) Compendium of Clinical and Health Indicators. Accessed April 2011

Figure 9: Directly Standardised Mortality rates for all cancers (excluding non-melanoma skin cancers) all ages for 1995/97-2007/09 (3 year pooled data) Warwickshire and England and average annual number of deaths for all cancers (excluding non-melanoma skin cancers) all ages for Warwickshire.



Source: The Information Centre for Health and Social Care (2009), Compendium of Clinical and Health Indicators. Accessed April 2011

Table 5 shows that the four most common cancers, breast, lung, colorectal and prostate, accounted for more than half (54%) of new cases of cancer (excluding non-melanoma skin cancer). It also illustrates that some cancers are more likely to be a cause of death than others. Breast cancer accounts for 16% of all cancer diagnoses, but only 8% of cancer deaths. Similarly, prostate cancer accounts for 12% of all cancer diagnoses, but only 7% of cancer deaths. Conversely, lung cancer accounts for 13% of cancer diagnoses, but 22% of cancer deaths.

Mortality rates from breast, prostate, colorectal and lung cancers are generally similar in Warwickshire to the national rates. However, significant differences from national rates are noted as follows:

- Warwickshire as a whole has a significantly lower mortality rate from lung cancer in both men and women than the national rates.
- Stratford-on-Avon and Warwick districts have a significantly lower mortality from lung cancer in both men and women than the national rate.
- Nuneaton & Bedworth has a significantly higher mortality rate from lung cancer in men than nationally.

Table 5: Proportion of cancer incidence (excluding non-melanoma skin cancers) in 2004/06 attributable to specific cancer sites; and proportion of cancer deaths from corresponding cancers in 2006/08

	Cancer Cases		Cancer Deaths	
	Warwickshire	England	Warwickshire	England
Breast	17%	16%	9%	8%
Colorectal	13%	13%	10%	11%
Lung	11%	13%	19%	22%
Prostate	14%	12%	7%	7%
Other	45%	46%	55%	52%

Source: The Information Centre for health and social care (2009) Compendium of Clinical and Health Indicators. Accessed Jan2011

Tackling the Issue: "We need to focus on Prevention"

Performance Measures

- Age Standardised mortality rate from all cancers in people less than 75 years of age.
- Uptake targets for national screening programmes; currently breast – 70%, cervical – 80%, bowel – 60%.
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers (proposed).

Best practice: Up to half of cancer cases maybe preventable

It is widely suggested that up to half of all cancer cases may be preventable by changes in lifestyle behaviours such as not smoking, eating a healthy diet, having a healthy body weight, reducing alcohol intake and keeping physically active.

Smoking is the major preventable risk factor for cancer

- It causes 9 out of 10 cases of lung cancer, which has one of the lowest survival rates of all cancers, and is the most common cause of cancer death in the UK.
- Smoking is also recognised to increase the risk of a number of other less common cancers, including cancers of the mouth, larynx (voice box), pharynx (upper throat), nose and sinuses, oesophagus (food pipe), liver, pancreas, stomach, kidney, bladder, cervix and bowel, as well as one type of ovarian cancer and some types of leukaemia.
- For smokers, the single most important step they can take to reduce their risk of cancer, is to quit.

Early detection and screening:

- Cancer can often be treated more easily, and have a better chance of cure, when it is diagnosed at an earlier stage than at a later stage of progression. Recognition at an early stage is more likely for some cancer types and sites than others, depending on the types of symptoms.
- Skin cancer. Most types of skin cancer are associated with long-term exposure to the sun and/or episodes of sunburn. This includes melanoma skin cancer, which has shown a large rise in incidence over recent decades, with both sunburn and use of sunbeds identified as risk factors.

- One example of how awareness may lead to earlier diagnosis is with the melanoma type of skin cancer. People can be advised to look for 'suspicious' moles on their bodies. Further information is available from Cancer Research UK's Sunsmart resources.
- Skin cancer also provides an example of how a number of different organisations can play a part in prevention. For example, schools and nurseries can help to protect children by developing their own school sun protection policy, by including sun protection in the school curriculum, and by making sure they provide enough shade in the school grounds. Employers can give advice on sun protection to people who work outdoors. Local authorities will be responsible for enforcing the Sunbeds (Regulation) Act 2010, which prohibits sunbed businesses from allowing people under 18 to have access to sunbeds, and came into force on 8th April 2011.

Some types of human papilloma virus (HPV) are associated with cervical cancer:

- Since September 2008 there has been a national programme to immunise girls before they reach the age when the risk of HPV infection increases and they are at subsequent risk of cervical cancer.
- The vaccine is offered to girls aged 12 to 13, who are usually in year 8, and the programme is delivered largely through secondary schools. It consists of three injections usually given over a period of six months. (From September 2008 a "catch-up" campaign was also started, to offer the HPV vaccine to older girls aged 14–17.)

Current services: To make our treatment of cancer sustainable in the long term, there is a greater need to focus on prevention and early diagnosis as the population ages and costs of treatment continue to grow

Services for prevention, detection, treatment and care relating to cancer cut across almost every aspect of health and social care provision. For example, primary care (GP) services are likely to see people with symptoms that may suggest cancer, and refer them for further investigation and treatment; they are also involved in the ongoing care of cancer patients in the community. Community health services (such as District Nursing) may also be involved at particular stages of care; and specialist palliative care services are also available to cancer patients. Secondary and tertiary care services, provided by acute hospitals, cover a full range of diagnostic and treatment services for cancer, including surgery, radiotherapy and chemotherapy. Cancer care provided by hospitals is organised through multidisciplinary teams of healthcare professionals, and utilising networks of hospitals designated as 'cancer units' and larger 'cancer centres'.

There are also established national screening programmes for three cancers detailed below. Screening aims to detect either early signs of cancer, or changes that would lead to cancer if they were not treated, in 'healthy' people who do not have any symptoms. However, population screening requires a suitable test method which needs to meet a number of criteria for effectiveness and acceptability, and screening is therefore available only for a small number of cancer types.

The NHS cervical screening programme is offered to women between the ages of 25 and 64 years, on a three-yearly basis for women aged 25 to 49, and on a five-yearly basis for women aged 50 to 64. The screening test involves taking a small sample of cells from the surface of the cervix, which are then examined under a microscope in the laboratory. This enables pre-cancerous cell changes to be picked up before they have a chance to develop into a cancer.

