

The East Sussex Public Health bulletin is a monthly update of local Public Health news, the latest additions to the East Sussex Joint Strategic Needs Assessment website, local campaigns and projects, GP related public health news and national public health news.

## Joint Strategic Needs Assessments (JSNA)

[www.eastsussexjsna.org.uk](http://www.eastsussexjsna.org.uk)

If you would like to receive the monthly email update alerting you to the content recently added to this website please enter your details at: [www.eastsussexjsna.org.uk/subscribe](http://www.eastsussexjsna.org.uk/subscribe)

### **Consultation on the JSNA website and its content**

We are consulting on the JSNA site and its content for six weeks between 3<sup>rd</sup> March and 13<sup>th</sup> April 2014. We would really welcome your contribution which will only take around 10 minutes to complete. Please visit the link below from the 3<sup>rd</sup> March.

<https://consultation.eastsussex.gov.uk/adult-social-care/jsna>

### **JSNA scorecards and associated reports updated**

In February 2014 the updated NHS and Local Authority views of the JSNA scorecards were made available along with several accompanying reports.

<http://www.eastsussexjsna.org.uk/scorecards>

### **JSNA indicator scorecards**

- NHS view contains data at Clinical Commissioning Group (CCG), Locality and GP Practice level for 268 indicators.
- Local Authority view contains data at County, District/Borough and Electoral Ward level for the same 268 indicators.

### **JSNA Commentaries (area summaries)**

- NHS view contains area summaries for Clinical Commissioning Groups (CCGs) and their Localities that describe key features from the detailed NHS view scorecards.
- Local Authority view contains area summaries for Districts and Boroughs that describe key features from the detailed Local Authority view scorecards.

### **GP Practice and Locality Profiles**

- A profile for each individual GP Practice and Locality is available. These pull together, in one place, all available indicators for a Practice or Locality.

### **Subscribe to regular JSNA updates**

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### **Other additions to the JSNA website in February**

- [National Profile - National Child Measurement Programme \(NCMP\) Profiles, February 2014](#)
- [National Profile - East Sussex Health Protection Profile, December 2013 \(added February 2014\)](#)
- [Overview - Update of Public Health Outcome Framework Profile for East Sussex, February 2014](#)

## News for CCGs and GPs

### **New Public Health Contracts**

The new County Council contracts that replace the PCT Local Enhanced Services (LES) Contracts for those LES services that transferred to the County Council as part of the Public Health transfer have now been sent out to all GP practices.

The contract has been changed from an NHS contract to a local government contract with East Sussex County Council standard terms and conditions and from a LES Contract to a Local Public Health Services Contract. Service specifications have been updated to reflect the changes in personnel due to reorganisation, so contracts have changed. The payment claims and processes are the same.

GP practices need to review the contracts and return a signed copy to Public Health. If when reviewing the contracts there are any issues or concerns, please contact Public Health. GP Practices are also asked that they specify the services they wish to provide on the sign-up sheet after reading through the specifications. If there are services that GP practices wish to provide but need to access training and authorisation please let Public Health know by 28<sup>th</sup> March 2014 and arrangements will be clarified.

The point of contact for all any questions, issues or concerns is Barbara Deacon, [Barbara.deacon@eastsussex.gov.uk](mailto:Barbara.deacon@eastsussex.gov.uk), (Tel: 01273 335012)

### **Dementia Campaign April 2014**

According to the Public Health England's report entitled *Dementia, A state of the nation report on dementia care and support in England*, around 670,000 in England have dementia and this number is set to double in the next 30 years. In May 2014 PHE will be working with the Alzheimer's Society to launch a national multi-media campaign. Its objective will be twofold; to create a greater understanding of dementia in the wider community, and to help friends maintain friendships through the course of dementia.

The report spells out three main areas for action:

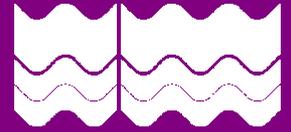
- driving improvements in health and care
- creating dementia friendly
- improving dementia

Locally, the public health team are supporting the dissemination of information on this initiative. Nationally, the Alzheimer's Society has been implementing the related Dementia Friendly Communities programme since 2013. The programme enables communities, businesses and organisations to be recognised as *dementia friendly* when they actively involve people with dementia in local activities or get involved in awareness campaigns.

<https://www.gov.uk/government/publications/dementia-care-and-support>

*The GP reported prevalence of dementia in East Sussex is 8 per 1,000 GP registered population. Rother has the highest prevalence among localities (10 per 1,000). During the period 2011/12 and 2012/13, there were 5608 dementia related emergency and 630 elective admissions in East Sussex.*

<http://www.eastsussexjsna.org.uk/scorecards/2014authorityview/2014LA-Scorecards>



## Health Improvement in East Sussex

### **More patients offered NHS Health Checks in East Sussex**

A total of 21,482 adults in East Sussex were offered a free NHS Health Check, by their GP practice in the first 9 months of this year (2013/14). This is double the number offered in the same period during 2012/13 and represents 12.9% of East Sussex adults who are eligible for a Health Check. Figure 1 shows that the East Sussex NHS Health Check offer rate is better than of the Kent, Surrey Sussex region.

