SUMMARY REPORT	ABM University Health Board
	Date: 27 November 2014 **Agenda item: 2 (i)**

Subject	Director of Public Health Annual Report for 2013/14
Prepared by	Claire Beynon, Specialty Registrar in Public Health, Public Health Wales
Approved & Presented by	Sara Hayes, Director of Public Health

Purpose

To present the Director of Public Health Annual Report for 2013-14.	**Decision**	
	Approval	
	Information	x
	Other	

Corporate Objectives

Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Service	Strong Partnerships	Excellent People	Effective Governance
x	x	x	x		

Executive Summary

The annual report outlines key Public Health issues and suggested solutions. It focuses on the three priorities of smoking, obesity and increasing immunisation rates.

Smoking is still the single biggest preventable risk factor harming health, and smoking attributable hospital admissions in ABM University Health Board are still significantly above the Welsh average. Reducing smoking rates will therefore continue to be a priority area.

Obesity is a major risk factor for the main causes of ill health and death, and numbers of people who are overweight and obese are rising in ABM University Health Board with 57% of adults now being either overweight or obese. Rising obesity is strongly linked to increasing numbers of Type 2 diabetes.

The measles outbreak in ABMU received a lot of media coverage at the time. What is less well known, is that there have been another two distinct outbreaks since, both caused by re-importation of measles from outside Wales. Some important lessons in effectively controlling measles have been learned from these three outbreaks, these are highlighted in the Health Protection section of the report.

Childhood immunisations and seasonal influenza (Flu) immunisations are key to keeping the population healthy. Immunisation has two benefits: it stops the individual becoming ill and needing treatment, and also stops the spread of infectious diseases throughout families, playgroups, schools and workplaces. Seasonal Flu immunisation has the potential to reduce illness and deaths of vulnerable people if coverage is raised.

Key Recommendations

There are a number of recommendations in the report, these include (but are not limited to) the following:

Smoking Recommendations

- ABM University Health Board should increase the number of frontline staff trained in very brief advice and brief intervention training for smoking cessation and adopt a systematic approach to re-training priority groups of staff.
- The identification of smokers and signposting to Stop Smoking Wales, Level 3 Smoking Cessation Pharmacy Schemes or ABM University Health Board's hospital based service should be undertaken at every opportunity in primary and secondary care and in other health care settings such as with Dentists and Optometrists.

Obesity Recommendations

- Continue to support the extensive healthy lifestyles work being carried out by Public Health in relation to the Healthy Schools and Healthy and Sustainable Pre Schools Schemes.
- Continue to support work on the business case in order to secure funding for Level 2/3 weight management services across ABMU.

Immunisation Recommendations

- Utilise Healthy Schools and Preschools schemes to support school nursing in a systematic promotion of full immunisation status as the norm.
- Create demand for immunisation by working with community settings and with the third sectors to develop local solutions to perceived or real barriers.

Health Protection Recommendations

- That AMB University Health Board and partners recognise the achievement of high levels of measles vaccination since the measles outbreaks.
- That AMB University Health Board and partners continue to encourage those not vaccinated to take up this protection.

Dental Health Recommendation

- The LHB, working with local stakeholders, other LHBs and Public Health Wales, continues work to deliver on the priorities set out in the ABMU Local Oral Health Plan

Commissioning Recommendations

- To involve more members of ABM Public Health Team in the commissioning process, including representation on relevant Commissioning Boards to champion changes required at Board level.
- Further develop the relationships between the Public Health Team and ABM University Health Board staff to facilitate learning, understanding and skill sharing to support the commissioning of preventative services.

Next Steps

To implement the recommendations described in the Annual Report.

MAIN REPORT		ABM University Health Board
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Approved & Presented by	**Sara Hayes, Director of Public Health**	

1. PURPOSE

To present the Director of Public Health Annual Report for 2013-14.

2. INTRODUCTION

The Directors of Public Health in each of the Health Boards publish an annual report on the health and well being of their population and on action being taken to improve and protect their population's health. These statutory reports are independent and aim to describe the challenges to public health and to help local services and communities find collaborative solutions.

3. CURRENT ARRANGEMENTS

The 2013-14 report continues the themes from last year's report and focuses on the measures being taken through the lifecourse to improve public health and well being through tackling three priorities:

- smoking cessation
- tackling obesity
- increasing immunisation uptake across all ages.

4. PROPOSALS/ ISSUES TO CONSIDER

The attached report recommends action for the priority areas for next year, in addition to giving an update on the progress made against these priorities over the last 12 months. By giving these three issues (smoking, obesity and increasing immunisations) precedence we continue to ensure health inequalities are addressed, as smoking and obesity are higher in areas of deprivation, and uptake of some routine vaccinations is lower. We have shown progress over the last year in reducing inequalities as the percentage of children who were up to date with their routine vaccinations by four years of age has increased across all socioeconomic groups, but the difference in uptake percentage between the least and most deprived communities has decreased by 2.5% since 2012/13, indicating a discernible reduction in health inequalities.

This report also includes chapters on health protection and oral health, and improving population health by using a commissioning approach. Initial reflections upon the commissioning approach and how this has been trialled so far are included together with recommendations for expansion of this approach to other areas.

To deliver results the ABM Public Health Team must work with many partners, and focus will be given to developing closer relationships with ABM University Health

Board staff, local authorities and voluntary agency partners to foster and galvanise enthusiasm for interventions which have a positive impact on the health of the local population at scale.

5. RECOMMENDATION

The Board is asked to note the content of the Report.

Director of Public Health Annual Report 2013-2014

Appendix to 2(i)
Health Board 27.11.14

Abertawe Bro Morgannwg University Health Board

Author	Abertawe Bro Morgannwg Public Health Team
Date of publication	November 2014
Version	1
Images	Courtesy of Freedigitalpictures.net unless otherwise attributed
Audience	ABMU Health Board Executives; Local Authority Members and Executives;

	Third Sector Agencies; Universities; The Public; Private Sector Executives

Message from the Director of Public Health

This year my annual report takes a look back to the state of health 100 years ago, as well as looking to the future. It is interesting that although we have made huge improvements in a century, many challenges for those in deprived areas remain. We have sophisticated universal immunisation programmes which save lives every year and have an abundant supply of calories but still have poor levels of nutrition. The burden of smoking has been clearly articulated over the last 50 years and we are engaged in an enthusiastic large scale change programme to minimise smoking prevalence, aiming for a smokefree generation. Progress is encouraging as smoking prevalence in children is decreasing.

Last year I decided to prioritise public health action across the lifecourse in three major areas associated with health inequalities:

- smoking cessation
- tackling obesity
- increasing immunisation uptake across all ages.

These areas continue to be the priorities my team will focus on as all three need sustained intervention. If we are successful we will achieve measurable change and thereby decrease health inequalities in our area. In this report I describe progress in these areas over the last year and the plans for the coming year.

Finally, I am grateful to Claire Beynon for her help in preparing this report and also thanks to Jorg Hoffmann, Nigel Monahan and all the members of the Abertawe Bro Morgannwg Public Health Team, for their contributions.

Sara Hayes

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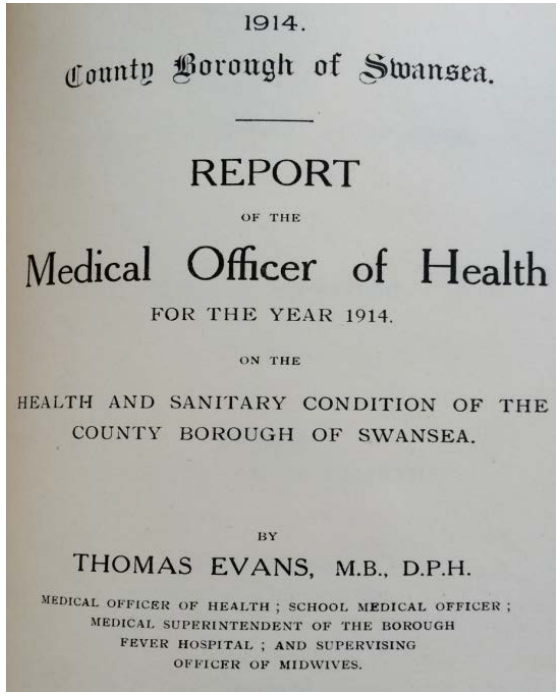
Health 100 years ago

Swansea 1914

Public Health reports have driven and catalogued improvements in health for over 150 years. The history of Public Health as a discipline runs alongside the development of local government in the UK. In 1914 Dr Thomas Evans was the Medical Officer of Health (Director of Public Health) for the County Borough of Swansea. His report on 'The Health and Sanitary Condition of the County Borough of Swansea' describes the state of health in 1914, and makes recommendations on what action is needed to tackle ill-health. It is useful to reflect on how far public health has progressed over the last 100 years, and also how some issues remain.


1914.

County Borough of Swansea.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1914.

ON THE

HEALTH AND SANITARY CONDITION OF THE COUNTY BOROUGH OF SWANSEA.

BY

THOMAS EVANS, M.B., D.P.H.

MEDICAL OFFICER OF HEALTH; SCHOOL MEDICAL OFFICER; MEDICAL SUPERINTENDENT OF THE BOROUGH FEVER HOSPITAL; AND SUPERVISING OFFICER OF MIDWIVES.

Infant welfare

Infant deaths were frequent in 1914. Of 3243 live births, 463 died before reaching the age of one year. Communicable diseases such as measles were the main causes of death, as they were with older age groups. Dr Evans records an increasing interest in infant welfare locally and nationally in Wales, and notes that deaths "...are but terminal events amongst a larger number of cases of sickness, and sickness in many instances permanently undermines physique." He notes that the Local Government Board was advocating the establishment of 'Municipal Maternity and Infant Welfare Centres' adding that "War has given added importance to increase of population and physical fitness." The health of children was carefully monitored through schools. Dr Evans also held the post of School Medical Officer and had a small team of nurses who undertook medicals. The link between social factors and health were understood. School medicals on entering at age 5 and leaving at age 14 include assessment of clothing, footgear and cleanliness. The material conditions of our population 100 years later is much improved, but the importance of supporting healthy early years remains.