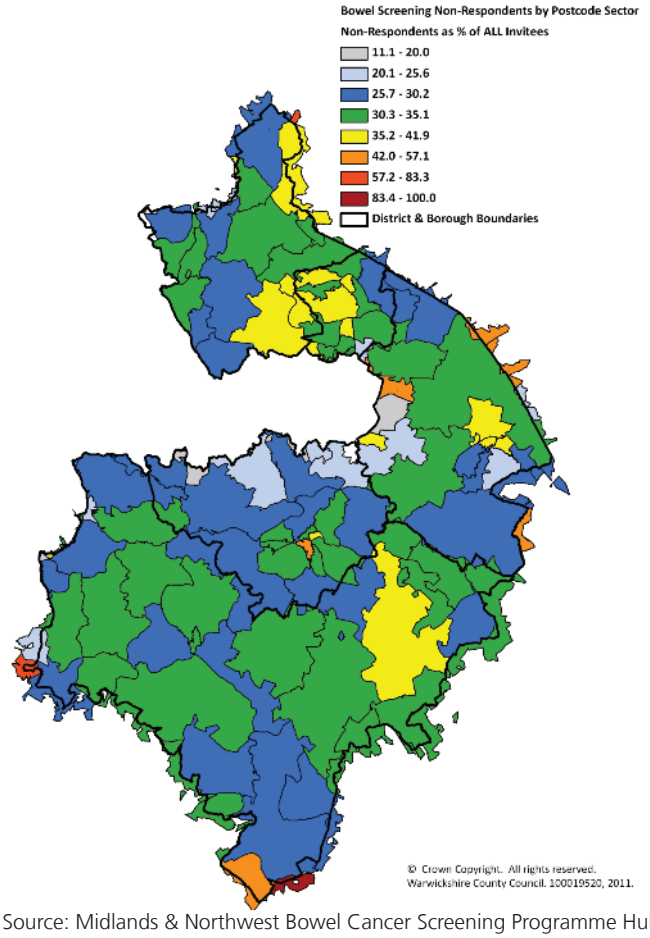
• Coverage across the whole screening age group (meaning the proportion of women aged 25 to 64 who have had an adequate screening test within the last 5 years) at 31 March 2010 was slightly higher in Warwickshire (79.8%) than nationally (78.9%), but was slightly below the national target of 80% coverage and had fallen slightly from the previous year. More detailed analysis by age group shows that coverage was particularly low at the younger end (ages 25-29) and older end (ages 55-64) of the screening age range.

The NHS breast screening programme invites women aged between 50 and 70 to be screened every three years. It is currently being expanded to cover women aged between 47 to 73. The screening examination uses breast X-rays (mammograms).

• Coverage of women aged 53-70 (meaning the proportion of women in this age group who had been 2010 screened in the previous three years) at 31 March was 79.4% in Warwickshire, compared to 76.9% nationally.

The NHS bowel cancer screening programme is offered to men and women aged between 60 and 69 years old, every two years. It is now being expanded to include people up to their 75th birthday. The screening test involves a testing kit which is sent through the post, together with instructions. A small sample of stool (faeces) is collected onto a piece of treated card and sent back in a hygienically sealed, prepaid envelope. This is tested for small traces of blood ('faecal occult blood'). A positive screening test does not itself diagnose cancer, but it indicates that the individual should have further tests - usually a colonoscopy - so that the cause of the bleeding can be identified.

Map 5: Bowel Screening Uptake across Warwickshire, 2007/08-2010/11



Source: Midlands & Northwest Bowel Cancer Screening Programme Hub
Note some of the rates are based on small numbers

The uptake of bowel cancer screening (the proportion of people who were adequately screened out of those aged 60 to 69 who had been invited to be screened) in the year 2009-10 was 65.07% in Warwickshire compared to 55.02% in the West Midlands region as a whole. Warwickshire's uptake is therefore well above the target level of uptake of 60%. Map 5 shows uptake across the County. The map is used as an example to illustrate variation in uptake at a local level.

John and Sally have both had personal experience of cancer in their families

Sally's mother had breast cancer diagnosed through the breast cancer screening programme a few years ago. This was detected at an early stage and, although she is still under follow-up, it appears that the treatment was successful. This experience has made her aware of the importance of accepting invitations for the screening programmes. She is not yet in the age group for breast cancer screening herself, but she attends for cervical cancer screening tests every three years. She was pleased that her daughter was offered the course of HPV vaccine at school, as she knows that this will reduce the risk of developing cervical cancer in the future.

John's father, who had been a lifelong heavy smoker, sadly died from lung cancer ten years ago at the age of 67, just after he had retired. John was also a smoker himself at that time, but he gave up smoking after his father's death. He found it difficult to quit, and had two attempts before it was successful, but he received support from the NHS Stop Smoking services. He felt much fitter after giving up smoking, and started to take more exercise. His son Bob, is very keen on football and other sports, and John is hopeful that Bob will never start to smoke; he is already well aware of the risks of smoking from the health education he has received at school.

Recommendations: Quitting smoking, improving uptake of screening programmes and making "Every Contact Count"

Amongst the most important recommendations to reduce the number of cases and deaths from cancer are:

- Every effort must be made to support people who wish to quit smoking to do so, as well as encouraging young people never to take up smoking. This is important across the County (bearing in mind that almost a fifth of cancer deaths are due to lung cancer, for which smoking is the main risk factor, and which has relatively poor survival rates), but particularly in Nuneaton and Bedworth, where death rates from lung cancer, particularly in men are higher than the national average.
- While overall coverage or uptake of the three national cancer screening programmes is above national or regional averages there is still room for improvement. People who are eligible for screening should be encouraged to take these opportunities. For the cervical screening programme locally, increasing the level of coverage in young women aged 25-29 should be a particular priority.
- In addition, all organisations and communities should take every opportunity to reinforce advice about healthy lifestyles, and/or signpost and refer to services. Other actions are listed over the page.

Secondary Care

- Ensure prompt diagnosis and treatment of cancer, in line with national guidance.
- Ensure that strong alcohol and smoking policies are implemented and enforced on NHS sites.
- Ensure that the hospital elements the Alcohol Implementation Plan are put in place.
- Contribute to the formation and implementation of a Warwickshire Tobacco Control Implementation Plan (in response to the 2011 National Tobacco Control Plan).

Primary Care Practitioners

- Encourage patients to take opportunities for cancer screening offered by the NHS screening programmes for cervical, breast and bowel cancer; and encourage girls to have the HPV vaccine.
- Ensure prompt referral of cases of suspected cancer, in line with national guidance.
- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.

GP Consortia

- Commission appropriate diagnostic and treatment services for cancer patients.
- Support lifestyle improvement interventions.
- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.