**Figure 1: Percentage of eligible people that were offered a NHS Health Check in Q1 to Q3 2013/14**

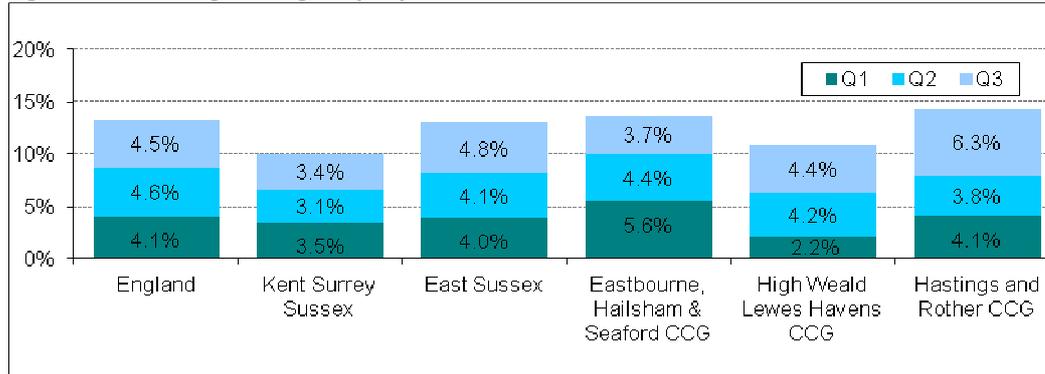
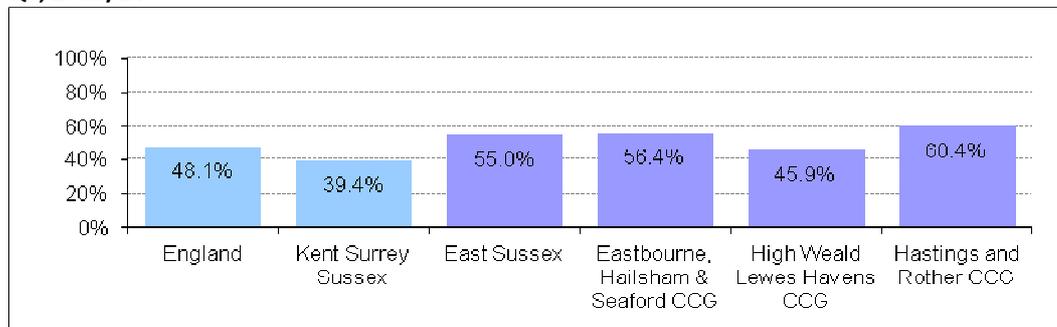


Figure 2 shows that East Sussex has so far achieved a higher NHS Health Check uptake rate (55%) as compared to England (48.1%) and Kent, Surrey, Sussex region (39.4%).

**Figure 2: Percentage of eligible people who were offered an NHS Health Check and received as at Q3, 2013/14**

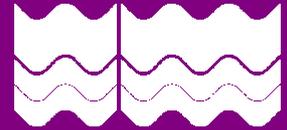


### **Improving the East Sussex NHS Health Check offer and uptake rate**

**Point of Care Testing** - A grant has been offered to practices to purchase Point of Care Testing equipment that will enable practices to conduct essential tests and provide instant results in five minutes. This means patients will be able to have their full Health Check and understand their risk of developing a cardiovascular disorder in 1 appointment.

**Community NHS Health Check Pilot** - Public Health has also commissioned a private health checks organisation (ToHealth) to provide a minimum of 750 Health Checks in targeted community venues and settings across East Sussex, where the coverage has been low.

For general information about the NHS Health Check programme visit [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk). For queries about the East Sussex NHS Health Check programme contact **Hayley Martin** at [Hayley.martin@eastsussex.gov.uk](mailto:Hayley.martin@eastsussex.gov.uk) or at 01273-336359.



## National News

### **Public Health England releases local authority adult obesity data**

Local data on excess weight among adults is now available via [Public Health Outcomes Framework data tool](#). The new data shows for the first time the considerable variation in the numbers of people who are overweight or obese in different parts of England, as well as the extent of the challenge many local authorities and the local NHS face.

<https://www.gov.uk/government/news/phe-release-local-authority-adult-obesity-data>

### **Public Health Outcomes Framework: February 2014 quarterly data update**

The [Public Health Outcomes Framework \(PHOF\)](#) data update for February 2014 has been published by Public Health England (PHE). The data are presented in an interactive data tool that allows users to view data in a user-friendly format. The data tool also provides links to further supporting and relevant information to aid understanding of public health in a local population. View the [Public Health Outcomes Framework data tool](#).