Measles epidemic in 1914

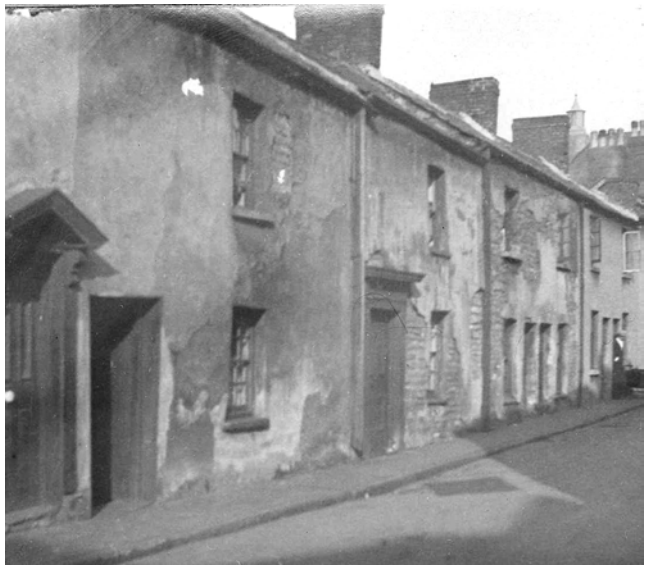
One hundred years ago, infectious diseases were claiming many more lives than today. In 1914 "The town [Swansea] passed through a period of epidemic prevalence of several of the infectious diseases, especially Scarlet Fever, Measles and the Whooping Cough." In that year there

were 79 children under the age of 15 who died from measles. The 2013 measles outbreak is smaller in comparison, and is a testament to how MMR immunisation has protected children and saved lives.

Health inequalities

Dr Evans includes a comparison of Swansea's death rate with other towns in England and Wales. Swansea ranks towards the middle of the English and Welsh towns, but is the highest in Wales. Stark differences in death rates are recorded within the city itself. The death rates of electoral wards of the Castle and Landore (in the urban centre) are recorded as nearly twice the rate of more leafy wards such as Ffynone and St Helens. The leafy wards are now more a part of the centre of Swansea, with more affluent areas moving further out. However the inequalities in life expectancy and experience of illness remain in 2014 within Swansea and ABMUHB, and are a top priority for the Health Board and partners to reduce.

Housing



Dr Evans draws attention in his report to the 'insufficient progress' being made on insanitary housing in the town. The council had previously bought up and demolished some substandard housing, including a number of 'courts'- back to back houses with little ventilation and poor sanitation. The council was also building new homes, and establishing standards for facilities for cooking, washing and storage of refuse. However Dr Evans called for more action, making the link between poor housing and the big killers of the day:

"The respiratory, phthisis [TB], and infant mortality rates are the three predominant death rates. Insanitary factors associated with these [deaths] are overcrowding, bad housing, and a bad use of houses". Problems with accumulation of refuse in houses are highlighted. Refuse collection is a problem due to the "...unsatisfactory type of receptacles used for depositing in the street while awaiting collection." The remedy of regulation dustbins has been delayed by the council, "...in view of the circumstances caused by the War that owners should not be called upon to meet this new expenditure." The sophisticated recycling scheme in modern Swansea would surely impress Dr Evans.

Health 100 years ago

The report of 1914 paints a picture of a town taking steps to improve the health of its citizens. Some of the themes are reflected in the challenges we are still addressing today such as the recent measles outbreak, we are now better equipped with vaccinations to avoid large numbers of deaths. The factors that make us ill and shorten life have changed over the last 100 years. We have different challenges, including lifestyle factors like obesity and smoking, but the same issue of reducing health inequalities remains.

The Local health context in 2014

The population of ABM University Health Board in 2012 was 519,481 and is projected to grow by 8.4% by 2036. As with the rest of the UK the ABM University Health Board population is ageing with the number of those aged 85 predicted to more than double by 2030. The impact of the both growing and ageing population will mean that NHS resources will need to develop effectively to cope with the expected changes in demand.

Life expectancy has increased over the last 10 years, to 77 for men, and 81 for women in ABM University Health Board. An increasing life expectancy does not necessarily mean people are enjoying good health for longer. Healthy life expectancy (life spent in good or very good health) at 62 years for men, and 65 years for women is lower than the Welsh average. Our aim is to help people live longer in good or very good health. To do this we must address the big issues facing ABM University Health Board. We know that the three factors that will have the biggest impact for the whole population are reducing numbers of smokers, tackling obesity and increasing the uptake of immunisation.

65 years

***healthy** life expectancy for women in ABMU area*

Smoking is still the single biggest preventable risk factor harming health, and smoking attributable hospital admissions in ABM University Health Board are still significantly above the Welsh average. Reducing smoking rates will therefore continue to be a priority area.

Obesity is a major risk factor for the main causes of ill health and death, and numbers of people who are overweight and obese are rising in ABM University Health Board with 57% of adults now being either overweight or obese. Rising obesity is strongly linked to increasing numbers of Type 2 diabetes. Diabetes can cause serious long-term health problems, it is the most common cause of visual impairment and blindness in people of working age; it is responsible for most cases of kidney failure and lower limb amputation other than accidents.

The measles outbreak in ABMU received a lot of media coverage at the time. What is less well known, is that there have been another two distinct outbreaks since, both caused by reimportation of measles from outside Wales. Some important lessons in effectively controlling measles have been learned from these three outbreaks, and these are highlighted in the Health Protection section of this report.

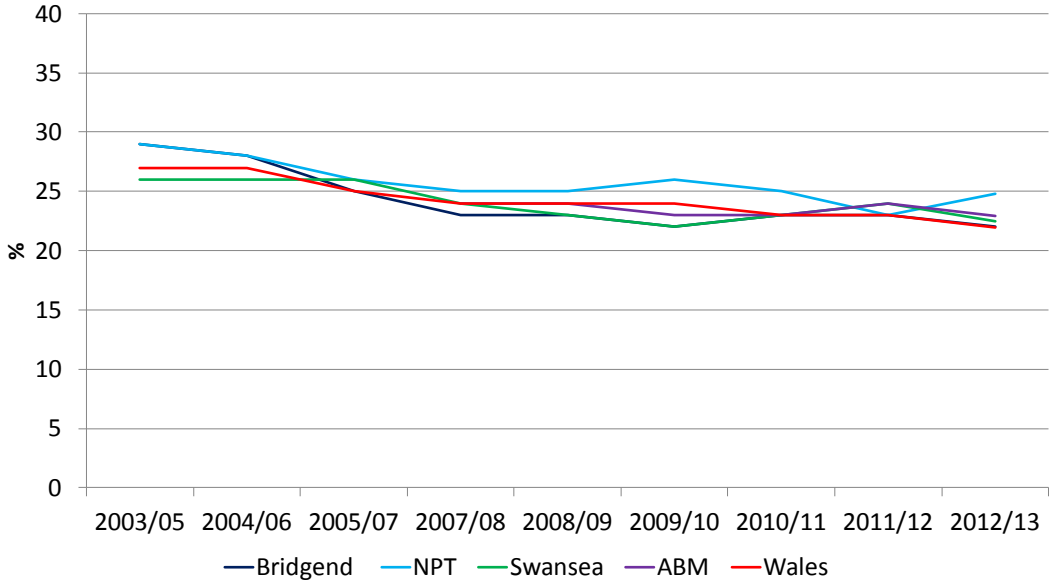
Childhood immunisations and seasonal influenza (Flu) immunisations are key to keeping the population healthy. Immunisation has two benefits: it stops the individual becoming ill and needing treatment, and also stops the spread of infectious diseases throughout families, playgroups, schools and workplaces. Seasonal Flu immunisation has the potential to reduce illness and deaths of vulnerable people if coverage is raised. A target of vaccinating 75% of those eligible has been set by Welsh Government, and whilst this has never been met in our area, rates are increasing and we are nearer than ever to this target with 66% of over 65 year olds immunised last winter.

Smoking Cessation

What are the key issues?

Over the last 40 years across the UK the prevalence of smoking has fallen but in recent years rates have leveled off both in Wales and the ABM University Health Board area (Figure 1). Around 1 in 4 adults in ABM University Health Board area still smoke with higher rates being seen in men. The most recent ABM University Health Board data for 2012-2013 shows a fall of 0.6 percentage points compared to 2011-2012. The Welsh Government has set an ambitious target of under 16% of the population remaining smokers by 2020. This would mean a reduction of around 4,300 smokers per year if there were no new smokers and a stable population. All Health Boards across Wales have also been set a target of 5% of the smoking population accessing smoking cessation services.

Figure 1: Percentage of current smokers, 2003/05 - 2012/13



30,000

Smokers need to quit to achieve the Welsh Government's 16% target

What We Have Done in the last year?

A business case was developed in 2013 by Abertawe Bro Morgannwg Public Health Team to increase smoking cessation services across ABM University Health Board. Funding from the Health Board has now been secured to introduce pharmacy schemes which will support smokers in their quit attempts and implement a hospital based smoking cessation service which will target smokers with

chronic conditions. Further work has been undertaken with Stop Smoking Wales to introduce more flexible services including rolling groups and weekend support groups.

'Stoptober' National Stop Smoking Campaign and 'Don't be the One' TV Advertising Campaign

The Public Health Team and the Health Board with support from The Wave radio station held six Stoptober roadshows during September 2014 across Bridgend, Neath Port Talbot and Swansea to encourage smokers to sign up to the challenge.

On the 10th September 12 organisations rolled the Stoptober wheel along Swansea seafront for 28km to publicise the message that smokers who stop for 28 days are five times more likely to stop. Each team had at least one person who was trying to stop smoking for Stoptober. The wheel roll was covered by Swansea Sound and local press including the Evening Post.

A hard hitting TV advertising campaign 'Don't Be the One' has also been run during September and October targeting smokers who are motivated to quit but have not used NHS smoking cessation services.

Community Pharmacy Stop Smoking Support

Thirty nine level 3 smoking cessation pharmacy schemes are being implemented across the ABM University Health Board area. The schemes are being introduced in areas with high levels of smoking, limited access to Stop Smoking Wales groups or poor transport links. Smokers can be referred by their GP or can self-refer. They will receive free Nicotine Replacement Therapy and one to one support sessions from a pharmacist or pharmacy technician. A 'Start Here' marketing campaign is being rolled out to promote the services highlighting the financial benefits of stopping smoking.

Key priorities- what action is still required?

- Across ABM University Health Board area we need to offer more tailored services to smokers who wish to quit. It is widely acknowledged that not all smokers will require the same type of support to stop smoking and a range of options should be available. There is also good evidence to show that mass media campaigns can trigger quit attempts and increase the demand for smoking cessation services (Bala, Strzeszynski, Topor-Madry, et al., 2013; Brown, Kotz, Michie et al., 2014). These should form part of a comprehensive tobacco control programme.
- We need to further reduce the uptake of smoking by children and young people through focusing on evidence based initiatives in school and youth settings. In addition, sustained effort is required by all partners to reduce the availability and use of illegal tobacco.
- Further efforts are required to denormalise smoking and reduce exposure to secondhand smoke in a range of settings including workplaces, homes and private vehicles. Becoming a parent is an ideal 'teachable'moment for promoting lifestyle change including quitting smoking or not smoking in the home.
- ABM University Health Board needs to be an exemplar organisation showing strong leadership for implementing smoke-free hospital grounds and supporting smokers to remain abstinent during their hospital stay.

