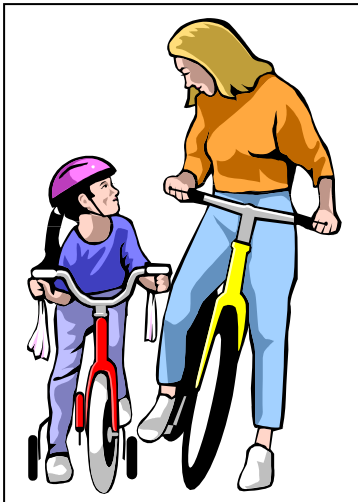


Key messages from the 17th Annual Public Health Report

Each year the Director of Public Health produces a statutory report on the state of public health in Stockport. The report is commissioned by Stockport PCT and is produced by the Director of Public Health in his independent professional advocacy role. Attached is the section of this year's report containing the key messages on public health in the borough.

Obesity Key Messages

- Obesity is increasing dramatically both in the UK as a whole and in Stockport.
- About a quarter of the adult population is obese, and over half of women and nearly two-thirds of men are either obese or overweight.
- Childhood obesity is increasing.



- Obesity causes high blood pressure and diabetes (and hence heart disease), respiratory difficulties, back, hip and knee problems, psychological problems and sleep disturbance.
- A 6lb increase in average weight across the whole of the population of Stockport would cause 335 extra deaths per year.

- The increase in obesity is due to changes in diet and reduced physical activity due to sedentary occupations, less walking and cycling, and less physical recreation.
- Promoting walking and cycling is a potential major contributor to addressing the problem. US research has shown a 6lb difference in average weight between those living in a pedestrian friendly street design and those in a pedestrian-impermeable street design. The BMA has calculated that promoting walking and cycling for short journeys could **alone** achieve heart disease prevention targets. Safer and pleasanter walking and cycling routes are important in achieving this.

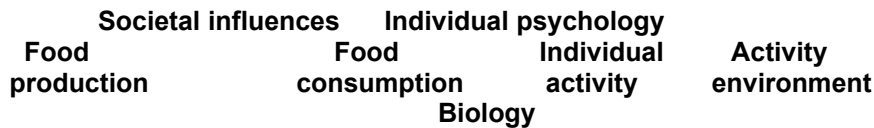
- Children are increasingly constrained in the independent play they are permitted. This has been characterised as a shift from “free-range” children playing in greenspace, to “battery-reared” children playing in cyberspace. This shift has resulted from a desire to protect children, but in fact is causing them more harm than the risks avoided.



- Other helpful measures include development of recreational facilities, more physical recreation in schools, green gyms, measures to promote healthy eating (including cooking skills and better access to healthy foods particularly fresh fruit and vegetables), the promotion of breast-feeding, improved and later weaning, better housing design to include play areas and dining rooms, and promoting more physical activity at work (such as incorporating workplace shower facilities, cycle-parking, cycle mileage allowances and encouraging the use of stairs rather than lifts). We also need to provide help to obese and overweight individuals, and tackle the negative environmental factors such as junk food advertising.
- Green gyms (where people obtain their physical activity by helping with physical tasks to improve the environment) bring a double benefit of addressing obesity and improving the environment

THE FORESIGHT REPORT “TACKLING OBESITIES” KEY MESSAGES

- 25% of adults and 10% of children in the UK are now obese
- By 2025 40% of Britons could be obese. By 2050 this could rise further to 60% making the UK a mainly obese society
- This will lead to a seven fold increase in direct healthcare costs of overweight and obesity and overall costs to society and business of £45.5 billion in today’s prices
- Technological change has outstripped evolution – biological mechanisms which for millions of years served a physically active species threatened with periodic famine do not serve a society with sedentary work, motorised transport and the ready availability of high fat low fibre convenience foods.
- For many individuals the forces that drive obesity are now overwhelming and appeals to eat less and exercise more are not sufficient. We need to tackle an obesogenic environment
- Obesity affects all social groups but it has a greater impact on the more vulnerable groups and on certain ethnic minorities so it contributes directly to inequalities
- An obesity systems map identifies seven domains contributing to obesity –



- *The issues found to have the greatest impact on improving obesity were*

1 Built environment and Transport

- Increasing the walkability and cyclability of the built environment

2 Health

- Targeting interventions on those at higher risk, within the context of public health interventions at population-wide level

3 Regulation

- Controlling the availability of and exposure to obesogenic food and drinks

4 Workplace

- Increasing the responsibility of organisations for the health of their employees

