Director of Public Health for Plymouth
Annual Report 2013 - 2014

Local Government
Local Public Health

January 2014

Contents

Introduction

Local government plays a significant role in determining population health and wellbeing. It has long been understood that the decisions taken in the 'town hall' have a direct or indirect impact upon the citizens it seeks to serve. This Annual Report of the Director of Public Health for Plymouth City Council examines some of the determinants of health and wellbeing that are directly influenced by local government in Plymouth.

Figure 1 identifies the determinants where local government makes a difference to people's health and wellbeing.

Figure 1 Local government and social determinants of health and wellbeing. (Source: IDeA, 2010)[1]

Plymouth is a city of opportunity and aspires to be one of the finest waterfront cities in Europe. Plymouth has much to offer to support the health and wellbeing of its population. It is bordered by some of the most outstanding natural environments in England. It has accessible green space within the city boundaries, world class leisure facilities, relatively low unemployment, a growing younger population, a wide range of local health services, and an active voluntary and community sector. There are indications of a more diverse local economy, increased interest in marine-type industries, growing tourism, and local heritage and cultural attractions and initiatives.

Plymouth however remains a city of paradox and challenge in relation to the health and wellbeing of its population.

Some neighbourhoods in Plymouth experience poorer health outcomes when compared to near neighbours. A clear social gradient exists across the city as shown by the distribution of occupations and associated income opportunities. Life expectancy varies with a difference of 12.6 years (in 2009-11) between the neighbourhoods with the highest and lowest levels.

Housing stock quality in the private rented sector is variable and sometimes very poor. Before the onset of the economic recession (2008-09), material and social deprivation was lessening, but pockets of deep deprivation remained and have now worsened.

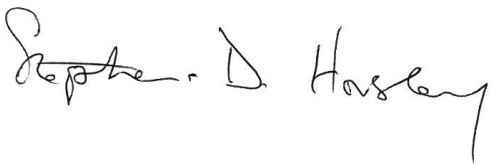
Lifestyle issues continue to be of concern. For example, inequalities in health and premature death from smoking related causes between social classes persist. Dorling[2] estimates that for every cigarette smoked, 11 minutes of life are lost. The financial impact of smoking related ill-health is significant. Action on Smoking and Health[3] estimates the financial burden in Plymouth to be in the region of £75 million per year. Alcohol use and the night-time economy bring significant economic and employment opportunities and are key to the social, cultural, and leisure activities of the city.[4] It is estimated that licensed clubs, pubs, and bars have an annual value of around £26.8 million. The sector provides employment for around 2,000 people. However, these important economic benefits must be considered alongside the estimated health costs (approximately £9.5 million) and the estimated crime costs (£27 million per year) associated with alcohol misuse in Plymouth.

Plymouth has much to celebrate by way of its access to the natural environment, its community assets, its growing younger population, its collective aspiration to achieve great things for its citizens, and the opportunities it presents for inward investment and growth. On the other hand, its overall health status when compared to the rest of England is not good. Characteristic health inequalities which would be expected in northern cities are present in Plymouth and are stubborn to shift. Life expectancy is still largely dependent on people's social status, lifestyle, and where they live.

There is much to do to share the opportunities for health and wellbeing equally for all, across Plymouth's neighbourhoods. This remains the city's greatest public health challenge.

Key priorities to be taken forward in the coming year include:

- Building on the 'LoveLIFE' campaign, the launch of a 'Healthy Plymouth' campaign to address the poor health outcomes experienced by many of the city's residents
- Taking further action across the life course to reduce rates of smoking, alcohol consumption and obesity in the city
- Raising the awareness of and providing a coordinated approach to the promotion of mental health and wellbeing, helping to build resilience in our local people and communities and to tackle the stigma that surrounds mental health



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Chapter 1

What makes people healthy or unhealthy in Plymouth?

Six themes are briefly considered in relation to the question, 'What makes people healthy or unhealthy in Plymouth?'

1. People
2. Health and lifestyle issues
3. Local economy
4. Built environment
5. Natural environment
6. Global ecosystem

1. People

Plymouth is the second largest city, by population, on the south coast of England and, after Bristol, is the largest city in the South West. Plymouth has a resident population of 256,400 and includes a further 100,000 in its travel-to-work area.

The Office for National Statistics (2010) estimates that Plymouth's population will grow to 269,800 by 2026. Plymouth City Council aspires to increase the usual resident population of the city to around 300,000 by the year 2026.[1] The local population has grown over the last ten years – there has been an increase in births and life expectancy and a decrease in mortality. Since the 2001 Census, Plymouth's population has increased by 7.5%, a higher rate of growth than the South West (7%) and England (6.3%).