What are we doing over the next year to reduce smoking rates?

- As part of a call for action we intend to use 'Large Scale Change' tools (NHS Institute for Innovation and Improvement, 2013) and create a movement with partners to work towards our smoke-free generation – Big Change, Big Gains vision.
- We intend to use narrative and personal stories to motivate smokers in our communities to quit and encourage ex-smokers to engage with friends and family who smoke.
- ABM Public Health Team will continue to work with the Health Board in developing efficient referral pathways between community and hospital based smoking cessation services.

Case for investment- what would additional resource achieve?

Achieving the Tier 1 target and Welsh Government 2020 prevalence target will be challenging. Anecdotal evidence suggests e-cigarettes are one of the reasons for the reduction in the number of smokers using NHS smoking cessation services in England and Wales. In addition, although the number of young people initiating smoking has reduced, every adult dying early of smoking is replaced by two new young smokers (Surgeon General Report, 2014). Increasing demand for smoking cessation services and further denormalising smoking will be pivotal to successfully achieving the targets.

With additional investment in the ABM University Health Board area we could:

- Develop an ABM University Health Board smoking cessation hub directing smokers and professionals to local services and inform people of the relative success of each of these services so they can make informed choices.
- Commission targeted sustained mass media campaigns across Wales to increase demand for smoking cessation services.
- Implement a bespoke smoking cessation service for pregnant smokers.

Recommendations

- ABM University Health Board should increase the number of frontline staff trained in very brief advice and brief intervention training for smoking cessation and adopt a systematic approach to re-training priority groups of staff.
- The identification of smokers and signposting to Stop Smoking Wales, Level 3 Smoking Cessation Pharmacy Schemes or ABM University Health Board's hospital based service should be undertaken at every opportunity in primary and secondary care and in other health care settings such as with dentists and optometrists.
- Insight research should be undertaken with different groups of smokers to increase demand and further tailor smoking cessation services across ABM University Health Board.
- Sustained mass media campaigns to encourage smokers to stop in line with national campaigns need to be developed in ABM University Health Board area.
- Sustained work on further decreasing the uptake of smoking and promoting smoke-free environments across settings needs to be undertaken by ABM University Health Board and local authority partners.
- The potential benefits and harms of e-cigarettes need to be effectively communicated to the ABM University Health Board area population so that smokers can make more informed choices.

Tackling Obesity

The Issues

Current levels of obesity are preventable and reversible. Obesity is a common condition which has consequences for health in the short and longer term. Obesity is a problem because it impacts on self esteem, and depression immediately as well as increasing the risk of dementia, knee osteoarthritis (from carrying excess weight), type two diabetes which can lead to amputations and blindness, coronary heart disease, stroke and cancers especially breast and bowel cancer.

In Wales the burden obesity places on NHS costs and costs to wider society were in excess of £73 million in 2008/09 (Welsh Assembly Government Social Research, 2011) with this money being spent on operations and care for people who have a problem which could have been prevented. Our mission is to help people avoid obesity and improve their quality of life and life years without any disability. We know people would prefer to live without illness at the end of their life. We can help people achieve this by reducing obesity rates.

The Change over the last 100 years

Data from the 1914 Medical Officer for Health on the Health and Sanitary condition of the County Borough of Swansea report shows that compared to today's population the average four to five year old boy and girl would be classified as underweight with a Body Mass Index (BMI) of 15.3 and 14.9 respectively. These striking differences are a product of technical, societal and environmental changes which began in the second half of the twentieth century. These changes including mass car ownership, increasingly sedentary employment and the emergence of processed and energy dense foods have typically led to the average person consuming more energy than they expend. This has resulted in what commentators call the 'obesity epidemic'.

In 2012/13 in ABM University Health Board area, 26.2% of four to five year olds were classified as overweight or obese (Bailey, 2014). This was higher than Wales and England. Children from more deprived areas of Wales are more likely to carry excess weight and therefore more prone to the accompanying health risks. The emotional effects of low self esteem, bullying, anxiety

and depression are seen as the most immediate problems by children themselves. Although many of the serious physical health consequences are not seen until adulthood some obesity related conditions such as type two diabetes can develop during childhood and young adulthood. Rates of type two diabetes related to obesity are rising in children. An obese child is more likely to be obese as an adult.

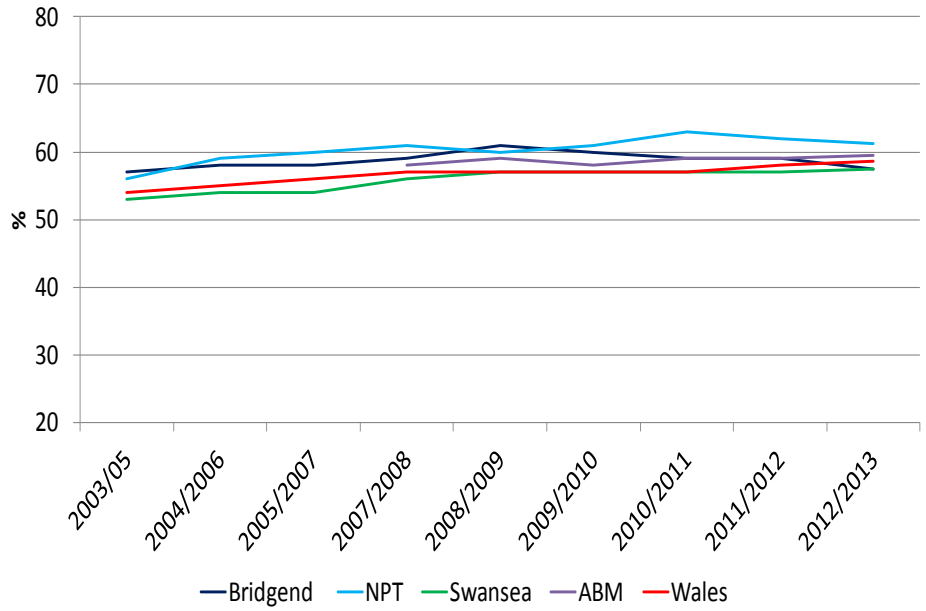
Pregnant women

Obesity in pregnancy is a risk factor for poor health in both the mother and child. In 2013, at 12 weeks of pregnancy 35% of women cared for by ABM University Health Board were obese (a BMI of 30 or over). Health care utilisation such as prescription costs and GP visits of pregnant women who are obese has been found to be higher than women who remain a healthy weight during their pregnancy (Morgan, Rahman, Macey et al., 2014). In ABM University Health Board the costs of associated greater health service utilisation of obese pregnant women were estimated to be in excess of £2.4 million in 2013 (Preece, Davies and Heathcote-Elliott, 2014).

59%

of adults are overweight or obese in AMBU area

Figure 2: Percentage of overweight or obese adults, 2003/05 - 2012/13



Adults

Rates of adults who are overweight and obese in Wales and across ABM University Health Board are high and have been increasing in recent years (Figure 2). In 2012/2013, 59.4% per cent of the adult population was estimated to be overweight or obese and 23.4% obese across the ABM University Health Board area. The prevalence of obesity is higher in Neath Port Talbot (26.5%) and Swansea (22.4%) compared to Bridgend (21.9%) (Welsh Government, 2014). Obesity has a direct impact on individuals' health, life expectancy and, more broadly the burden it places on NHS costs and costs to wider society.

What have we done in the last year to reduce obesity rates?

We have worked with partners over the last year to help some people who would be healthier if they lost weight to reduce their levels of being overweight or obesity, and we have also worked on some projects to try to prevent young people becoming overweight or obese.

Healthy and Sustainable Pre-School Scheme

Pre-school settings play an important role in promoting the health and wellbeing of pupils, teachers and the wider community. To date 89 pre-school settings in Swansea, Neath Port Talbot and Bridgend are working towards being a Healthy and Sustainable Pre-School setting. Pre schools have been provided with the 'Busy Feet' resource and use this on a daily basis. Busy Feet inspires and motivates young children, including those children with additional learning needs, about the importance of a happy, healthy and active lifestyle. The resource combines healthy eating messages and activities with physical activity. The resource includes a 'Busy Feet' Music CD consisting of 12 original upbeat catchy songs to get young children moving around happily and this is incorporated into role play and circle time activities.

Pre-School Staff have also attended the Agored Cymru Early Years Food and Nutrition training provided by ABM University Health Board Nutrition and Dietetics Service to ensure nutrition messages are consistent and up-to-date.

Bridgend County Foodwise HALO Leisure

The National Exercise Referral Scheme (NERS) operating within HALO Leisure started running the Foodwise for Life Programme™ in August 2013. The target population were individuals with a BMI higher than 28 with two or more co-morbidities that were already referred to the NERS programme. Initially it was piloted in Maesteg Sports Centre however, referrals soon came flooding in and it was expanded across the Borough to Bridgend Life Centre and in partnership with Communities First in community venues.

Between August 2013 and March 2014 53 participants completed the programme with an average weight reduction of 1.9kg per person. Future plans in Bridgend are to build on the early success by rolling out the opportunity to other communities, whilst working in partnership with Communities First to address specialised groups. HALO also hopes to work with the Nutrition Skills for Life team to arrange a refresher session for previous participants to support them to continue their positive changes.

Afan Foodwise™ - October 2013

Foodwise is an 8 week community based weight management programme developed by Public Health dietitians in Wales and is designed to be delivered by trained community based staff. In October 2013, Communities First and The Neath Port Talbot NERS team jointly delivered a Foodwise™ programme in the Afan Community Network area. In addition to Foodwise™ all of the participants

were offered physical activity sessions weekly over 16 weeks. Average weight reduction during the programme was 2.4kg per person. All of those who completed the programme rated it as "excellent". Following the pilot, data was collated and the learning acquired from the delivery was used to prepare for rolling out other Foodwise™ programmes across the Neath Port Talbot locality including Glyncorrwg, Blaengwynfi, Briton Ferry, Tonmawr and Port Talbot.

Participants Story

Lyn Price from the Afan Valley was one of the first in Neath Port Talbot to participate in the Foodwise™ for Life programme. After suffering long term ill health and being housebound for almost two years Lyn realised that it was time to make changes in her life. After speaking to her GP Lyn was referred to NERS and invited to attend the pilot Neath Port Talbot Foodwise programme. The Foodwise programme equipped Lyn with the knowledge, skills and confidence to make positive changes to her diet and physical activity levels. As a result of these health changes, Lyn's physical and mental health has improved greatly. Not only has she lost weight (6kg during the programme), her mobility, strength and balance has also improved. Lyn describes how, '*I couldn't even walk to the kitchen most days. I've gone from being virtually being sat in the chair doing nothing to being able to walk without my stick. Alongside this my confidence has grown too.'*

What we are planning for next year to reduce obesity rates?