5 Family

- Promote programmes of early interventions at birth or infancy

INEQUALITIES - KEY MESSAGES

1. Life expectancy in Stockport is considerably better than in the North West but only slightly better than England and Wales as a whole.
2. Stockport has the greatest health differences between its most affluent quintile and its most deprived quintile of any PCT in Greater Manchester.
3. This is in keeping with indicators of deprivation which show Stockport to be one of the most highly polarised local authorities in the country.
4. In the 1990s the health of Stockport improved faster than that of England & Wales as a whole and this was due to the narrowing of health inequalities.
5. More recently however it has improved only in line with the country as a whole and inequalities have widened.
6. For men widening in inequalities this century have eliminated the gains of the 1990s but for women the gains have been retained and indeed in the second most deprived quintile the gap for women continued to narrow.
7. The narrowing in the 1990s was contributed to by the introduction of cardiovascular risk factor screening and by community development.
8. The lack of progress this century has been due to new inequalities in other disease areas emerging, especially alcohol-related disease, obesity and heart disease in women.

In order to address the above a joint strategy was commissioned by the Local Strategic Partnership. From the evidence base five key priorities for action have been identified:

- **A focus on our major killers** i.e. circulatory and cancer, preventing early death for those with existing disease or at high risk of developing it.
- **A redoubling of efforts around tobacco.** Smoking remains the single biggest preventable cause of the social economic gradient in life expectancy.
- **Tackling alcohol misuse.** Alcohol related deaths have increased by 90% in the last 10 years and it is now a major influence on increasing the life expectancy gap.
- **Halting the rise in obesity prevalence.** It is estimated that by 2020 one third of adults will be obese. Obesity is a key risk factor for both circulatory disease and diabetes which are strongly associated with deprivation and therefore it is forecast to have a major impact on the life expectancy gap. Significant efforts need to be made now to promote physical activity and improve diet. Stockport MBC accepts a particular role in respect of physical activity.
- **Mental wellbeing.** Positive mental health leads to improved physical health, better quality of life, reduced crime, higher educational attainments, economic wellbeing and personal dignity. The strategy will focus on assessing need and developing a coherent approach to promoting positive mental health across individual, community and structural levels.

Implementation of the strategy will involve using an innovative community engagement approach called Appreciative Inquiry to explore these issues in our most deprived neighbourhoods and develop local solutions. The approach provides an effective mechanism to refocus existing work and programmes to maximise the impact on inequalities in the borough, promising greater impact from existing resources. It offers a straightforward tool to bring stakeholders together at local level, build coalitions and partnerships between government, voluntary and private sectors, and bring local people actively into the process. In this respect it offers the promise of achieving the 'fully engaged' scenario advocated by Wanless II. The newly formed public health locality teams will take responsibility for driving the strategy forward.

Smoking - KEY MESSAGES

- A fifth of adults in Stockport are still smoking
- Deprivation is a key risk factor for smoking across both sexes and all ages.
- A quarter of young adults are still smoking. There is some evidence that they will be less likely to give up in the future.
- 1 in 4 smokers will die of a smoking related disease so the only difference between smoking and playing Russian roulette is the delayed effect.
- Smoking related diseases are an important contributor to health inequalities. Although smoking is declining in most social groups this is not true of women in the most deprived quintiles.
- Tobacco is the only lawful product which kills such a high proportion of those who use it in the way the supplier intended.
- Tobacco is the only drug of addiction that can lawfully be purchased without a prescription. There are other lawful products to which addiction does occur, such as alcohol or glue, but the term “drug of addiction” is used here to imply a drug in which addiction would be the normal consequence of using the drug in the way intended by the supplier. Most smokers are introduced to tobacco in their youth and often become addicted before they fully realise the risk they are running.
- The new legislation, introduced in July 2007, banning smoking in enclosed workplaces and public places, is therefore very welcome. The enforcement of this legislation constitutes an important contribution by Stockport MBC to dealing with the scourge of smoking related diseases.
- Social marketing and smoking cessation advice and support constitutes an important contribution by the PCT.
- Most young people know the risks of smoking by the end of primary school. However a large proportion of them still experiment with tobacco in their early teens and many of these become addicted in the process. This happens partly out of rebellion, partly out of curiosity, partly out of a sense that tobacco is an adult habit, partly from following the examples of parents, partly out of a desire to demonstrate style and partly in response to peer pressure. We have yet to find an effective way of intervening in these cultural factors and we need to do so. There is some American evidence which suggests that peer education focussed on the question of how young people are manipulated by the tobacco industry can be effective. We should introduce such a scheme in Stockport.
- Locally we are achieving higher access rates to smoking cessation services in deprived quintiles but this achievement is undermined by the fact that success rates are lower. We need to tackle these lower success rates by considering what additional support we can give, including social and cultural measures delivered by community development.