The city's population changes during the course of the year. During the summer, the city is supplemented by a significant number of visitors and, in September, many thousands of students arrive to study at Plymouth University, the University of St Mark and St John, and City College Plymouth. It is therefore likely that the population of Plymouth is in excess of 270,000 at certain times of the year.

a) Gender and age

The city's population consists of slightly more females (51%) than males (49%). The population structure follows the archetypal 'beehive' pattern characterised by a larger youthful population and a smaller older population. Figure 2 shows the city's age-groups for males and females (as bars) and the equivalent for England (as a black line). Overall, the demographic structure of the city is similar to that of England.

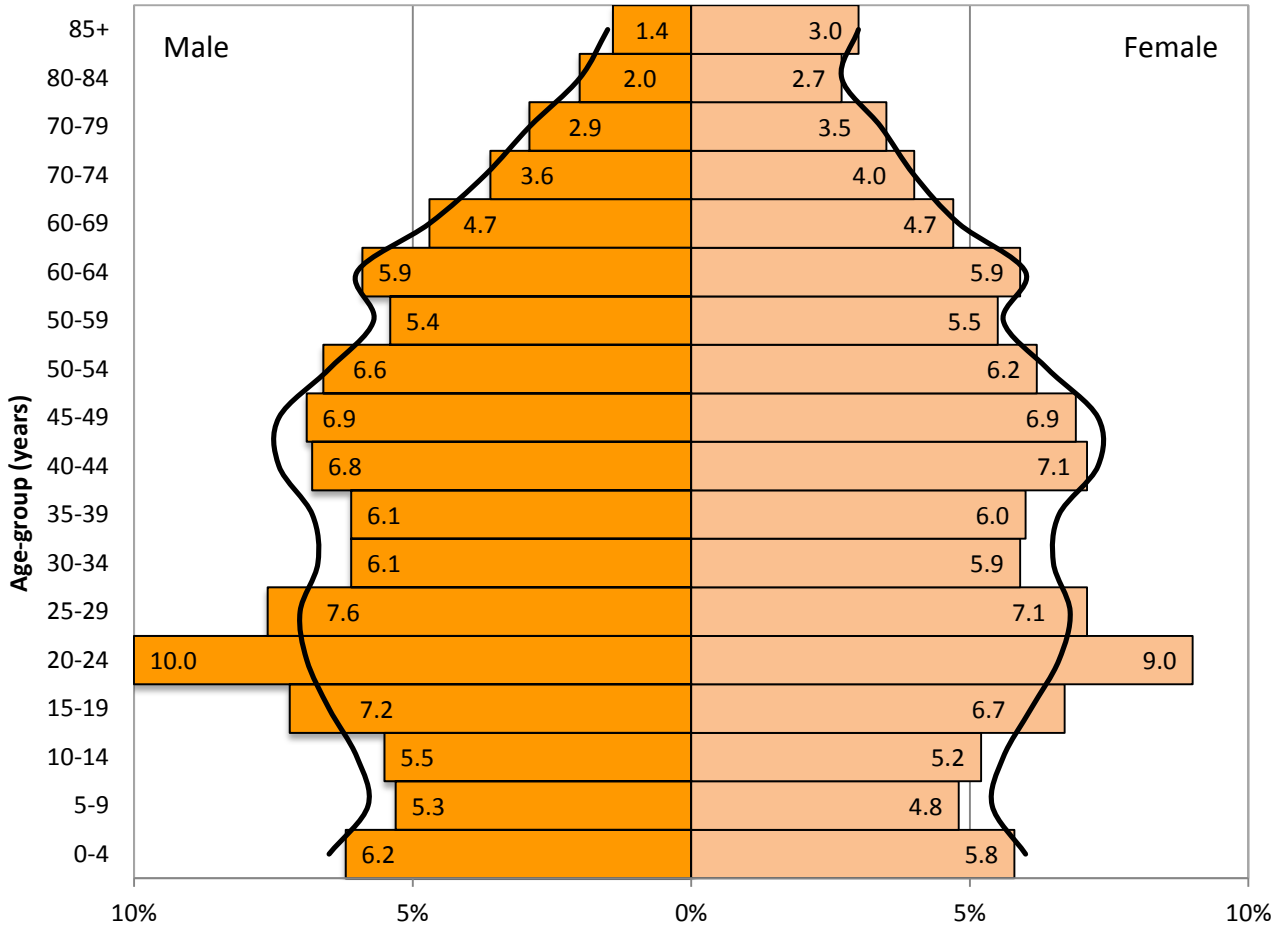


Figure 2 Population pyramid for Plymouth. (Source: 2011 Census estimates of usual resident population, ONS)

b) Ethnicity

There is relatively little ethnic diversity in Plymouth. According to the 2011 Census, 92.9% of Plymouth's population is White British – which is 13% higher than the national average. Of the 7.1% Black and Minority Ethnic (BME) population, White Other (2.7%), Chinese (0.5%), and Other Asian (0.5%) were the most common ethnicities stated. Despite the low proportion, the city's BME population has doubled since the 2001 Census. Schools are required to report on the ethnicity of their registered children. Based on the 2012 School Census data, there are 36,711 children and young people in schools with a recorded ethnicity. Of these, 33,646 (91.7%) are classified as White British. The city has been a dispersal area for asylum seekers since 2000 and is home to an estimated 400 asylum seekers at any one time including unaccompanied children.