Action to *prevent obesity* in those that are currently a healthy weight will have the biggest impact and a whole system approach is necessary to achieve this. This includes enabling people to live in an environment that supports a healthy weight and providing opportunities to develop skills and knowledge on healthy eating and physical activity. Weight management needs to be viewed across the lifecourse. The number of overweight and obese individuals already in ABM University Health Board area places considerable demands on health services. This demand is likely to increase without significant intervention. Reducing body weight in our overweight and obese population will reduce the incidence of diseases such as heart disease, cancer and dementia and will improve quality of life and potentially be cost-effective in the long term.

Currently weight management services for children, young people and adults in the ABM University Health Board area have the capacity to see less than 1% of our obese population. An immediate concern therefore is to increase capacity by enhancing provision of community based weight management services and by developing a specialist NHS weight management service for complex obesity which is a pre-requisite for access to bariatric surgery. The implementation of these services forms part of the ABM University Health Board's Integrated Medium Term Plan.

Case for investment – what would additional resources achieve

The ABM University Health Board Strategic Obesity Group has been established to work towards delivery of the recommendations outlined in the ABM University Health Board Obesity Needs Assessment. These include incorporating nutrition and physical advice in all parenting programmes and extending the Health Board's workforce capacity to deliver nutrition and physical activity advice through a Making Every

Contact Count approach. A focus with Local Authority and third sector partners will be to promote physical activity throughout the lifecourse and create environments which make physical activity attractive and safe (e.g. the provision of well lit cycle pathways).

Recommendations

- Ensure that the obesity action plan incorporates actions which involve a multi agency approach to halt the rise in obesity.
- Provide a strong evidence base for physical activity and weight management projects being considered by partners such as Families First, Communities First.
- Continue to support the extensive healthy lifestyles work being carried out by Public Health in relation to the Healthy Schools and Healthy and Sustainable Pre Schools Schemes.
- Continue to support work on the business case in order to secure funding for Level 2/3 weight management services across ABM University Health Board area.

Increasing Immunisation Uptake

Vaccination and Immunisation

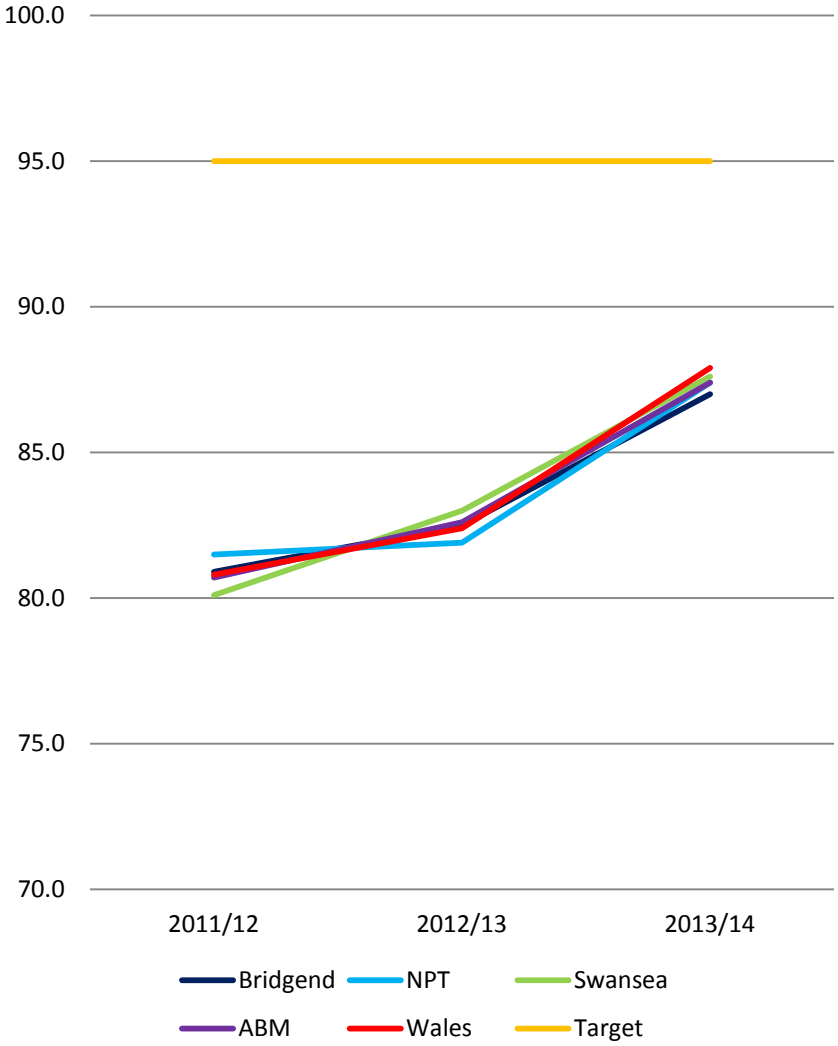
Communicable diseases have been at the forefront of both the public consciousness and the ABM University Health Board agenda since the measles outbreaks of 2012/13 and 2013/14. The devastating effect of having a significant cohort of unimmunised individuals within a community was clearly seen when over 1,000 cases of measles were notified to Public Health Wales within the ABM University Health Board area during the two outbreaks. Measles is an acute highly infectious viral illness with typical symptoms including fever, cough, conjunctivitis and a rash; and complications including ear infections, vomiting and diarrhoea, pneumonia, meningitis, encephalitis, serious eye disorders, heart and nervous system problems and a progressive and fatal brain infection called sub acute sclerosing panencephalitis (SSPE) sometimes many years after the bout of measles. The reality of the potential dangers of infectious diseases was evident to all and demonstrated the importance of immunisation as a cornerstone of preventative healthcare.

The importance of vaccination to the Welsh Government is demonstrated by their Tier 1 targets relating to immunisation. These are:

- 95% vaccination for all children to age 4 with all scheduled vaccines
- 75% uptake of influenza vaccination among:
  - Those aged 65 years and older;
  - Aged 6 months to under 65 years in clinical at risk groups;
  - Pregnant women
- 50% uptake of influenza vaccination for health care workers with direct patient care.

The 2013/14 period has shown positive trends in uptake throughout the routine immunisation schedule in the ABM University Health Board. There have been significant improvements in uptake of childhood immunisations such as the combined Measles, Mumps and Rubella vaccine

Figure 3: Percentage of children up to date with immunisation schedule by age 4, 2011/12 - 2013/14



Source: Public Health Wales 2014

(MMR) but also increases in uptake of influenza vaccination in target groups such as pregnant women and healthcare workers. No Tier 1 target has been achieved in ABM University Health Board which is a pattern observed across Wales, however significant improvements have been made and in the year 2013/14 we are closer to these goals than ever before.

What are the key issues?

Childhood Immunisations

The UK routine childhood schedule covers all children. The schedule provides protection for over 10 different diseases and includes boosters, and continues to expand, see Appendix 1 for the full list of immunisations, (additional vaccines are recommended for certain high risk individuals e.g. Hep B, BCG, influenza, pneumococcal and quadrivalent meningococcal vaccines).

A target of '95% up to date with scheduled immunisations by age 4 years' was set in last year's annual report and is also the Welsh Government Tier 1 target. In 2013/14 ABM University Health Board achieved an average uptake of 87.4% compared to all Wales average of 87.9%, (no health board in Wales achieved the Tier 1 target).

Despite not reaching the 95% target, a clear trend of increasing uptake of vaccination is visible over recent years, with a 4.8% increase in percentage rates between 2012/13 and 2013/14, as outlined in Figure 3.

The percentage of children who were up to date with their routine vaccinations by four years of age has increased across all quintiles of deprivation within ABM University Health Board. The difference in uptake percentage between the least and most deprived communities has decreased by 2.5% since 2012/13, indicating a reduction in health inequalities which is illustrated by Table 1.

Table 1: % children up to date with immunisation schedule by age 4 by deprivation quintile in ABMU Health Board

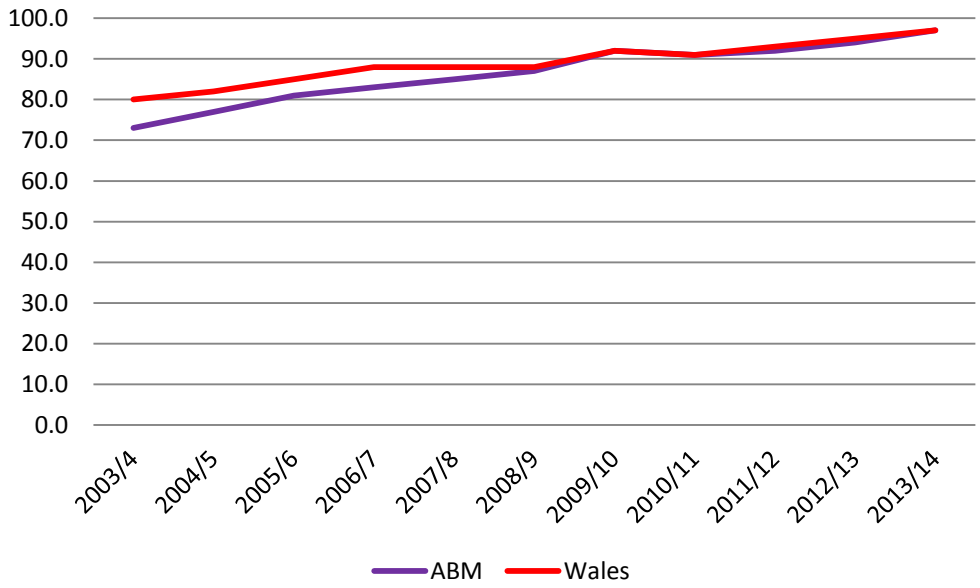
	2012/13	2013/14
Quintile 1	85.70%	89.80%
Quintile 5	78.50%	85.10%
% difference between 1 and 5	**7.20%**	**4.70%**

Source: Public Health Wales 2014

MMR Vaccination

MMR vaccination uptake rates have been steadily improving with increased awareness following the measles outbreaks in recent years in our area. A 95% vaccination rate of one dose of MMR by age 2 years has now been achieved. The average uptake for ABM University Health Board at 97.1% is now higher than the Wales average 96.5%.