County Council

- Ensure policies reflect healthy lifestyle choices (e.g. smoke free workplaces; healthy choices in food provision; alcohol policies; exercise etc) and encourage the use in organisations working with the County Council.
- Ensure implementation of the Countywide Alcohol Implementation Plan.
- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.

District / Borough Councils

- Enforce the Sunbeds (Regulation) Act 2010, which prohibits sunbed businesses from allowing people under 18 to have access to sunbeds.
- Ensure policies reflect healthy lifestyle choices.
- Ensure continued compliance with the smoke free law in all premises within the District/Borough paying particular attention to known local problem areas.
- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.
- Ensure that elements of the Community Safety Partnership Plans that relate to health are implemented.

Public Health Professionals

- Co-ordinate the implementation of an "Every Contact Counts" plan.
- Ensure the provision and quality of smoking cessation services, NHS cancer screening programmes.
- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.

Schools and Colleges

- Encourage pupils to eat a healthy diet and participate in physical activity.
- Ensure that there are policies for sun protection, alcohol and smoking and that these are implemented.

Businesses

- Ensure policies reflect healthy lifestyle choices (see County Council).
- Not sell (or contribute in any way to the production and sale of) cigarettes and other tobacco products. If this is not possible in a commercial setting, sales should be in line with the law and other recommendations to avoid active promotion of cigarettes and particularly to avoid sales of cigarettes to young people.
- Provide appropriate advice and protection from sun exposure for outdoor workers.

Voluntary Organisations

- Contribute to the formation and implementation of the local Tobacco Control Implementation Plan.

The Individual

- Make changes towards a healthier lifestyle - eating a healthy diet, having a healthy body weight, reducing alcohol intake, quitting smoking and keeping physically active.
- Use appropriate protection to protect skin from harmful effects of the sun; and don't use sunbeds.
- Take opportunities for screening offered by the NHS for cervical, breast and bowel cancer; and girls in the appropriate age group to have the HPV vaccine.
- Be aware of symptoms that may suggest cancer, and seek medical advice when these occur.

Mental illness affects not only the individual with the condition, but it also has an impact on family, friends and wider society. Around 1 in 4 people will have mental illness during their lifetime. 12% of the health budget is spent on mental health.

Background and Introduction

Mental illness affects not only the individual with the condition, but also family, friends and wider society. Poor mental health impacts on the ability of an individual to work and to contribute to society. Where mental illness exists, many costs fall on health and social care and on families to provide informal and unpaid care. Positive mental well-being reduces population mortality. Populations with good mental well-being have improved overall health, recover more rapidly, are admitted to hospital less frequently and have higher levels of employment and productivity.

Underlying social, economic and environmental factors that can affect a person's well-being include employment status, education, health and the local community. It is also known that during periods of high unemployment and economic recession, mental health problems tend to increase. With such a wide variety of issues impacting on well-being, it is an area where all sectors of the community can contribute to its improvement.

The Scale of the Problem

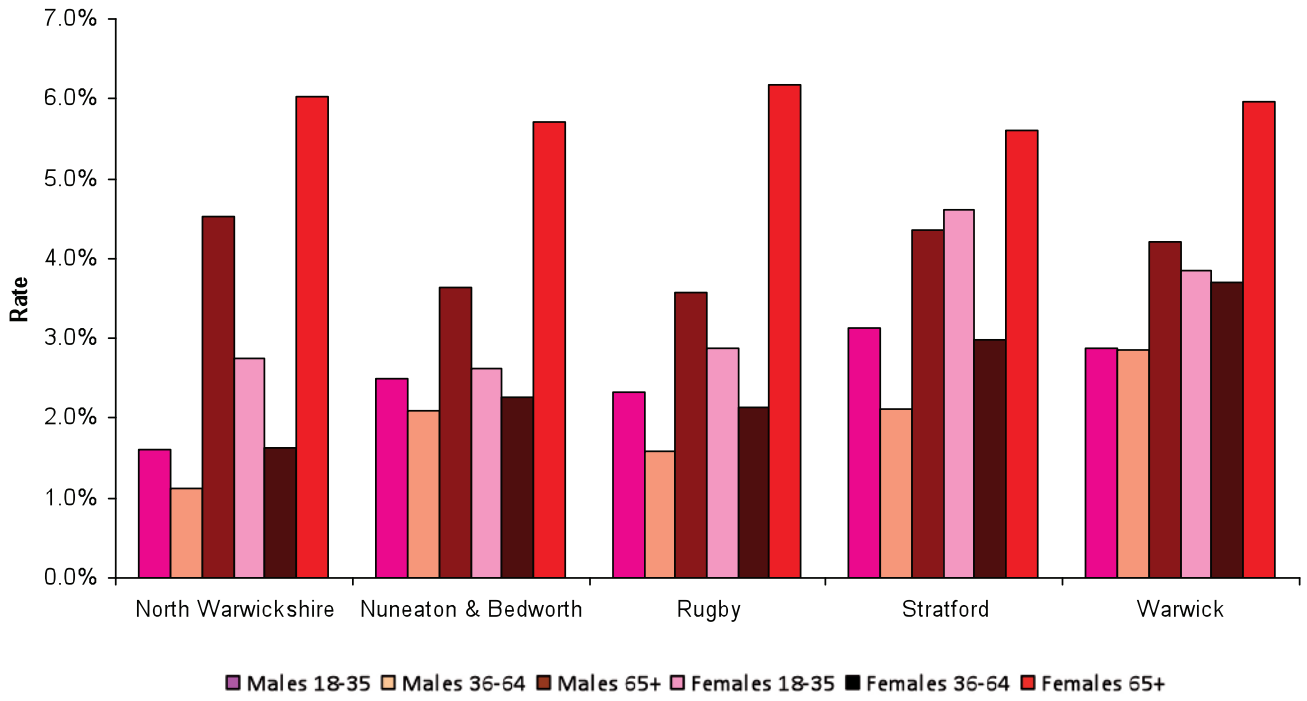
Across Great Britain, the reported prevalence of anxiety and depression has increased between 1993 and 2000. This may be due to a number of factors including, improved diagnosis, reduced stigma and increased awareness by the general population. Nearly a third of GP appointments involve mental health problems, yet at least 25% of people with symptoms of disorders such as depression and anxiety do not report it to a GP.

Table 6: Prevalence of Mental Health Problems among people between 16-64 years in 1993 & 2000, UK

	Female		Male		Persons	
	1993	2000	1993	2000	1993	2000
Mixed anxiety & depression	10.1%	11.2%	5.5%	7.2%	7.8%	9.2%
Generalised anxiety disorder	5.3%	4.8%	4.0%	4.6%	4.6%	4.7%
Depressive episode	2.8%	3.0%	1.9%	2.6%	2.3%	2.8%
Any neurotic disorder	19.9%	20.2%	12.6%	14.4%	16.3%	17.3%

Source: Singleton N, Bumpstead R, O'Brien M et al. (2001) Psychiatric morbidity among adults living in private households, 2000. London, Stationery Office.