Plymouth has a smaller proportion of people from an ethnic minority background than the South West region as a whole or England. Plymouth's population is therefore predominantly white with a small, but growing, BME population. An estimated 100 languages are spoken in Plymouth.[2]

2. Health and lifestyle

Over the last 10 years, all-cause mortality rates have fallen in Plymouth. Early death rates from cancer and from heart disease and stroke have fallen. The estimated levels of adult 'healthy eating' are worse than the England average. The rate of teenage conception in Plymouth (44.6 per 1,000 women aged 15-17) is higher and significantly worse than the rate England (34 per 1,000). Breastfeeding initiation, and smoking in pregnancy are worse than the England average. Rates of sexually transmitted infections, smoking related deaths, and hospital stays for alcohol related harm are worse than the England average. About 19% of Year 6 children are classified as obese.[3]

a) Smoking related ill-health

There are a number of indicators that illustrate smoking related ill-health. Plymouth is significantly worse than England (Figure 3) for the following:

- Smoking attributable mortality
- Deaths from lung cancer
- Lung cancer registrations
- Smoking attributable hospital admissions
- Oral cancer registrations
- Smoking prevalence
- Smoking status at time of delivery

Tobacco Control Profiles	Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1 Smoking attributable mortality	2008 - 10	234.0	210.6	371.8		135.3
2 Smoking attributable deaths from heart disease	2008 - 10	34.6	30.3	58.4		16.1
3 Smoking attributable deaths from stroke	2008 - 10	10.8	9.8	19.2		5.9
4 Deaths from lung cancer	2009 - 11	47.1	37.2	70.3		21.8
5 Deaths from chronic obstructive pulmonary disease	2009 - 11	27.3	25.3	50.1		12.1
6 Lung cancer registrations	2008 - 10	59.3	46.6	86.2		26.2
7 Cost per capita of smoking attributable hospital admissions	2010/11	43.0	36.9	61.7		15.6
8 Smoking attributable hospital admissions	2010/11	1,596	1,420	2,536		808
9 Oral cancer registrations	2008 - 10	13.1	9.5	16.6		5.7
10 Smoking prevalence - routine & manual	2011/12 Q1 - 2011/12 Q4	32.3	30.3	41.0		16.0
11 Smoking Prevalence (IHS)	2011/12 Q1 - 2011/12 Q4	22.1	20.0	29.3		13.2
12 Smoking status at time of delivery	2011/12	18.3	13.2	29.7		2.9