Figure 4: Uptake (%) of MMR dose 1 in 2 year olds 2003/4 - 2013/14

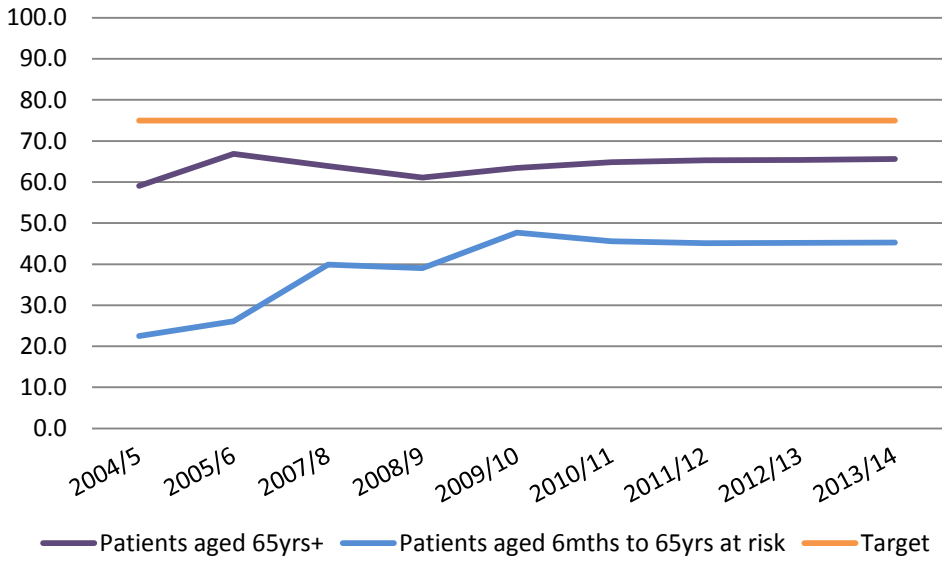


Source: Public Health Wales 2014

An ambition set in last year's annual report was for 95% of children to have at least 1 MMR by their 18th birthday in order to prevent a further outbreak in unimmunised young people. This has been achieved. MMR uptake rates are now at their highest recorded levels.

The target of having 95% of children having their second dose of MMR by age 5 has not been achieved this year; however, the uptake has improved since the previous year to 93.5% and is above the Wales average of 92.6%

Figure 5: Uptake (%) of seasonal influenza vaccine in ABM Univeristy Health Board 2004/5 - 2013/14



Source: Public Health Wales 2014

Influenza Immunisation

The seasonal influenza immunisation is a long-standing and key part of the vaccination programme. The 2013/14 influenza season saw only low levels of infection. Despite this there were still over 5,000 cases of influenza reported to Public Health Wales from general practice. The potential serious complications associated with influenza especially in at risk groups should not be underestimated, it can cause more serious illnesses such as bronchitis and pneumonia that may need hospital treatment.

The scale of the influenza vaccination programme is continually expanding with the inclusion in the 2013/14 season of children aged 2 and 3 (from September 2013) and Year 7 school pupils. In 2014/15 the programme will also see the addition of 4 year olds.

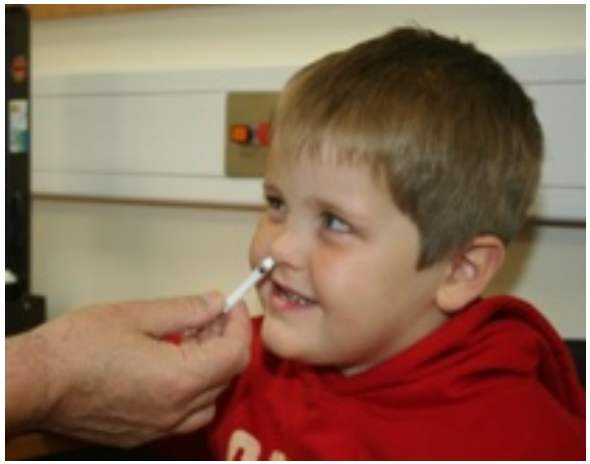
Unfortunately uptake of influenza vaccination within ABM University Health Board for all groups are below the target rates. This is a persistent challenge throughout Wales. There are however positive trends with steady rates of uptake in the over 65's and under 65's in at risk groups. Uptake amongst pregnant women and health care workers has shown a dramatic improvement in the last year. This demonstrates the effect of the hard work and innovative models that have been put in place by the ABM University Health Board.

Over 65's

The uptake in the over 65's remains fairly static with rates of approximately 65% over the last three years across the ABM University Health Board area. This is below the target of 75%. The demanding target of 75% was not achieved by any local health board in 2013/14.

Under 65's in clinical at risk groups

The uptake of influenza immunisation in the under 65's in clinical at risk groups in the ABM University Health Board area was 45.3%, below the All Wales average of 51.1% and below target of 75%.



Children and young people

The 2013/14 season was the first to offer intranasal (drops in the nose) influenza vaccination to children aged 2 and 3.

The uptake rate of this in the ABM University Health Board was 27.6%. This compares to a Wales average of 37.8%. The uptake rate of 2 and 3 year olds in "at risk" groups was 46.3% compared to an All Wales average of 54.1%

This influenza vaccination was also offered to Year 7 pupils in Wales through the school vaccination programme. Uptake within the University Health Board was good with 70.2% receiving the vaccination compared to an All Wales average of 68.7%.

Health care workers

Immunisation of health care workers helps to protect frontline staff from illness with influenza but also helps to protect patients from the spread of influenza virus within the close confines of a healthcare setting. ABM University Health Board has previously had low rates of immunisation of staff compared to other local health boards and the All Wales average. In order to tackle this substantial work has taken place to improve vaccination rates, this has included increasing awareness, more flexible delivery of immunisation with drop in clinics and developing influenza champions in each clinical setting to encourage and promote influenza immunisation through peer to peer support. This approach is demonstrating convincing improvements in uptake rates amongst healthcare staff within the ABM University Health Board from 11.9% in 2010/11 to 41.1**%** in 2013/14. After trailing the Welsh average ABM University Health Board is now above the Wales average of 40.6%. The challenge for 2014/15 will be to achieve the Tier 1 target set by Welsh Government of 50%; currently no Health Board has achieved this.

Pregnant women

ABM University Health Board uptake of influenza vaccination in pregnant women was 66.7%, below Tier 1 target of 75%. Uptake of influenza vaccination across Wales was 70.5% (nearly 90% were offered the vaccination). A key priority is to improve the acceptability of influenza vaccination to pregnant women. The Chief Medical Officer suggests that the best uptake in pregnant women is found where maternity services both encourage and provide the vaccination.

Despite uptake rates being below target, the uptake of influenza vaccination among pregnant women in ABM University Health Board has shown dramatic improvement from 36.3% in 2012/13 to 66.7% in 2013/14, a 30.3% increase in uptake.

66%

of pregnant women had their flu vaccination last winter (target 75%)

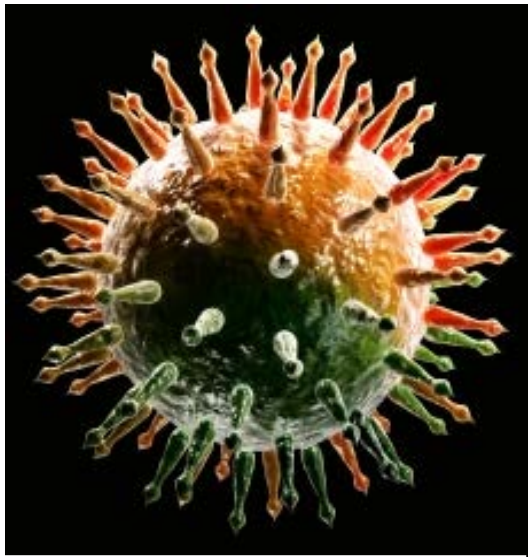
What are we planning to do in the coming year to improve immunisation rates?

An appraisal of the measles outbreaks in the Health Board area has been conducted, lessons learnt identified, and recommendations made. The findings will be used to inform improvements for all vaccination and immunisation programmes. For example the outbreak identified the need to improve the quality of the data within the Child Health data system, which would support all aspects of the immunization schedule.

A series of visits to GP Practices' have been made, to identify barriers to uptake of immunisations faced by primary care, key findings in relation to influenza vaccination have recently been collated into a useful pack for GP Practices. An audit of good practice is planned, to compare activity against the Public Health Wales 'Vaccine in Practice' recommendations.

The 'Flu Busters' project is being developed in partnership with the voluntary/third sector. The project will recruit 'Flu Busters' (people from the community who have training to understand the benefits and risks of flu vaccination) in local community, social, leisure and work related groups to disseminate key influenza vaccination messages and improve access to vaccination. A 'Flu Buster' will help and support people to make informed choices about influenza vaccination by sharing information and dispelling myths.

The Flu Busters project is also linking closely with primary care; raising awareness of the campaign via Community Network meetings (Community Networks provide a way in which GP Practices and a range of health, social care and voluntary sector professionals can work more closely together); providing information stands within practice waiting areas, and delivering sessions to support staff to positively discuss the flu vaccine with patients.



The Flu Virus

The Healthy Schools and Pre School Schemes will be working to help promote key normalising and myth busting messages about vaccination and immunisation, to parents and young people. Children and young people will be supported to understand why immunisation is important, and educated appropriately to make informed choices.

The Occupational Health Team will continue to build on the success of last year's campaign for which they won the 'Best Flu Fighter Team' Award at the NHS Employers Flu Fighter Awards Wales. The award highlights the excellent team and partnership working of those providing flu vaccinations to staff across the Health Board and recognises NHS staff who campaigned tirelessly to help colleagues to have voluntary seasonal flu vaccinations. The team led their campaign through an incredibly busy time with passion and enthusiasm.

Recommendations

- Utilise Healthy Schools and Preschools schemes to support school nursing in a systematic promotion of full immunisation status as the norm.
- Create demand for immunisation by working with community settings and with the third sectors to develop local solutions to perceived or real barriers.
- Review how to facilitate and enable young people to give their own consent for vaccinations within the school programme, if they are judged able to understand the risks and benefits.
- Review high performing practice networks to identify good practice and solutions to improve uptake and understand the barriers to achieving uptake targets.
- Continue to work with the Child Health data system to improve the quality of data received.
- Explore the Chief Medical Officer's recommendation that flu vaccine for pregnant women may be offered in general practice or through midwifery services. Ensure for any vaccinations provided outside of general practice, the information is provided to the GP in a timely manner.
- ABM University Health Board to promote immunisations where appropriate to all health care workers to reinforce that it is the norm to be fully immunised if you work for the NHS.

Health protection

The Mid & West Health Protection Team of Public Health Wales is based in Swansea City Centre and is made up of two administrators, three nurses and two consultants. Their job is to react to notifications of infectious diseases, outbreaks and also other health protection incidents, such as for example chemical fires. The team works very closely with the Director of Public Health, the local Public Health Team and the local authorities in the ABM University Health Board area. In total they look after a population of 1.1 million, about half of them located in ABM University Health Board area. The most important infections where health protection action might be required include food poisoning (which is very common) but also other rarer but potentially more devastating infections like meningitis or legionnaires disease. Infectious diseases continue to be a threat to human health, and it is therefore important to be able to deal with these effectively.