Figure 10: Proportion of adults accessing NHS Specialist Mental Health Services, by District/Borough, 2008/09



Source: The Information Centre

The data indicates that over 13,000 Warwickshire residents accessed specialist mental health services in 2008/9. Overall, the proportion of patients accessing NHS mental health services is higher for females than males and increases with age. However, many more individuals will be treated by their GP, private counselling, or have not yet identified that mental illness is affecting them. Comparing this data to the GP data suggests that Warwickshire needs to review the figures of those accessing services. Those areas with higher numbers of people accessing services may not actually have higher rates of mental illness, but may be utilising services differently.

Mental Health and Older People

Age UK data identifies that currently there are over 820,000 people in the UK with dementia, and by 2025 this is expected to exceed one million people. The Alzheimer's Society has estimated the numbers of people with dementia for Warwickshire's Districts & Boroughs. For Warwickshire, in only a two year period between 2011 and 2013, it is estimated that there will be a 6% rise in people with dementia across all Districts & Boroughs.

Table 7: Estimated number of older people (over 65s) with dementia, by District/Borough, 2011-2013

	2011	2012	2013
North Warwickshire	772	808	822
Nuneaton & Bedworth	1426	1495	1522
Rugby	1240	1282	1344
Stratford On Avon	1898	1971	2060
Warwick	1818	1866	1915
Warwickshire	**7166**	**7404**	**7621**

Source: Age UK

Depression also affects large numbers of older people. Age UK estimates that:

- 13-15% of people aged 65-plus living in the community suffer from depression.
- Up to 40% of people in care homes have clinical depression.

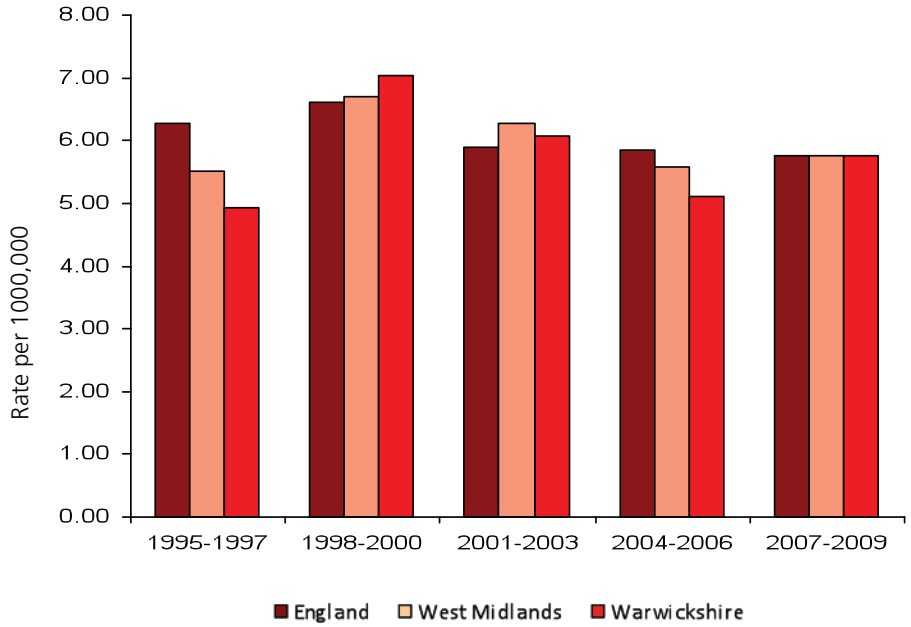
Mental Health and Unemployment

Being unemployed does not just lead to financial stress it can also lead to a loss of status, and loss of contributions to both the family and society. One in seven men develop clinical depression within six months of losing their job. It is also known that people who have mental health problems have the lowest employment rate of any disabled group and we also know that mental illness is more prevalent in the most deprived areas.

The General Household Survey (2009) found that men and women in the lowest income group were most likely to have a high score relating to poor mental health. The Survey also found that participants living in Spearhead* areas were more likely to display signs of mental ill health than those in non-Spearhead areas. Nuneaton and Bedworth is Warwickshire's Spearhead community.

*Spearhead
Areas in which the target is to narrow the absolute gap between the national average rate and the average rate for Local Authoity areas identified as having the "worst health and deprivation indicators". *(Department of Health Technical Note for the Spending Review 2004, Public Service Agreement 2005-2008)*

Figure 11: Mortality from suicide and injury undetermined (ICD9 E950-E959, E980-E989 exc E988.8), per 100,000 population, all ages, England and Warwickshire



Source: NCHOD, The NHS Information Centre

Suicide is a devastating event. The consequences of suicide are felt by family, friends and the community. Suicide rates across England are falling and are currently at their lowest rate on record. However over 5,000 people still commit suicide in the UK every year and over 30 occur in Warwickshire.

In Warwickshire, the suicide rate for 2001-2003 was 6.33 suicides per 100,000 population. This was below the West Midlands. The Warwickshire rate fell in the 2007-2009 period to 5.76 per 100,000, the same rate as for England.

The causes of suicide are complex and multi-factorial. People at higher risk of suicide include young men, those with a mental health illness, those living in poverty, the unemployed, those who misuse drugs and alcohol, those that self- harm, Indian, East African and South Asian women, Irish immigrants and those in contact with the justice system. Life events such as divorce, bereavement and financial problems can be a trigger for those that are vulnerable.

Tackling the Issues

Performance Measures:

- Reduce rates of young people not in employment education or training (NEET) and people in long term unemployment.
- Reduce the suicide rate.

The key objectives for Warwickshire to improve the mental health services for its population are:

- To increase the knowledge of the current population needs.
- To increase the mental health and well being across the County which will have positive impacts on workforce, carers and communities.
- To ensure that services that are provided to the population are evidence based, follow national guidance where available and involve service users in their treatment plans.