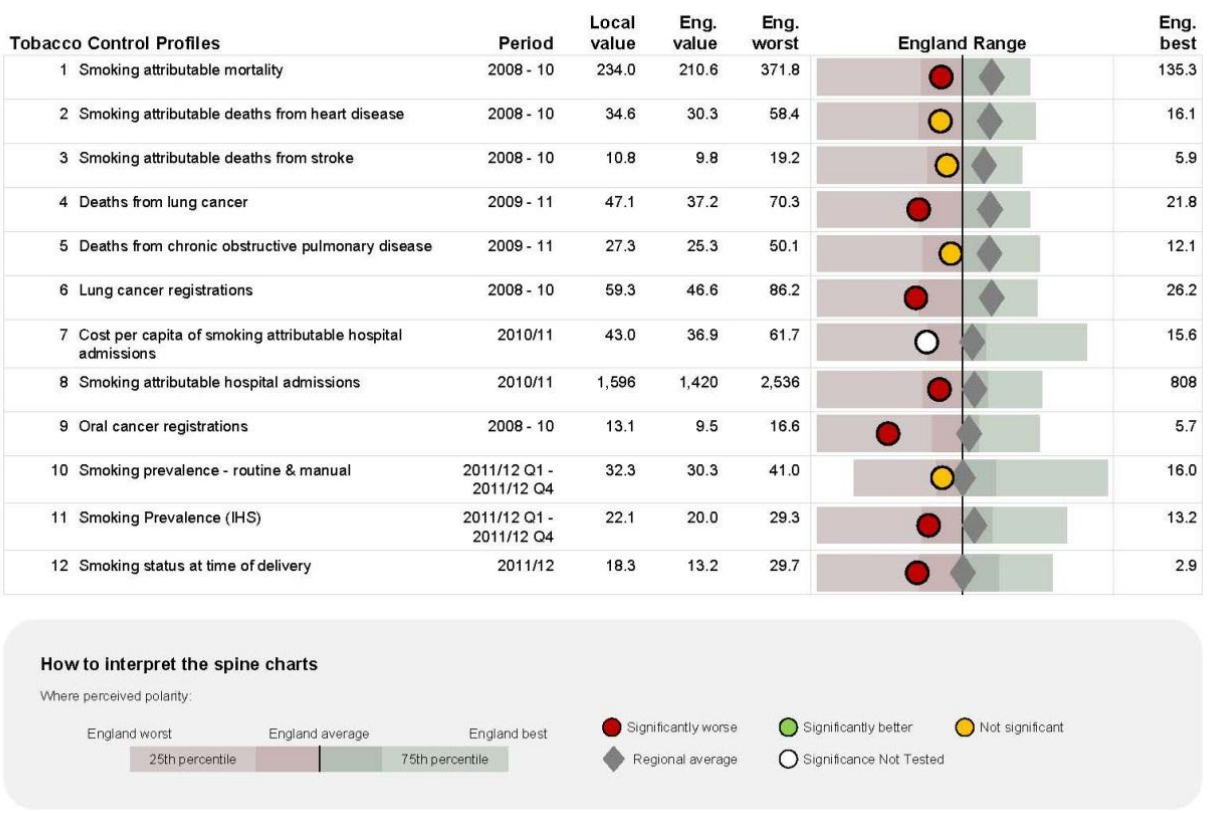


Figure 3 Tobacco Control Profile for Plymouth 2010-2011. (Source: www.tobaccoprofiles.info)

b) Alcohol related ill-health

Alcohol related ill-health in Plymouth is significantly worse than England (Figure 4) as demonstrated by the following indictors:

- Alcohol-specific hospital admission – under 18 years old
- Alcohol-specific hospital admission – males and females
- Alcohol-attributable hospital admission – males and females
- Admission episodes for alcohol-attributable conditions
- Alcohol-related recorded crimes
- Alcohol-related violent crimes
- Alcohol-related sexual offences
- Binge drinking

c) Self-reported general health

The 2011 Census returns for Plymouth show an overall decreasing gradient of self-reported 'very good' health as deprivation levels increase across the city. In the least deprived neighbourhood group, 49.4% stated 'very good' health compared to only 41.6% in the most deprived neighbourhood group. Compared to the city average of 46%, the Plympton locality had the highest percentage of 'very good' self-reported health (48.8%) and the North West locality had the lowest percentage (43%). Compared to the city average of 1.4%, the South West locality had the highest percentage of 'very bad' self-reported health (1.9%) and the Plympton locality had the lowest percentage (1%).