Measles Outbreak 1, November 2012- July 2013 (the one we all know about)

Nobody in the ABM University Health Board area will have missed the big measles outbreak centered on Swansea and Neath Port Talbot in late 2012, which lasted until July 2013. Over 1,211 potential cases of measles were reported and of these 437 were laboratory confirmed. Sixty four people were assessed in or admitted to hospital and one person, an unvaccinated 25 year old man sadly died of the infection.

Measles is highly infectious, and needs a high proportion (95%) of the population to be vaccinated to prevent the virus from spreading throughout the population. At the start of the outbreak, vaccination rates in young people were as low as 73%, making them highly vulnerable when a number of measles cases arrived from England. Vaccination rates were low in this age group as it was when this group were younger (in the late 1990's) that parents were scared off the vaccine by (now discredited) concerns over the Measles, Mumps and Rubella (MMR) vaccine. As many of the children had not subsequently been vaccinated, the virus was able to spread rapidly and infect large numbers of people.

The first local response was to vaccinate as many as possible of those who had not taken it up earlier. During the course of the outbreak, an astonishing 35,000 MMR vaccinations were given in addition to the normal schedule in ABM University Health Board area alone. This significantly increased the number of young people who are protected from this disease. However, the most affected age group in this particular outbreak, the 10 to 18 year olds, still

35,000

additional vaccinations were provided during the 12/13 outbreak

remained vulnerable, as the vaccination rates for this age band had only reached around 90%.

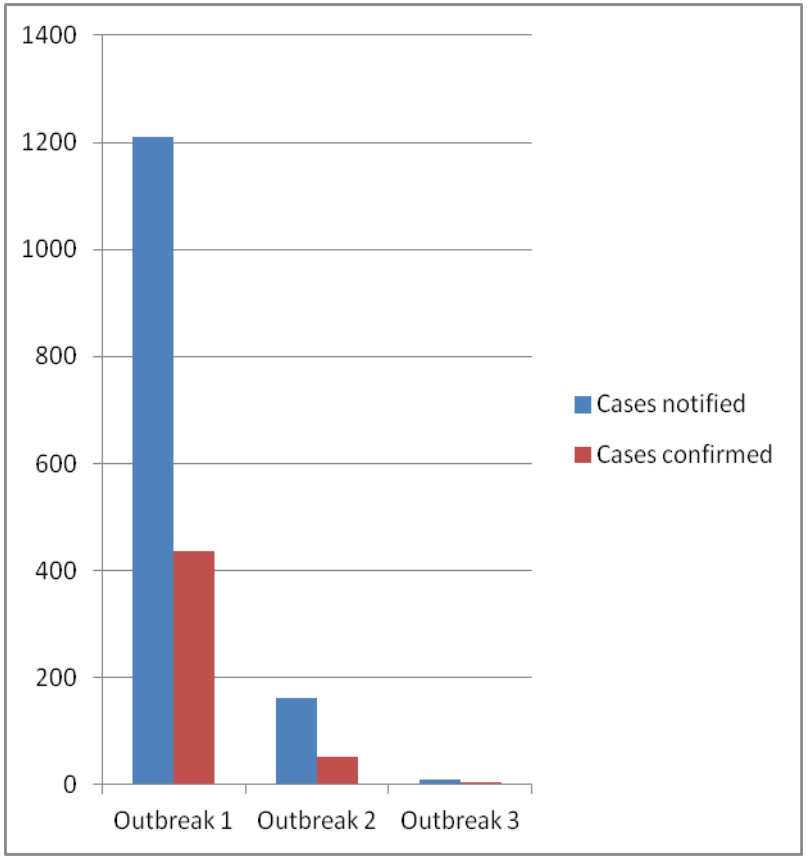


Figure 6: Numbers of Measles cases during each outbreak in ABM Univeristy Health Board Area in 2012-14.
Source Public Health Wales

Outbreak 2, one year later, October 2013 to February 2014

Almost exactly one year after the big outbreak, we received notification of the first confirmed measles cases in the ABM University Health Board area. Again, 10 to 18 year olds were the most affected age group. A suspected 163 cases were reported of which 51 were laboratory confirmed, and very few needed hospital care. Like previously, most of the confirmed cases had received no previous MMR vaccinations at all. Additional to the usual outbreak management, withdrawal of unvaccinated brothers and sisters was used as a way of controlling the outbreak for the first time. In total, over the 3 months the outbreak lasted, 16 children were withdrawn from school for periods up to 26 days. The Health Protection Team worked closely with the local education authority and ABM University Health Board to protect vulnerable pupils and staff in the affected schools, and withdrawn children were offered home schooling or similar for the time of their absence. All but one of the withdrawn children we were able to follow up did get measles as predicted, but they were at home in a safe setting where they could not expose other people to their infection. We are convinced that this novel approach prevented dozens of additional case and brought the outbreak to a quicker conclusion.

Outbreak 3, July/August 2014

In July 2014 a nursery in the ABM University Health Board area was found to have two cases of measles in small children. The children had only part protection as they were too young to have had a full course of MMR vaccination (the two doses). The outbreak was over within two months, only ten suspected cases were reported and four were laboratory confirmed. From strain typing we know that this was different measles to the last and also to the predominant strain of the first outbreak. We believe that the measles was imported to Wales and the nursery through one child who had been on a holiday abroad. In fact, this particular strain of measles had never been seen in the UK before.

What made a massive difference in this outbreak compared to the other two outbreaks was the age group who were affected. These were mostly quite young children, and encouragingly all but one of 79 children registered in that particular nursery were fully up to date with their MMR vaccinations. There were some children who were still vulnerable to the infection as they were not old enough to have had the full course of MMR vaccination (the two doses). Full protection is only achieved at 3 years and 4 months of age, with the second dose of MMR given in the pre school booster. However, a vaccination session for nursery children was arranged very quickly, and children's vaccination was brought forward. Vaccine was also offered to unvaccinated siblings and parents and staff, although the vast majority of staff were already fully protected.

Lessons Learned

The main lesson from these three outbreaks is that the best protection is a vaccinated population of children and young adults. High vaccination rates mean less illness, suffering and less risk of permanent damage to health and death. We will always have situations where wild type measles virus will be occasionally re-imported to Wales, until the disease is eradicated worldwide.

As a result of the efforts of many people, we are achieving the 95% high vaccination rates in the youngest age groups now. However, there are still teenagers and young adults who are not vaccinated, and we need to keep offering this protection to them. Parents are encouraged to get unvaccinated children vaccinated by contacting their GP who will discuss this with them.

Recommendations

- That AMB University Health Board and partners recognise the achievement of high levels of measles vaccination since the measles outbreaks.
- That AMB University Health Board and partners continue to encourage those not vaccinated to take up this protection.

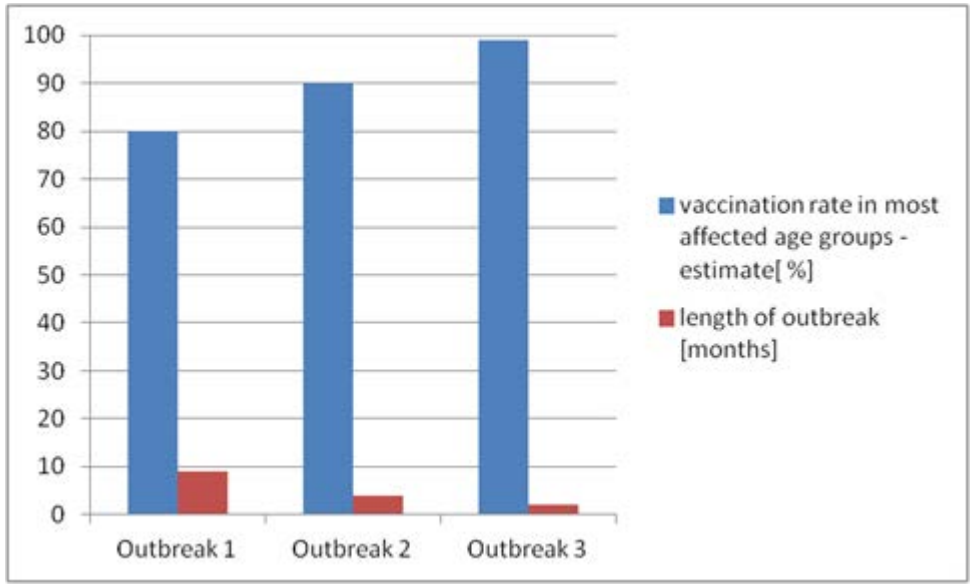
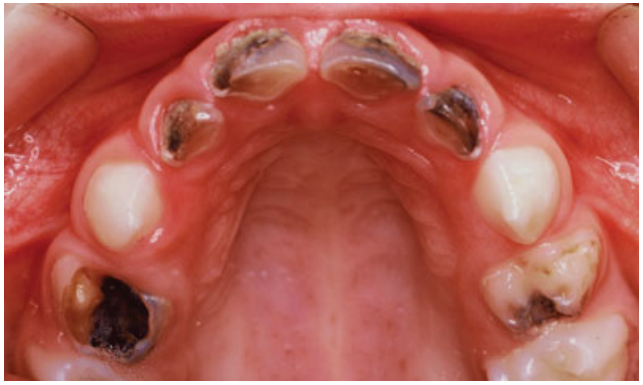


Figure 7: Vaccination rates in most affected groups at time of each outbreak. Source Public Health Wales

Dental Health



The Issues

Having an unhealthy mouth can have an impact on health and wellbeing, however most oral diseases are almost entirely preventable. Tooth decay commonly results in pain and infection, and can lead to sleepless nights and time off school or work. At its worst dental pain is completely debilitating. Even before that stage it makes life a misery. When someone has dental pain it is important that they are able to access a member of the dental team for diagnosis and appropriate care. Access to a dentist can be a problem for those who do not already access regular dental care.

What are we trying to achieve?

Our priorities for improving the dental health of the people in the ABM University Health Board area are threefold:

- Improve the dental health of children and reduce the number of child dental general anesthetics.
- Raise awareness of the causes of oral disease, including oral cancer.
- Develop services to improve access for patients and meet the evolving needs of the local population.

What we have done in the last year to improve dental health?

ABM University Health Board has produced a Local Oral Health Plan to complement the Welsh Government National Oral Health Plan. The Local Oral Health Plan highlights prioritised dental service developments to be addressed over the next 5 years; this includes Designed to Smile, the need to improve access to a range of dental services, and the need for reduction of oral health inequalities for older people, and vulnerable groups.

The 2013 Oral Health Profile for Abertawe Bro Morgannwg University Health Board presents oral health data for School Year 1 (children are approximately 5 years of age) generated from a survey undertaken during the winter of 2011/12 and compares it with the previous survey carried out in 2007/08. http://www.cardiff.ac.uk/dentl/research/themes/appliedclinicalresearch/epidemiology/oralhealth/index.html

The profile shows some significant improvements in the dental health of children in the ABM University Health Board area and the next two will confirm if this is a trend. However, inequalities remain and dental decay, like many other diseases, increases with social deprivation. Overall, the unitary authority breakdowns of the survey data highlight improvements in Bridgend and to a lesser degree Swansea which are not present in Neath Port Talbot. Efforts need to be made to improve matters in Neath Port Talbot to ensure inequalities do not widen.