Current Services

Books on Prescription (BOP) is a new service launched in 2010 provided by Warwickshire County Council Libraries and Information Service, and developed in partnership with NHS Warwickshire as part of its plans to support people with common mental health problems, including anxiety, depression and stress. The BOP Service provides access to high quality self-help books (and audio CDs), and the books are available for anyone to borrow free-of-charge with their library card at Warwickshire libraries. The resources can also be prescribed by GPs and other health care professionals, and are in line with recommended national NICE (National Institute for Clinical Excellence) guidelines as a first step for the treatment of mild to moderate symptoms of low mood and anxiety. Multiple copies of the BOP resources are on display in 17 libraries across Warwickshire for people to browse and borrow, although the books can be requested from any of the libraries, mobile libraries or Home Library Service. The initial collection went into the libraries at the start of 2010 and as at 31st March 2011 a total of 6,316 books and CDs have been borrowed. Further information about the scheme is available at: http://www.warwickshire.gov.uk/booksonprescription

The Improving Access to Psychological Therapies Service (IAPT) service is commissioned by NHS Warwickshire to provide access to a range of evidence based psychological therapies as recommended by NICE for the treatment of common mental health conditions including anxiety and depression. Clients are supported to develop their skills to self-manage their condition, and to enhance their psychological resilience. The Service provides assessment and access to two levels of intervention. Lower intensity treatments include: computer based Cognitive Behavioural Therapy, stress control courses, low mood groups, telephone and face to face therapy. Higher Intensity Workers provide access to more intensive therapy, including up to 20 sessions of Cognitive Behavioural Therapy. The IAPT Service in Warwickshire is delivered jointly by Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire MIND, and is funded by NHS Warwickshire. Last year during Quarter 1- Q3, there were over 5,000 referrals with 3,000 (58%) people entered into treatment and over 1,700 (57%) completing treatment. During 2011/12, the Service will prioritise increasing access to its provision for people with long term physical health conditions who have associated anxiety and / or depression, and also through targeted support and promotion of the service to older people, working in partnership with Age Concern Warwickshire.

Best Practice:
The Banerjee Report (November 2009) reviewed the use of antipsychotic medication in the NHS in England. The report made recommendations for people with dementia in order to ensure good practice in how these prescriptions are started, maintained and stopped appropriately. In response to the report, Coventry & Warwickshire Partnership Trust developed an action plan. A local audit of Warwickshire GP practices in 2009 was carried out to understand the local prescribing picture. A resource pack for health care professionals was developed and distributed to all practice managers and prescribing leads and the Partnership Trust has worked with some care homes in the couth of the County to review patients and discontinue inappropriate prescribing.

Recommendations: A Mental Health 'Needs Assessment' is currently being undertaken which is due to be completed in late 2011. This will provide Warwickshire with an overview of local needs and will support a longer term understanding of how services will need to be shaped in response to the issues raised. It will also form a key part of Warwickshire's new Joint Strategic Needs Assessment (JSNA).

Secondary Care

- Move towards a Single Point of Entry into services across the Coventry & Warwickshire locality to ensure users access responsive services rapidly.
- Focus the services on an assessment and treatment approach which minimises the time people spend in secondary care and which is underpinned by a recovery model which moves people through services and back into primary care when appropriate.
- Ensure services are shaped to maximise their ability to respond and treat locally, individuals who may have episodes of very challenging behaviour, thus preventing them going out of area.

Primary Care Practitioners

- Agree the thresholds between primary and secondary care services to ensure mental health users are managed effectively in primary care and returned timely into GP support.
- Recognise the importance of lifestyle to good mental health and well-being and maximise the use of broader health promotion resources available, e.g. Books on Prescription and Measured Miles.
- Take a proactive role in identifying emerging anxieties and depression in older people and people with long term conditions, in order to provide early signposting or support through commissioned services such as Improving Access to Psychological Therapies.
- Support the work of the specialist nurse with GP practices and Care Homes where necessary and appropriate to reduce inappropriate dementia prescribing.

GP Consortia

- Give priority to a Coventry and Warwickshire wide approach to mental health commissioning to maximise the resources across the whole locality.
- Endorse and review thresholds between primary and secondary care in order to ensure GPs are supported to take on a more proactive role in managing people with mental health issues.

County Council

- To continue to work collaboratively in supporting people with mental health issues to maximise their wellbeing and personal outcomes through self-directed supported and third sector contracts which respond flexibly to identified needs.
- To recognise their role in the broad health and well-being agenda though engagement across the County Council.
- To ensure that staff working with groups of people who are vulnerable to common mental health conditions (including older people and people with long-term physical health conditions) are aware of the IAPT Service and are able to signpost people to it.

District / Borough Councils

- Recognise their role in the broad health and well-being agenda though close working with NHS Warwickshire and Warwickshire County Council to promote well-being across their portfolio of services.
- Continue to work proactively with mental health practitioners to facilitate access to housing services for mental health users.

Public Health Professionals

- Continue to promote mental health and well-being as a foundation stone to good health across the population, building on the notion of "no health without mental health".
- A Health Needs Assessment should be undertaken for the population of Warwickshire.
- Ongoing prescribing data analysis by the Medicines Management team to assess progress and to reduce variations between Practices.

Schools and Colleges

- Continue to promote positive lifestyle messages and address the stigma of mental health through Personal, Social and Health Education (PHSE).

Businesses

- To develop positive mental health at work policies and protocols aimed at recruiting and retaining people experiencing mental health issues in the workplace, and to be aware of the services available from the specialist mental health employment service in Warwickshire provided by Rethink.

Voluntary Organisations

- The service user involvement organisation, Making Spaces, and local carers groups to work jointly with statutory organisations to develop effective mechanisms to ensure users and carers are talking with commissioners about the strategic direction of services and contribute to local commissioning.
- Third sector organisations continue to provide services to support people with mental health problems to maximise their independence and recovery.
- Organisations will need to develop a responsiveness to users managing their own personal budgets.

Local Communities

- To embrace the notion of "no health without mental health" and recognise the role we all play in supporting our local community's health and well-being.

The Individual

- Understand the factors which impact upon their own mental well-being and take actions to mitigate these and seek advice as appropriate.
- For users of secondary mental health services, work with practitioners on a recovery model to maximise personal health goals in order to support discharge from secondary services into primary care.
- To have confidence that effective treatments are available for common mental health conditions such as anxiety and depression, and to seek support from the services that are available.

Over the past decade, there has been an increase in the number of sexually transmitted infections (STIs). Teens are particularly at risk. Many STIs are without symptoms but if left untreated can lead to complications. Safe sex and condom use can prevent STIs but early detection is vital. An estimated £63 million a year is spent on the NHS on teenage pregnancies. Teenage pregnancies are, however, falling in Warwickshire as a whole, but not at the same rate across all Districts and Boroughs.

Background and Introduction

NHS Warwickshire wants its population to be in good sexual health and well educated in methods of protection against STIs and unplanned pregnancies, whilst also being able to access supportive services that meet needs in a timely manner. Although there are many examples of good practice throughout Warwickshire, there is still plenty to do to ensure the sexual health and wellbeing of the population of Warwickshire improves.