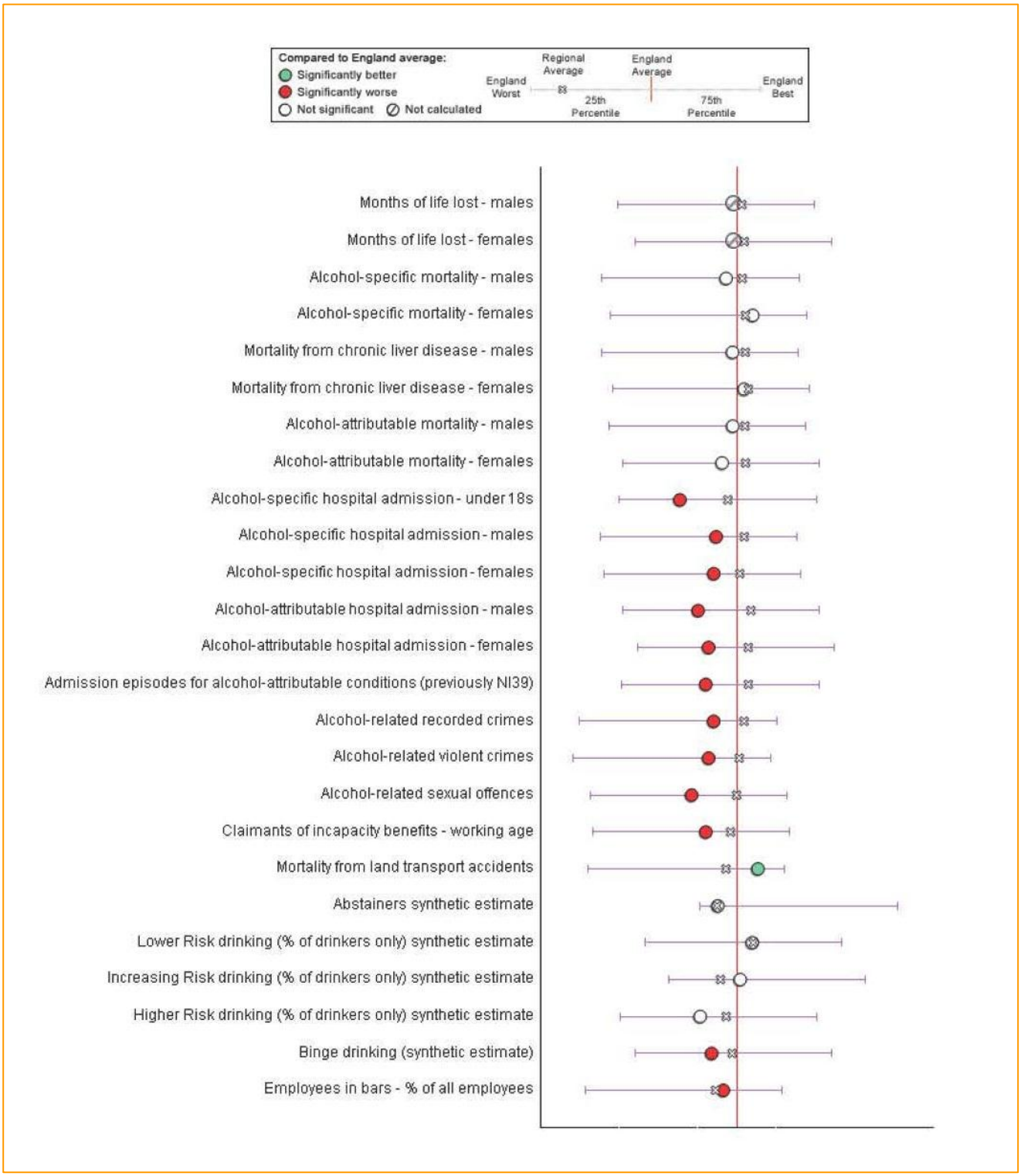


Figure 4 Alcohol related ill-health in Plymouth (2012). (Source: www.nwpho.org.uk)

3. Local economy

'[B]ecause of its coastal location, the economy of Plymouth has traditionally been maritime, in particular the defence and the armed forces. Other substantial employers include the public sector in administration, health, education, medicine and engineering as well as the university' – Evidence to Plymouth's Fairness Commission (2013).[4]

Discussion of the local economy is mainly drawn from the South West Observatory Profile (2012) information for Plymouth.[5]

a) Deprivation

The Indices of Multiple Deprivation (IMD 2010) measure deprivation against 38 indicators covering a range of economic, social and housing issues. Plymouth's IMD 2010 ranking is 72nd out of 354 authorities in England. Before the onset of the economic recession (2008-09), the city overall was becoming less deprived, but pockets of deep deprivation remained and have now worsened. Neighbourhoods exhibiting deteriorating levels of deprivation include Devonport, East End, North Prospect and Weston Mill, Stonehouse, and Whitleigh. Figure 5 shows the variation in deprivation across the city.