In ABM University Health Board area 62% of the resident population attended a NHS dentist at least once in the 24 month period between January 2012 and December 2013, compared to 55% across Wales. This is comparatively good but still leaves 38% who have not attended an NHS Dentist in the last two years. Some residents will also access private dental services but we have no way of measuring this. We have been working to increase the capacity in primary care dental services through the better assessment of need, better informed planning and more targeted commissioning.

38%

of people have not been to an NHS dentist in the last two years.

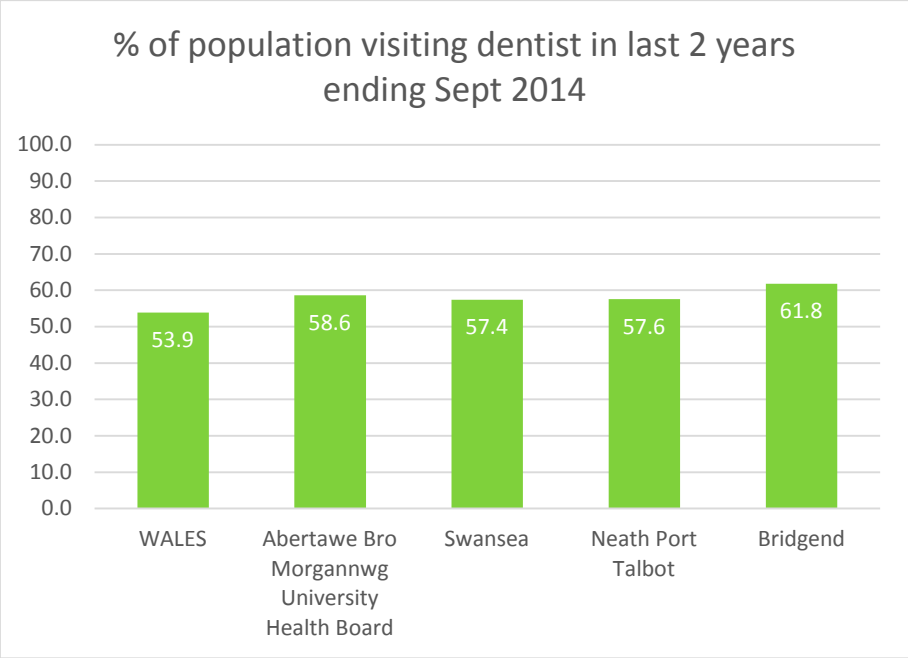


Figure 8 Percentage of the population visiting dentist in last 2 years
Source: StatsWales

Maintaining and improving access at dental surgeries and clinics for patients needing urgent dental care is important because, besides providing the best service to these patients, it also reduces the load on other NHS services e.g. Accident and Emergency and GP practices.

What we are planning to do in the next year

We will continue to support Designed to Smile and work to reduce the number of children receiving dental treatment under a general dental anesthetic. Children who start brushing with fluoride toothpaste in infancy are less likely to experience tooth decay than those who start brushing later.
(http://www.designedtosmile.co.uk/home.html).

Work has begun to look at a new model for dental Out of Hours services for those patients who have an urgent dental need. It is important for ABM University Health Board to differentiate between an urgent dental need and a life threatening dental emergency where

the patient needs to be seen in the Accident and Emergency Department.

Oral Cancer

"At least three-quarters of oral cancers could be prevented by the elimination of tobacco smoking, use of tobacco in other forms such as paan and chewing tobacco, and a reduction in alcohol consumption. The removal of these two risk factors also reduces the risk of secondary tumours in people with oral cancer. Smoking cessation is associated with a rapid reduction in the risk of oral cancers, with a 50% reduction in risk within three to five years. Ten years after smoking cessation, the risk for ex-smokers approaches that for life-long non-smokers." (National Oral Health Plan, 2013). Most oral cancer patients are diagnosed at a late stage in their illness. The overall prospects are considerably improved if patients are diagnosed at an early stage. Small and early oral cancers are curable but many patients, particularly when their cancer is diagnosed at an advanced stage, have to cope with the sometimes debilitating consequences of their treatment. These may include difficulties with speaking, chewing and swallowing and facial disfigurement, (National Oral Health Plan, 2013).

In the case of oral cancer the urgent need is to see an appropriate specialist in hospital to commence treatment. With an increasing number of older people in ABM University Health Board area we know that the incidence of oral cancer will increase over the next 10 years. We need to review the current service model for those individuals identified as possibly having cancer to ensure Referral to Treatment Times (RTT) remain short as the service adapts to cope with more people. In November 2014 the local Dental Public Health team of Public Health Wales is piloting a coordinated programme, working with the local public health team and others, to raise awareness of oral cancer and smoking cessation during Mouth Cancer Month. The lessons learnt will taken forward in 2015-16.

What we have done.

We have continued to support 'Designed to Smile' which improves the dental health of children over the last year.

Locally we have limited access to certain of the specialist dental services, especially outside hospital settings e.g. Restorative Dental Services. One way of improving access to more specialised services is to train dentists and commission care from dentists with special interests and /or enhanced skills. We have started this concept orthodontics and endodontics (root treatment). However, it is vital that such services are linked with consultant and specialist services to create integrated care pathways.

What we will do in the next year to improve dental health and access to dental services?
We will continue to support 'Designed to Smile' and improve the dental health of children. This will overtime reduce the need for extractions under dental general anaesthetics. This aim must remain high priority.

Across Wales the demand for orthodontic treatment remains high. The National Assembly for Wales recently carried out a short inquiry into orthodontics in Wales and its recommendations have been accepted by the Welsh Government. The Local Health Board will continue to work with the profession to improve access to orthodontics through implementation of these recommendations; the South West Managed Orthodontic Clinical Networks will have a key role to play.

Develop existing services to meet the evolving needs of the local population
The population of AMB is changing: we will have an older population in the future.
"The demographics of an aging population in Wales mean that over the coming decades not only will this cohort increase, but older people will have more of their own teeth and retain them for longer. These teeth will be heavily restored in many cases and require more care than dentures, both on the part of their owners and the dental profession. This picture will be complicated by co-morbidity which impacts on (i) oral health (e.g. the side effects of drugs on the production of saliva necessary for healthy mouth tissue) and (ii) the ability to receive dental care e.g. dementia." (National Oral Health Strategy)

A review of domiciliary dental services (dental services provided in care homes, hospitals, day centres and the patient's own home) has already been undertaken for the Health Board by Public Health Wales and highlighted areas requiring improvement. The Health Board now needs to implement the revised service model to ensure that all patients requiring the service have access to a model of care delivered to a consistent standard, and that there is sufficient capacity in the service model to meet the clinical needs of patients.

The Welsh Government has commissioned dental surveys on Care Homes in Wales.
http://www.cardiff.ac.uk/dentl/research/themes/appliedclinicalresearch/epidemiology/oralhealth/index.html
We will work with the Welsh Government and the Dental Public Health Team of Public Health Wales to develop dental services to care homes.

Compared with the rest of the United Kingdom, we have a large proportion of children receiving a general anaesthetic for dental caries. Given the risks associated with a general anaesthetic it is important that we avoid them where appropriate and have in place alternative services for those for whom a general anaesthetic is not the best approach. A revised service model for the care of these children has been developed and implemented from January 2014. Work is ongoing to consider the ability to support the new model with a paediatric dentist with enhanced skills which would include robust treatment planning of children referred into the service and to ensure an overall reduction in the number of general anaesthetics for children aged 3 – 17.

ABM University Health Board continues to support the targeted programme 'Designed to Smile', school based tooth-brushing and caries prevention programme. It is now linking data collected as part of the child general anaesthetic service to identify schools within target areas with high referral rates for dental general anaesthetics.

ABM University Health Board has the responsibility for the provision of dental services at Her Majesty's Prison Swansea. Prisoners have poorer health than the wider population. Recently the prison became a remand prison which means that few prisoners are in Her Majesty's Prison Swansea long enough to have extensive dental treatment. There is high turnover of prisoners within the prison and many present with acute dental problems requiring action to relieve pain. The current contract arrangements were established before the prison becoming a remand prison and do not reflect either the immediate care needs, or the increased demand for urgent dental care. These contract arrangements will be updated, and this process will be informed by a recent oral health needs assessment of dental the prison population in Wales.

Recommendation

- AMB University Health Board working with local stakeholders, other health boards and Public Health Wales, continues work to deliver on the priorities set out in the ABMU Local Oral Health Plan, which can be found at Abertawe Bro Morgannwg University Health Board | ABMU Oral Health Plan 2014

Improving Population Health Using Commissioning Principles

ABMU Health Board Strategic Planning & Commissioning Cycle

ABMU Health Board acknowledges and thanks both NHS Wales and the NHS Information Centre for Health & Social Care for informing the development of this cycle.

The key principles underpinning strategic change for Welsh Health Boards are prudence, prevention and health promotion, co-production, patient empowerment and money following the patient. The Welsh Government expressed prudent healthcare as delivering three objectives:

- Do no harm.
- Carry out the minimum appropriate intervention.
- Promote equity between professionals and patients.

(Ruth Hussey, Chief Medical Officer for Wales, 2014)

ABM University Health Board is driving these approaches forward through its commissioning development programme. This means that the processes of commissioning will be used to deliver improvements in quality, experience, and outcomes for local people and ensure that resources are used efficiently.

So what is commissioning?

Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing

population needs, prioritising health outcomes, procuring products and services, and managing service providers,(Department of Health, 2010). Public Health teams play an important role in commissioning by providing support in a number of ways throughout the process.

For example for the first stage of the process the Public Health Team has contributed by assessing the local population needs in documents such as this Annual Report and the Strategic Needs Assessment produced in 2013, available here: Abertawe Bro Morgannwg University Health Board | ABMU HB Strategic needs assessment

These documents have helped to describe the health issues relevant to the local ABM University Health Board population, for example smoking, obesity and increasing immunisation and vaccination rates which are key to improving population health.

There are many opportunities for Public Health to contribute to delivering the commissioning cycle, these include; needs assessment, evidence reviews, data analysis, engagement and facilitation of change programmes, economic and scenario modelling, health inequalities and population stratification, outcome measure design and evaluation.

The Public Health Team are skilled at facilitating improvements to services for the good of the whole population. Their skills in facilitating change are helpful when reviewing how services are provided, and when working with clinicians to design new and improved clinically based patient pathways. By working with clinicians, patients and managers the Public Health Team can help to improve healthcare services for patients that meet their needs more efficiently. Ideally reviews of how services are provided should eliminate waste in the system, reduce harm, and focus on the patient; these are key components of prudent health care.