The Scale of the Problem: STIs are increasing while under-18 conceptions are falling but not universally.

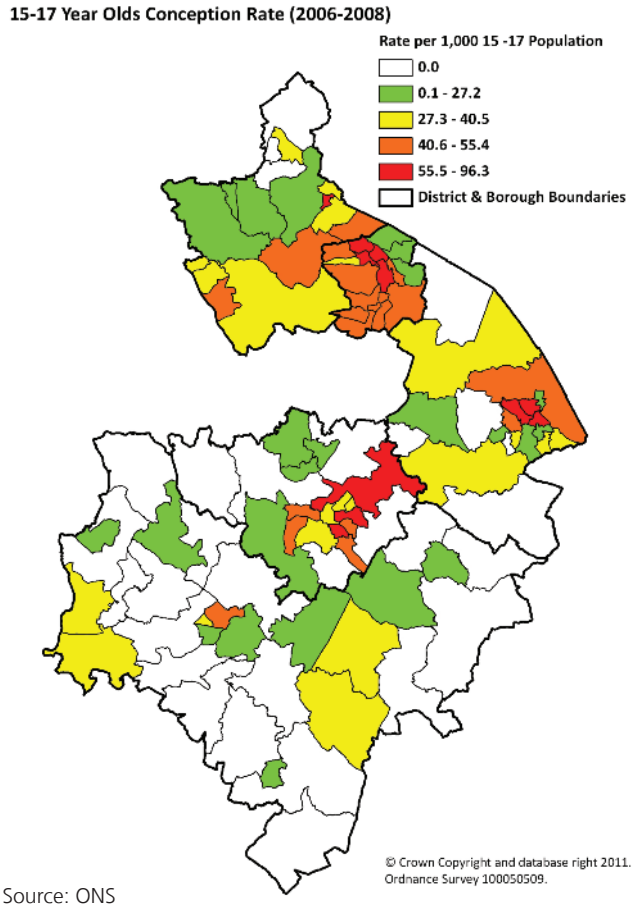
Teenage Conceptions: The 2009 under-18 conception rate for England of 38.2 conceptions per 1,000 girls aged 15-17 represents an overall decline of 18.1% since 1998. In Warwickshire, the rate remains below the England rate at 36.7, which has seen a decline of 13.6% over the same period. Only Warwick District had a higher conception rate for the period 2007-09 than the baseline period 1998-00. However, the rate for the period 2007-2009, is the first decline in the District since 2001-03. It can also be observed that whilst Nuneaton & Bedworth's conception rate continues to steadily decline, Stratford-on-Avon's rate seems to have stalled, hovering around 24 conceptions per 1,000 females 15-17.

Table 8: Under-18 Conception Rate, by Local Authority

Area of usual residence	Conception rate, per 1000 females 15-17						% Change 1998-00 to 2007-09
	1998-00	2001-03	2004-06	2005-07	2006-2008	2007-2009	
North Warwickshire	46.0	38.8	36.1	32.4	35.0	40.4	-13.80%
Nuneaton & Bedworth	51.5	52.7	52.0	50.1	47.6	45.9	-12.10%
Rugby	46.0	37.2	33.8	35.9	34.7	34.5	-33.40%
Stratford-on-Avon	30.4	24.0	23.8	23.8	23.9	24.3	-25.30%
Warwick	36.0	34.7	36.2	38.1	39.6	38.4	+6.3%
Warwickshire	**41.7**	**38.1**	**37.1**	**36.8**	**36.7**	**36.7**	**-13.60%**
England	**-**	**42.5**	**41.1**	**41.2**	**40.9**	**40.2**	**-18.10%**

Source: ONS

Map 6: Teenage Conception Rate per 1,000 15-17 year old females, by ward, 2006-2008



Source: ONS

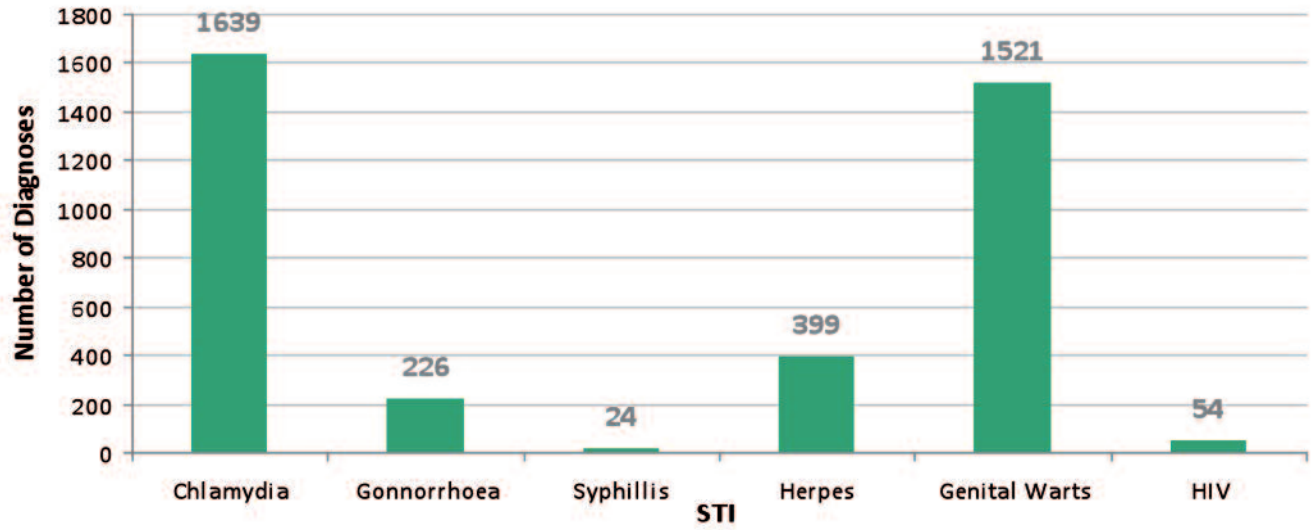
Among the 10 wards with the highest conception rates in Warwickshire, four are in Nuneaton and Bedworth, four are in Warwick and two are in Rugby. Six are within the top 10% most deprived wards within the County - representing a significant positive relationship between deprivation and teenage conceptions.

The national teenage pregnancy strategy aims to reduce the number of teenage conceptions. By doing this, for every £1 of direct investment there could potentially be £4 of public finance savings.