### **New tool shows causes of death that most contribute to differences in life expectancy**

The tool designed by Public Health England is to help local authorities identify causes of death that contribute most to their life expectancy gaps and, therefore, enable them to target interventions appropriately. The tool provides charts and tables which segment the life expectancy gap from January 2009 to December 2011 by the major causes of death. The percentage contribution of the causes of death to the life expectancy gap and the number of excess deaths that this results from are provided.

<https://www.gov.uk/government/news/new-tool-shows-causes-of-death-that-most-contribute-to-differences-in-life-expectancy>

### **1 in 3 breast cancers are in women over 70**

One in 3 women diagnosed with breast cancer in England each year are aged 70 or over. This age group also accounts for more than half of all breast cancer deaths annually, latest figures show. This comes as Public Health England launches a new national Be Clear on Cancer campaign to remind older women 'don't assume you're past it', and to visit their doctor if they spot any changes in their breasts.

<https://www.gov.uk/government/news/1-in-3-breast-cancers-are-in-women-over-70>

### **Shigella dysentery on the rise among gay and bisexual men**

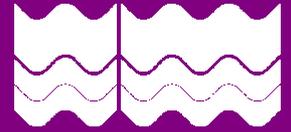
A new campaign to warn gay and bisexual men about the risk of Shigella dysentery was launched on 30<sup>th</sup> January 2014 by Public Health England (PHE) in partnership with Terrence Higgins Trust (THT), as new figures show a surge in cases likely to have been sexually-acquired over the past 12 months. In the UK, 'Shigella flexneri' usually affects similar numbers of men and women and is linked with overseas travel, but 2013 data show an excess of more than 200 cases of the infection in men with no or unknown travel history, compared to women. London is most affected.

<https://www.gov.uk/government/news/shigella-dysentery-on-the-rise-among-gay-and-bisexual-men>

### **HIV, sexual and reproductive health current issues bulletin: issue 3**

The Department of Health (DH) has issued a range of guidance and other supporting documentation over the last year to support commissioning of sexual health and HIV services following transition. However, there is a recognition that situations continue to arise where further clarity about how to operate under the new arrangements is required. The bulletin is intended to address queries from all those responsible for commissioning sexual health and HIV services (that is, contraception and reproductive health services, GUM services, HIV testing or treatment services and abortion services), whether they are local authorities (LAs), NHS England and Clinical Commissioning Groups (CCGs).

<https://www.gov.uk/government/publications/hiv-sexual-and-reproductive-health-current-issues-bulletin-issue-3-february-2014>



## Key National Public Health Research

### **Group based approaches a key factor for interventions aiming at improving physical activity in socioeconomically disadvantaged women**

Recent evidence suggests that group based approaches may be key to improving physical activity in socioeconomically disadvantaged women. [Cleland et al. \(2013\)](#) carried out a systematic review and meta-analysis of trials that looked at interventions to increase physical activity in socioeconomically disadvantaged women. The authors searched for studies in women who had a low education status or a low income, were unemployed or in low status occupations, or who lived in an area of low socioeconomic status. A total of 19 studies, most of which were conducted in Europe and North America, were eligible for inclusion in the review. Delivery mode was the only factor found to have a significant effect on the success of an intervention to increase physical activity. Studies in which the intervention had a group component – such as group education meetings or practical sessions – found a greater difference between intervention and control groups than studies in which the intervention was delivered individually or in a community setting.

<http://www.evidence.nhs.uk/about-evidence-services/bulletins-and-alerts/eyes-on-evidence/eyes-on-evidence-2014>

*Although the proportion of physically active people in East Sussex (60.2%) is not significantly different from the national average (56%), low levels of activity which are associated with obesity and other health problems remain an issue as more than a third of the population are affected (<http://www.phoutcomes.info/>)*

### **Warning on the rising prevalence of Obesity in the UK**

The UK faces dramatically exceeding a worst case scenario of more than half its population being obese by 2050 unless hard-hitting campaigns, similar to those for anti-smoking, are introduced, according to a new report published by the National Obesity Forum. The report, *State of the Nation's Waistline – Obesity in the UK: Analysis and Expectations*, has warned that the UK is in danger of surpassing the predictions of the 2007 Foresight Report, following analysis of official figures and academic studies on obesity, weight management and lifestyle choices. The Foresight Report suggested that 50 per cent of the UK population could be obese by 2050 at an annual cost to the nation of nearly £50 billion pounds. Public Health England has also recently estimated that 60 per cent of men, 50 per cent of women and 25 per cent of children could be obese by 2050. The report recommends that GPs and primary healthcare professionals proactively discuss weight management with patients, routinely measure children's height and weight, and check adult waist circumferences as an indicator of abdominal obesity.

*More than two thirds of adults in East Sussex have excess weight. Lewes Local Authority has a higher prevalence (69.3%) than the national average (63.8%). Among children aged 4-5 years 1 in 5 have excess weight while among those aged 10-11 the prevalence is higher (1 in 3) (<http://www.phoutcomes.info/>)*