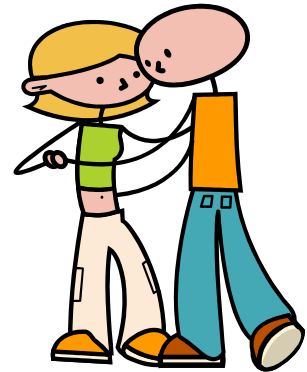


Alcohol Key Messages

- 1) Alcohol excessive use is increasing nationally and levels of alcohol misuse in Stockport appear to be higher than the national average. In part, this increase is due to the increasing strength of drinks.
- 2) Units of alcohol in a drink are calculated by multiplying the strength in percentage alcohol by volume by the number of millilitres (a pint is 568mls) and dividing by 1,000.
- 3) Men should not drink more than 28 units in a week (3-4 units per day) and women 21 units in a week (2-3 units per day).
- 4) For each unit people have drunk they should wait an hour before engaging in dangerous activities or activities requiring skill.
- 5) If current trends were to continue, we should anticipate an increasing financial and human cost affecting all our communities and all sectors of the economy.
- 6) Alcohol related ill-health and deaths disproportionately affect the more deprived communities, and are key factors in maintaining health inequalities in the borough.
- 7) The number of deaths in Stockport in which alcohol was identified as a factor reached a new high of 95 in 2006 and the three-year average directly standardised mortality rate has increased from 20.2 in 2002 to 26.4 in 2006.
- 8) The number of A&E attendances due to alcohol intoxication or poisoning increased to 442 in 2006-7, compared to 195 in 2001-2, and 60% of these came from the most deprived 30% of the population. However, the government estimates that as many as 35% of A&E attendances may be alcohol-related, which would equate to 23,800 attendances of Stockport residents last year.
- 9) 394 hospital admissions in 2006-7 were directly alcohol-related, compared to 221 in 2001-2, and 57% of these came from the most deprived 30% of the population.
- 10) Police recorded crime figures last year showed a 3.5% reduction in the total number of assaults and woundings (2,857 in 2006-7), while 'woundings' figures were 18.3% lower than in 2003-4.
- 11) The 2007 Stockport Citizens Panel survey found an increase in the proportion of people feeling safe in Stockport Town Centre at night, from just 10% in 2005, to 25% this year.
- 12) Based on the Stockport Lifestyle Survey (2006):
 - a) 5% of the adult population (11,000 people) are drinking heavily (men more than 50 units and women more than 35 units in a week).
 - b) 31.5% of the survey respondents admitted to binge drinking (twice the daily guidelines) at least once in the last week (equivalent to 69,000 people in the borough), and one third of these had drunk four times the daily limit.
 - c) Binge drinking appears more prevalent in younger people generally and among men upto 65 in deprived areas.

Sexual Health Key Messages

- Sexual health is an important part of our lives and impacts on our physical and mental well-being. It is a key part of our identity as human beings and reflects the diversity in our society in regard to acknowledgement and acceptance of people's sexual orientation.
- Essential elements of positive sexual health are equitable relationships and sexual fulfilments with access to information and services to avoid the risks of unintended pregnancy, illness and disease.
- We are currently however seeing a rapid decline in our sexual health in Stockport.



- Certain Sexually Transmitted Infections (STI's) are increasing in Stockport, with Chlamydia being the most common infection. It is particularly prevalent in people under 25 year olds. Many people may be unaware of their infection and if left untreated it can cause long-term problems such as infertility.
- Stockport has implemented a Chlamydia screening programme targeting 15-24 year olds. This opportunistic screening is available at various sites, including Central Youth.
- Some people are unaware that some STI's are incurable such as HIV and Herpes.

- The number of Teenage pregnancies has been steadily decreasing since 1998. However, although we are seeing a reduction in the numbers overall, there are stark variations across the differing neighbourhoods.
- There is a wide range of contraception methods available to suit all lifestyles. Long acting reversible contraceptives such as IUD's and Implants are most effective and the use of them has been steadily increasing.

- Despite access to a range of effective contraceptive methods, the number of terminations continues to rise.
- Terminations are taking place later than ideal with more terminations after 10 weeks gestation.



What can people do to enjoy positive sexual health?

- Access reliable contraception which suits your lifestyle via your GP, Central Youth and Contraception Services.
- Always use a condom. It's not just to prevent an unwanted pregnancy; it's the only method to prevent transmission of an STI.
- If concerned you have been at risk of an STI or possibly be pregnant, then seek advice and testing straight away.
- Recognise that alcohol and drugs can impair people's judgement and lead them to taking risks which they may regret later.