Teenage Terminations: In 2009, for women under the age of 18, 54% of pregnancies were terminated, compared to an England average of 51%. In 2009/2010, within Warwickshire, 9.6% of all clients undergoing termination were young women under the age of 18 and only 0.6% of terminations were for patients under the age of 15. For women under 18, only 6% had had one previous termination. There were significantly less terminations on women living in the most deprived areas of the County. Those living in the most deprived areas represent 8.6% of the overall number of terminations. The proportion of terminations peaks in the second least deprived quintile. The majority of terminations are at between 4 and 6 weeks gestation.

STIs: The number of STIs is on the increase. The data shows that the total numbers of STIs in Warwickshire has risen by more than 20% since 2003. Overall, the 15-24 year age group had the highest number of diagnoses for all STIs, although Chlamydia, which has the highest number of infections, mainly affects the 16 to 19 year age group.

Figure 12: New STI diagnoses in Warwickshire GUM Clinics, 2008-2009



Source: Health Protection Agency

Chlamydia is the most commonly diagnosed STI in Warwickshire, followed by genital warts. The latest data from the Health Protection Agency (HPA) shows that in 2009, there were 817 new diagnoses of Chlamydia, a marginal decrease on 2008 (822). Of these, 53% were female. Chlamydia is caused by a bacterial infection but over half of all infected individuals have no symptoms of infection. Symptoms can include vaginal or urethral discharge, bleeding after sex and abdominal pain. It can cause infection of the urethra, cervix and scrotum and causes pelvic inflammatory disease in women. Long term complications of infection include ectopic pregnancy and infertility. Chlamydia is very communicable and most transmission is via sexual intercourse, but this can be prevented with condom use.

Genital warts are caused by human-papilloma virus (HPV) and are the most common sexually STI in the UK. 90% of all genital warts are caused by two viral strains. A total of 789 cases of genital warts were diagnosed in Warwickshire in 2009, an increase on the previous year. Nationally, rates of diagnosis are highest in men and women under 24 and transmission is usually via sexual contact or perinatally. People may have sub-clinical infection, i.e. they may be infected with HPV but have no signs or symptoms. Consequently HPV is very transmissible and surveillance is extremely difficult.

For HIV, numbers remain small at around 25 cases in Warwickshire diagnosed each year. There were significantly higher numbers of men diagnosed with the disease than women (64% of cases in 2009 were male). For both sexes the 35 - 44 year age group represents the highest proportion of all HIV diagnoses (40% of cases).

Tackling the Issue

Performance Review

- To reduce the rate of under 18 (15-17 years) conceptions.
- Increase the current uptake of 35% within the National Chlamydia Screening Programme in the target age group 16-24.
- To reduce the social exclusion experienced by young parents with a specific target to encourage and support 60% of young parents into education, employment and training.

Current Services

The National Chlamydia Screening Programme rolled out in Warwickshire in April 2007. In 2009 in Warwickshire the programme saw a positive uptake rate of 7.4%, slightly higher than that of the England rate. Warwickshire has now invested funding to accelerate progress, including postal kits. There are also free national postal kits from Brook that feed into Warwickshire's progress. From Oct – Dec 2010, 33% of all Chlamydia screens were carried out by Community and Sexual Health (CASH) Services, 28% by GPs and 12% by Free Test. Current targets prove challenging with 2010-11 requiring 35% of the 15-24 population to have received screening, followed by 50% by 2012. 60% of screening has to be offered via core services such as General Practice to ensure sustainability.

The Respect Yourself website (http://www.respectyourself.info/) is a source of information for young people on the Sexual Health services available in Warwickshire, signposting users to services including the provision of free condoms.

Sexual Health Services in Primary Care There are 50 pharmacies in Warwickshire providing Emergency Hormonal Contraception (EHC) and Chlamydia screening . GP Practices in Warwickshire provide basic Level 1 Sexual Health Services, including STI testing for women as necessary and non-invasive testing for men. In 2009/10 almost 80,000 items of Oral Contraceptives were prescribed by GPs across the County, as well as a total of 12,500 items of Long Acting Reversible Contraceptives (LARC).

There are three GUM Departments throughout Warwickshire in Warwick, Stratford and Rugby. In 2009/2010 there were a total of 17,529 GUM appointment attendances in the West Midlands. Services are also offered by GPs and Pharmacies. GUM clinics can offer a comprehensive service including;

- The investigation and treatment of STIs.
- Advice, education and counseling for patients.
- Confidential contact tracing of sexual partners.

Coventry and Warwickshire Sexual Assault Referral Services (SARC). The Previous Government focused, for a number of years, on reducing the most serious crime and protecting the public from dangerous and violent offenders. In their action plan on sexual violence and abuse in 2007, it was reported that 23% of women and 3% of men experience sexual assaults as an adult and 5% of women and 0.4% of men experience rape. 40% of adults who are raped do not tell anyone about it.

SARC development in Warwickshire: The NHS has been asked by the Department of Health (DoH) and Home Office to take the lead in the development of Sexual Assault Referral Centres. Warwickshire and Coventry NHS and Warwickshire Police have agreed a strategy to establish and deliver joint Sexual Assault Referral services for our respective populations in Coventry and Warwickshire.

Best Practice

In 2006, the British Association for Sexual Health and HIV published guidance on the diagnosis, investigation and management of Chlamydia and, in 2007, for Genital Warts. Chlamydia is easily treated, if timely advice is sought. Investigation of Chlamydia includes a swab. Treatment involves antibiotics, advice and education and avoidance of sexual intercourse for 7 days after treatment. All positive cases should be encouraged to have a full STI screen and be given written information. Confidential partner notification should be undertaken with patient consent. Health promotion plays a large part in the prevention and treatment of Genital warts. Clear explanation of the cause and diagnosis is important in preventing transmission to further sexual partners. Screening of current partners is encouraged.

Sally's Story: Joanne discovered she had chlamydia when she was 16

I'd had lots of the symptoms of chlamydia since I was 14, but there wasn't much awareness about it in 1990. I constantly suffered with pains in my back, spotting between periods and heavy periods. But despite lots of visits to my doctor, no one realised what it was. They thought I was just a normal teenager, and put me on the Pill to regulate my periods. When I was 16, I had an ectopic pregnancy. It emerged that both my fallopian tubes were damaged. But still, no-one cottoned on to the fact that it could be caused by chlamydia. It wasn't until I had a smear test after my ectopic pregnancy, and some pre-cancerous cells showed up, that they investigated further and diagnosed chlamydia. I was given a course of antibiotics to clear up the chlamydia.

"I now have four children. I had a laparoscopy to clear the scarring out of my tube. But because I thought I couldn't have children, and I was with a long-term boyfriend, I didn't bother taking precautions. My first was born when I was 19. I hadn't heard of chlamydia. I only realised what it is when I got older, and it made me feel a bit dirty. Because of the lack of information, I'd been completely unaware that I was putting not only my own health at risk, but also other people's."