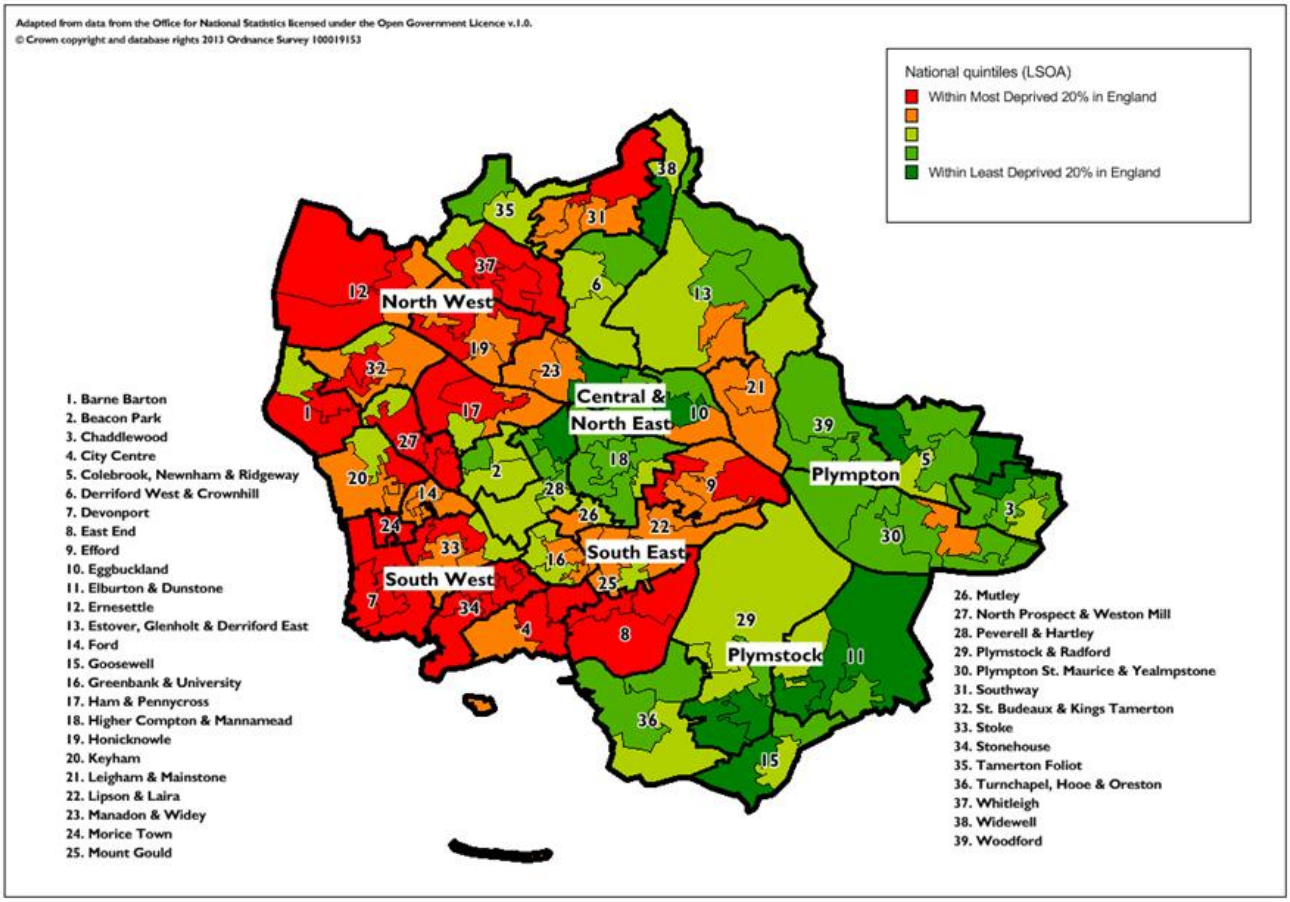


Figure 5 Variation in deprivation across Plymouth (2013). (Source: Office of the Director of Public Health)

b) Patterns of employment

Plymouth has the second highest percentage after Bristol City of working-age people in the South West. Plymouth's working-age employment rate is lower than the South West and the England rates and has fallen since the previous reporting period of 2009.

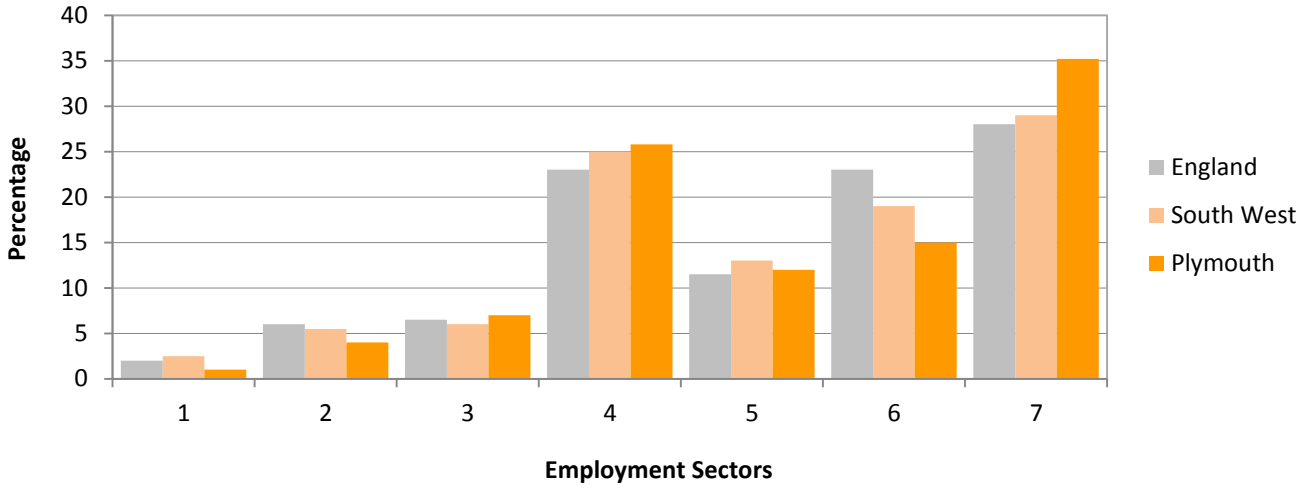
The trend for employment has followed the national pattern during the recession. The rate of long-term unemployment is lower than the England average. The latest unemployment rate for Plymouth is 7.3%. In the South West the rate is 6% and in England it is 7.6%. Plymouth's claimant count rate is higher than a year ago, and is higher than the rates for both the South West and for England. In 2012/13 there were 36,800 adults of working age in Plymouth who were economically inactive.[6] The number of residents claiming Job Seekers Allowance has increased over the last five years, from 4,154 (October 2008) to 4,823 (October 2013).[6] There were also 13,430 Employment and Support Allowance and Incapacity Benefit claimants in Plymouth, equating to about 8% of the working age population in November 2013.[6]

Employment by sector varies. Figure 6 reveals that the largest sector in Plymouth is 'public administration, defence, education and health' (35.3%) followed by 'manufacturing and wholesale and retail' (25.7%).

Table 1 Plymouth's working-age population in employment 2009-2010. (Source: South West Observatory) [5]

Area	% of working-age pop in employment Jan 09 – Dec 09	% of working-age pop in employment Jan 10 – Dec 10	% point change
Plymouth	71.4	69.4	-2.0
South West	74.2	73.6	-0.6
England	70.9	70.4	-0.5

The links between economic inequities and health outcomes are well evidenced.[5] Figures 7 and 8 show the uneven distribution of professional occupations across Plymouth using 2011 Census data. Professional and managerial occupations, usually higher paid jobs, tend to be in the less deprived neighbourhoods, while elementary and lower paid occupations are more evident in the more deprived neighbourhoods.



