**Public Health Annual Report 2011/12- Summary and Recommendations**

**Introduction**

Highlights that social and economic factors have the greatest influence on health and all areas of the UK where unemployment and poverty remains prevalent have considerably poorer health indicators than more affluent areas so it is vital that these issues are tackled if there is to be a reduction in the health inequality gap.

**Section 1**

A special report identifying the strong links between drug and alcohol misuse, poor health and crime. It highlights the importance of addressing these issues in an holistic way and the success that we have had locally by joining up alcohol and drug strategies with efforts to reduce re-offending. The public health view is that drug addiction is an illness and therefore people need access to effective treatment programmes. If such treatment programmes are not available offending behaviour is highly likely. Similarly alcohol dependency is associated with a wide range of criminal behaviours with around 40%of all arrests in NEL having a link with alcohol use, especially violence and domestic violence crimes.

Effective and cheap interventions can make a real difference in reducing alcohol dependency.

For anyone to achieve lasting recovery from drug or alcohol misuse, access to decent housing, education, training, employment and wider support services are vital alongside treatment. Locally we have seen huge strides forward in this respect with well integrated working between drug, alcohol and offender services.

In late 2009, North East Lincolnshire adopted an Integrated Offender Management (IOM) approach bringing criminal justice services into partnership with the Local Authority, substance misuse treatment services, health, education and employment agencies to work with a wider group of offenders to tackle not only their offending but also its causes. These so called ‘pathways’ out of crime match those needed to support drug and alcohol services in helping towards recovery.

Recent years have seen a dramatic fall in acquisitive crime levels (burglary, car crime and robbery) which are strongly associated with drug addiction. The drop in 2005 followed the first full year of the Drug Intervention Programme (DIP) for offenders. The drop in 2007/08 coincided with the introduction of a similar scheme for alcohol offenders (AIP) and the last three year’s performance reflects the impact of IOM to which DIP and AIP are integral. The reductions in these types of crime that are particularly suited to an IOM approach represents over 6,000 fewer victims in 2011 compared to 14 years ago. Continued efforts to get more individuals to give up drugs, moderate their drinking and reduce offending will contribute to improving local Public Health.

**Section 2**

Summary of the Health Needs Assessment which looked at respiratory disease in NEL. The third leading cause of premature death in the UK is respiratory disease. This pattern is reflected in NEL. Respiratory disease is the most preventable of all the leading causes of early deaths. The cost to the NHS exceeds 6 billion per annum and there is also enormous costs to the wider economy. The needs assessment looked at all the leading causes of respiratory disease and investigated how NEL compares with other parts of the region and country and how rates vary within our area.

The most common form of serious respiratory disease is COPD and NEL has amongst the highest rates in the country and far high rates in our more deprived areas than our more affluent areas. This is associated with a number of factors including occupational and environmental exposure but by far the greatest cause is smoking.

**Section 3**

This section identifies 4 health improvement initiatives which have been established in response to recommendations in recent PH Annual Reports-

1. Tobacco Control programme is a vital important initiative with 4 aims:

* Changing attitudes and behaviour toward smoking through a Community Social norms approach
* Reducing the numbers of women who smoke during pregnancy
* Reducing the number of young people who take up smoking
* Getting more people to successfully quit smoking

ii. Breast feeding Peer Support programme

iii. Cancer Champions

iv. Community Nutrition Programme/ Food for Fitness

**Summary and Recommendations**

Significant investments have been made to improve health in NEL during the last few years and these are undoubtedly bearing fruit. In the last year we have seen an increased life expectancy, and rates of obesity and smoking in our young people which have remained stubbornly high now appear to be reducing. There are also clear signs that premature mortality associated with cardiovascular disease, which has long been responsible for the greatest number of deaths in people under 75, is falling as the benefits of prevention focused primary care are realised.

The difference in life expectancy between the most affluent and the most deprived parts of North East Lincolnshire is currently around 11 years for men and 8 years for women. Reducing the health inequalities gap should be a central and overarching priority for the health and wellbeing board. Concerted action across the whole health and wellbeing system is needed if we are to make progress and narrow this gap. We must also address the economic problems that lie behind much of the health inequality that exists in our communities and we should seek to prevent problems in the future by doing whatever is necessary to give our young people employment opportunities today.

Despite a slight fall in our smoking rate in recent years, around 27% of adults in North East Lincolnshire are still smoking and more than 40% of adults smoke in some of our more deprived areas. We also have one of the highest smoking in pregnancy rates in the country with around 24% of mothers smoking at the time of delivery. We must continue to invest in the tobacco control initiatives described in section 3.1 to ensure that rates are driven down.

• The cultural misuse of alcohol in North East Lincolnshire goes hand in hand with poor health, family breakdown, welfare dependence, crime and disorder and health inequalities. The Department of Health recommend the large scale use of screening for alcohol misuse, delivery of Information and Brief Advice and access to structured treatment as having ‘High Impact’ upon such a culture over time. We need to further increase the use of these interventions across the whole of our health community in order to deliver the ‘sensible drinking’ message. For the greatest impact these health based interventions need to be coordinated with action around policing, liquor licensing and health promotion already delivered through our local alcohol harm reduction strategy.

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