Another strength of the Public Health Team is the ability to design high quality monitoring systems to check that services are improving and delivering the anticipated outcomes. Evaluation of any changes made is important to make sure the changes are having a positive effect on the health of the patient, the quality of the service and the costs of the service (these must be affordable). By monitoring changes effectively we can learn and improve further, this is important for commissioning as it is a cyclical process, designed to deliver continuous improvement.

What have we done in the last year?

In 2013 the Public Health Team led and managed the establishment of the Strategic Commissioning Development Programme within ABMU Health Board with the aim of supporting the Health Board to adopt a population based

approach to improving the health of its residents. The team led on the preparation of a Strategic Needs Assessment (SNA) for the ABM University Health Board population (Nov 2013), which outlines the key health issues in the area, and identifies ways to improve health locally. This document was used by the ABM University Health Board to help identify their eight strategic priorities and develop their new three year plan- the Integrated Medium Term Plan (IMTP) http://www.wales.nhs.uk/sitesplus/863/document/243612

The findings from the SNA indicate that harm from smoking is a significant causal factor behind the areas three highest causes of preventable death; cancer, Chronic Obstructive Pulmonary Disease, and Cardiovascular Disease. The Public Health Team worked with colleagues from ABM University Health Board to identify options available to reduce this harm, resulting in ABM University Health Board funding several interventions such as Pharmacy Support to help people Stop Smoking.

As part of the IMTP planning process the Public Health Team contributed to the design and implementation of a rapid prioritisation approach. The approach took 150 service improvement proposals and identified the ten proposals that offered greatest benefit to population health. The approach was undertaken by clinicians and conducted as a 'proof of concept' exercise allowing us to understand and learn from the experience in order to develop our methodology further. This work has contributed to a decision by the ABM University Health Board to work in partnership with the Public Health Team and Swansea University to undertake a Programme Budgeting Marginal Analysis (PBMA) exercise as part of future prioritisation work.

What we are planning for the next year?

The Public Health Team will continue to provide leadership and support for ABM University Health Board's Strategic Commissioning Development programme to improve population health.

In the coming year we will:

- Extend existing work on need assessment to consider social care, as well as health.
- Establish an annual refresh process for the needs assessment, so that it can be used as part of the forward planning process each year.
- Develop strategic use of data as intelligence to inform decision making (and look to link data from health and social care where benefits are clear and it is possible in line with data protection policies).
- Support ABM University Health Board to define, scope and establish relevant 'Commissioning Boards' and provide a public health perspective to the work of the boards ensuring that inequalities, evidence and outcomes are robustly considered.
- Support and facilitate the use of the PBMA process to prioritise service change proposals, working with the Commissioning Boards to promote the principles of prudent healthcare, prevention and health promotion.

Recommendations

- To involve more members of ABM Public Health Team in the commissioning process, including representation on relevant Commissioning Boards to champion changes required at Board level.
- Further develop the relationships between the Public Health Team and ABM University Health Board staff to facilitate learning, understanding and skill sharing to support the commissioning of preventative services.
- To embed the use of the commissioning process within ABM University Health Board to drive forward population based health improvement with a focus on inequality, outcomes and prevention.
- To clearly describe the role of Public Health Team in each stage of the commissioning cycle in the Service Level Agreement that ABM University Health Board holds with the Public Health Team. This will ensure that the Public Health Team's resources can be planned to meet the annual needs of the commissioning cycle.

Summary of Recommendations

Smoking Recommendations

- ABM University Health Board should increase the number of frontline staff trained in very brief advice and brief intervention training for smoking cessation and adopt a systematic approach to re-training priority groups of staff.
- The identification of smokers and signposting to Stop Smoking Wales, Level 3 Smoking Cessation Pharmacy Schemes or ABM University Health Board's hospital based service should be undertaken at every opportunity in primary and secondary care and in other health care settings such as with Dentists and Optometrists.
- Insight research should be undertaken with different groups of smokers to increase demand and further tailor smoking cessation services across ABM University Health Board.
- Sustained mass media campaigns to encourage smokers to stop in line with national campaigns needs to be developed in ABM University Health Board area.
- Sustained work on further decreasing the uptake of smoking and promoting smoke-free environments across settings needs to be undertaken by ABM University Health Board and local authority partners.
- The potential benefits and harms of e-cigarettes need to be effectively communicated to the ABM University Health Board area population so that smokers can make more informed choices.

Obesity Recommendations

- Ensure that the obesity action plan incorporates actions which involve a multi agency approach to halt the rise in obesity.
- Develop a multi agency, ABMU breast feeding action plan in order to reduce inequalities in the uptake of breastfeeding.
- Provide a strong evidence base for physical activity and weight management projects being considered by partners such as Families First, Communities First.
- Continue to support the extensive healthy lifestyles work being carried out by Public Health in relation to the Healthy Schools and Healthy and Sustainable Pre Schools Schemes.
- Continue to support work on the business case in order to secure funding for Level 2/3 weight management services across ABM University Health Board area.

Immunisations Recommendations

- Utilise Healthy Schools and Preschools schemes to support school nursing in a systematic promotion of full immunisation status as the norm.

- Create demand for immunisation by working with community settings and with the third sectors to develop local solutions to perceived or real barriers.
- Review how to facilitate and enable young people to give their own consent for vaccinations within the school programme, if they are judged able to understand the risks and benefits.
- Review high performing practice networks to identify good practice and solutions to improve uptake, understand the barriers to achieving uptake targets.
- Continue to work with the Child Health data system to improve the quality of data received.
- Explore the Chief Medical Officer's recommendation that Flu vaccine for pregnant women may be offered in general practice or through midwifery services. Ensure for any vaccinations provided outside of general practice, the information is provided to the GP in a timely manner.
- ABM University Health Board to promote immunisations where appropriate to all health care workers to reinforce that it is the norm to be fully immunised if you work for the NHS.

Health Protection Recommendations

- That AMB University Health Board and partners recognise the achievement of high levels of measles vaccination since the measles outbreaks.
- That AMB University Health Board and partners continue to encourage those not vaccinated to take up this protection.

Dental Health Recommendation

- ABM University Health Board working with local stakeholders, other health boards and Public Health Wales, continues work to deliver on the priorities set out in the ABMU Local Oral Health Plan.

Commissioning Recommendations

- To involve more members of ABM Public Health Team in the commissioning process, including representation on relevant Commissioning Boards to champion changes required at Board level.
- Further develop the relationships between the Public Health Team and ABM University Health Board staff to facilitate learning, understanding and skill sharing to support the commissioning of preventative services.
- To embed the use of the commissioning process within ABM University Health Board to drive forward population based health improvement with a focus on inequality, outcomes and prevention.
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Appendix 1: The Complete Immunisation Schedule From Summer 2014.

NHS

The complete routine immunisation schedule from summer 2014

When to immunise	Diseases protected against	Vaccine given	Immunisation site[1]
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib)	**DTaP/IPV/Hib** (Pediacel or Infanrix IPV Hib)[2]	Thigh
	Pneumococcal disease	**PCV** (Prevenar 13)	Thigh
	Rotavirus	**Rotavirus** (Rotarix)	By mouth
Three months old	Diphtheria, tetanus, pertussis, polio and Hib	**DTaP/IPV/Hib** (Pediacel or Infanrix IPV Hib)	Thigh
	Meningococcal group C disease (MenC)	**Men C** (NeisVac-C or Menjugate)[2]	Thigh
	Rotavirus	**Rotavirus** (Rotarix)	By mouth
Four months old	Diphtheria, tetanus, pertussis, polio and Hib	**DTaP/IPV/Hib** (Pediacel or Infanrix IPV Hib)	Thigh
	Pneumococcal disease	**PCV** (Prevenar 13)	Thigh
Between 12 and 13 months old – within a month of the first birthday	Hib/MenC	**Hib/MenC** (Menitorix)	Upper arm/thigh
	Pneumococcal disease	**PCV** (Prevenar 13)	Upper arm/thigh
	Measles, mumps and rubella (German measles)	**MMR** (Priorix or MMR VaxPRO)[2]	Upper arm/thigh
Two, three and four years old[3]	Influenza[4] (from September)	**Flu nasal spray** (Fluenz Tetra) (annual) (if Fluenz unsuitable, use inactivated flu vaccine)	Nostrils Upper arm
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	**DTaP/IPV** (Infanrix IPV or Repevax)[2]	Upper arm
	Measles, mumps and rubella	**MMR** (Priorix or MMR VaxPRO) (check first dose has been given)[2]	Upper arm
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)	**HPV** (Gardasil)	Upper arm
Around 14 years old	Tetanus, diphtheria and polio	**Td/IPV** (Revaxis), and check MMR status	Upper arm
	MenC[5]	**MenC** (Meningitec, Menjugate or NeisVac-C)[2,5]	Upper arm
65 years old	Pneumococcal disease	**PPV Pneumococcal polysaccharide vaccine** (Pneumovax II)	Upper arm
65 years of age and older	Influenza[4]	**Flu injection** (annual)	Upper arm
70 years old	Shingles (from September)	**Shingles** (Zostavax)	Upper arm (subcutaneous)

Immunisations for those at risk[6]

At birth, 1 month old, 2 months old and 12 months old	Hepatitis B	Hep B	Thigh
At birth	Tuberculosis	BCG	Upper arm (intradermal)
Six months up to two years	Influenza[4]	Inactivated flu vaccine (annual)	Upper arm/thigh
Two years up to under 65 years	Pneumococcal disease	PPV Pneumococcal polysaccharide vaccine (Pneumovax II)	Upper arm
Over two up to less than 18 years	Influenza[4] (from September)	Flu nasal spray (Fluenz Tetra) (annual) (if Fluenz unsuitable, use inactivated flu vaccine)	Nostrils Upper arm
18 up to under 65 years	Influenza[4]	Inactivated flu vaccine (annual)	Upper arm
From 28 weeks of pregnancy[7]	Pertussis	dTaP/IPV (Boostrix-IPV)[8]	Upper arm

[1] Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All vaccines are given intramuscularly unless stated otherwise.

[2] Where two or more products to protect against the same disease are available, it may, on occasion be necessary to substitute an alternative brand.

[3] This is defined as children aged two, three or four year (but not five years) on 1 September 2014.

[4] The vaccine is given prior to the flu season – usually in September and October.

[5] Meningitec and Menjugate are currently not available to order through ImmForm – only NeisVac-C is available at the moment.

[6] See individual chapters of the Green Book for clinical risk groups.

[7] See CMO letter of October 2012.

[8] Repevax should continue to be used until 1 July 2014.

immunisation

The safest way to protect children and adults