1 = Agriculture, Farming & Fishing + Mining, Quarrying & Utilities
2 = Construction + Property
3 = Motor Trades + Transport & Storage
4 = Manufacturing + Wholesale + Retail
5 = Accommodation & Food + Arts, Entertainment, Recreation & Other
6 = Information & Communication + Finance & Insurance + Professional, Scientific & Technical + Business, Administration & Support
7 = Public Administration, Defence, Education & Health

Figure 6 Employment by sector in Plymouth (% of total). (Source: South West Observatory)[5]

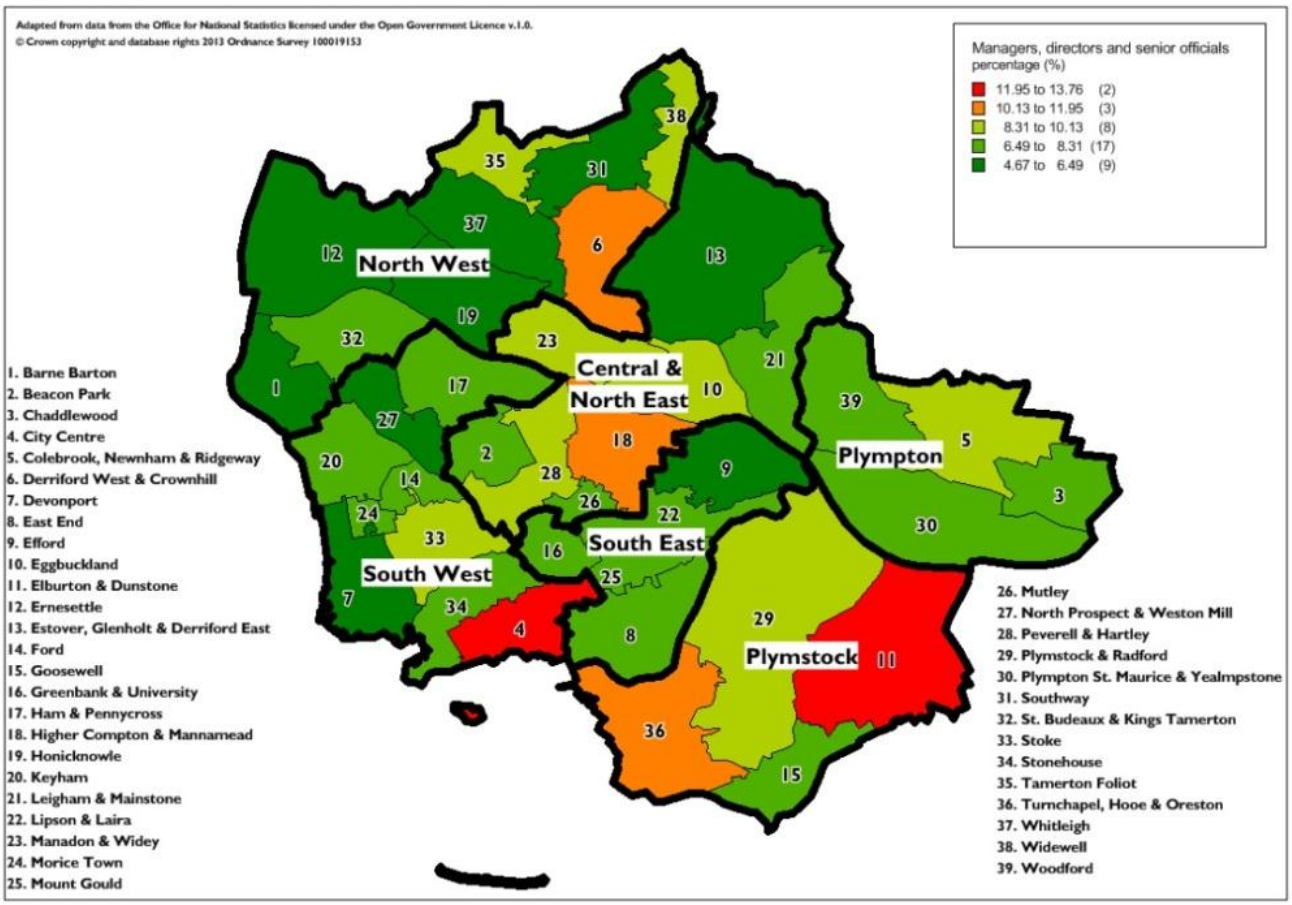


Figure 7 Professional occupations (shown as a percentage) in Plymouth neighbourhoods. (Source: 2011 Census, ONS)