Recommendations: Reduction in teenage pregnancies and an improvement in sexual health
The organisations and groups below should give consideration to the following actions, based on the evidence and an appraisal of current services.

Primary Care Practitioners:
- Continue to increase the number practitioners providing LARC.
- Increase the number of primary care settings that provide sexual health services.
- Establish 2 HIV pilot sites for earlier testing in high rate areas.
- Continue to deliver the Chlamydia and morning after services in community pharmacies.

Secondary Care
- Agree priorities and work programme for the newly convened HIV sub group.
- Develop agreed pathways for referral into GUM for earlier HIV testing.
- Review the first six months of the Post Exposure Prophylaxis following Sexual Exposure (PEPSE) rota.

GP Consortia:
- Continue to give priority to Sexual Health and well being across the County when commissioning services.
- Contribute through the Joint Strategic Needs Assessment (JSNA) to the HIV Needs Assessment due to be undertaken during the summer of 2010 across Coventry and Warwickshire.

County Council:
- Commission innovative and integrated sexual health services across the County.

District / Borough Councils:
- Develop and strengthen local partnership approaches that contribute towards the reduction of teenage pregnancies and an improvement sexual health and well-being.

Public Health Professionals:
- Increase the promotion of positive sexual health with a focus on HIV prevention.
- Continue to provide data and information to inform commissioning priorities.

Schools and Colleges:
- Commission or deliver Relationship and Sexual Health Education services to ensure that young people understand the key messages relating to sexual health and are aware of local service provision.
- Implement the findings and recommendations of the Big College Health Check in each college.
- Develop the Peer mentoring programme to identify and engage with young people how they can improve their sexual health.

Businesses:
- Contribute to local activities designed to raise awareness and promote positive behaviours related to sexual health and sexually transmitted diseases.

Voluntary Organisations:
- Contribute to the development of the new Coventry and Warwickshire SARC.

Local Communities:
- Contribute to the design of local Sexual Health promotion and awareness campaigns and activities.

The Individual:
- Respect yourself and reduce the risk of getting a sexually transmitted disease or having an unplanned pregnancy.

Setting the Scene

Indicator Notes

1. % of people in this area living in 20% most deprived areas of England 2007.
2. % of children living in families receiving means-tested benefits 2007.
3. Crude rate per 1,000 households 2008/09.
4. % at Key Stage 4 2008/09.
5. Recorded violence against the person crimes crude rate per 1,000 population 2008/09.
6. Total end user CO2 emissions per capita (tonnes CO2 per resident) 2007.
7. % of mothers smoking in pregnancy where status is known 2008/09.
8. % of mothers initiating breastfeeding where status is known 2008/09.
9. % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09.
10. % of school children in reception year 2008/09.
11. Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08.
12. Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional).
13. % adults, modelled estimate using Health Survey for England 2006-2008.
14. % adults, modelled estimate using Health Survey for England 2007-2008.
15. % adults, modelled estimate using Health Survey for England 2006-2008.
16. % aged 16+ 2008/09.
17. % adults, modelled estimate using Health Survey for England 2006-2008.
18. Directly age standardised rate per 100,000 population under 75 2004-2006.
19. Crude rate per 1,000 working age population 2008.
20. Directly age and sex standardised rate per 100,000 population 2008/09 (rounded).
21. New Problematic Drug User estimates were not available in time for inclusion.
22. % of people on GP registers with a recorded diagnosis of diabetes 2008/09.
23. Crude rate per 100,000 population 2006-2008.
24. Directly age-standardised rate per 100,000 population for emergency admission 2008/09.
25. Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08.
26. At birth, 2006-2008.
27. At birth, 2006-2008.
28. Rate per 1,000 live births 2006-2008.
29. Per 100,000 population age 35+, directly age standardised rate 2006-2008.
30. Directly age standardised rate per 100,000 population under 75, 2006-2008.
31. Directly age standardised rate per 100,000 population under 75, 2006-2008.
32. Rate per 100,000 population 2006-2008.

33-38. Diagnoses per 100,000 population, by patient PCT: 2009.

39. Proportion in 2010/11.

Obesity

Future Choices, (2007) Foresight identified the social and economic costs of obesity in the UK and therefore reduce overweight and obesity nationally and locally

Other key documents:

- NICE Guidance (2006): Obesity: the prevention, identification, assessment and management of over weight and obesity in adults and children
- White Paper; 'Healthy Weight, Healthy Lives: A Cross - Government Strategy for England' (2008), had an initial focus on reducing childhood obesity by 2020 to 2002 levels.

Cancer

- Cancer Research UK (2009) Smoking and cancer. [Online] Available from:
- http://info.cancerresearchuk.org/healthyliving/smokingandtobacco/ [Accessed 15 February 2011]
- Cancer Research UK (2010) Skin cancer risks and causes. [Online] Available from:
- http://www.cancerhelp.org.uk/type/skin-cancer/about/skin-cancer-risks-and-causes [Accessed 20 February 2011]
- Cancer Research UK (2011) Melanoma risks and causes. [Online] Available from:
- http://www.cancerhelp.org.uk/type/melanoma/about/melanoma-risks-and-causes [Accessed 20 February 2011]
- Cancer Research UK (2010) Melanoma symptoms. [Online] Available from: http://www.cancerhelp.org.uk/type/melanoma/about/melanoma-symptoms [Accessed 20 February 2011]
- Cancer Research UK (2009) SunSmart campaign overview. [Online] Available from:
- http://www.sunsmart.org.uk/about-sunsmart/ [Accessed 20 February 2011]
- Cancer Research UK. Detecting skin cancer. [Online] Available from:
- http://www.sunsmart.org.uk/skin-cancer-facts/detectingskincancer/ [Accessed 20 February 2011]
- Sunbeds (Regulation) Act 2010. (c.20) [Online] Available from:
- http://www.legislation.gov.uk/ukpga/2010/20/pdfs/ukpga_20100020_en.pdf [Accessed 20 February 2011]

Warwickshire
Joint Strategic Needs Assessment

NHS Warwickshire
Westgate House, Market Street,
Warwick, CV34 4DE

Telephone: 01926 493491
Fax: 01926 495074

Warwickshire County Council
Shire Hall
Warwick, CV34 4SA

Telephone: 01926 410 410
Fax: 01926 412 377

This report is also available on the
websites: **www.warwickshire.nhs.uk, www.warwickshire.gov.uk**
and **www.warwickshireobservatory.org**