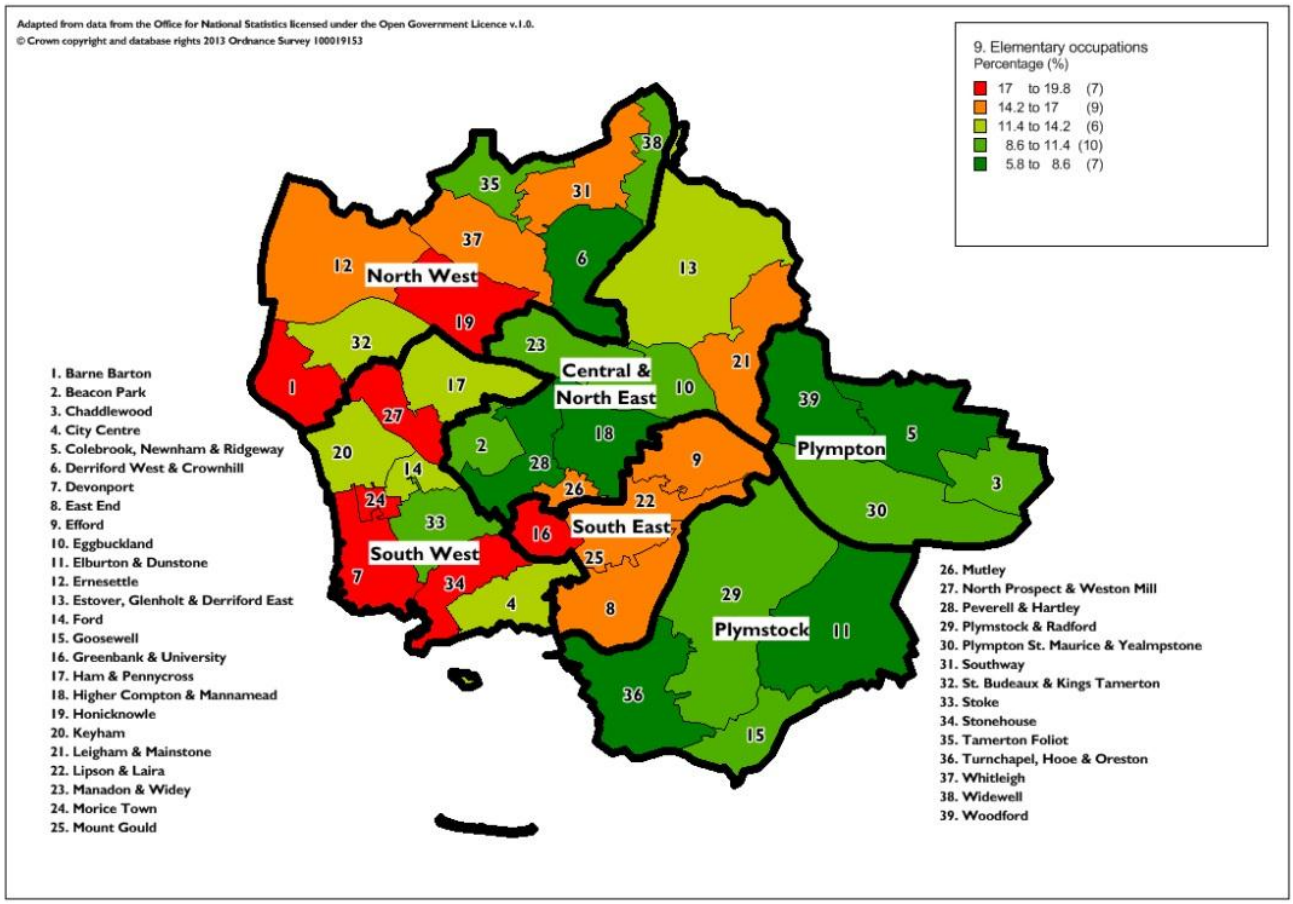


Figure 8 Elementary occupations (shown as a percentage) in Plymouth neighbourhoods. (Source: 2011 Census, ONS)

c) Gross annual pay

In 2011, the median gross full-time annual pay for Plymouth residents was £23,879 (an increase of 1.1% on 2010).[7] This is below the median for both the South West (£24,922) and England (£26,615). The equivalent pay figure for those working in Plymouth (including non-residents) is £25,978 – illustrating a tendency for those commuting into the city to be among the highest earners.

Median gross full-time annual pay for Plymouth resident men is 21% higher than for women. In the South West men's pay is 29% higher and in England 25% higher).[7]

d) Local Enterprise Partnerships

Local Enterprise Partnerships (LEPs) are locally-owned partnerships between local authorities and businesses. They play a central role in determining local economic priorities and drive economic growth and the creation of local jobs. The new brand for Plymouth, 'Plymouth – Britain's ocean city', intends to capitalise on the natural assets of the waterfront and harbour and develop a strong marina economy.

Table 2 Key facts across local authorities within the 'Heart of the South West' LEP. (Source: South West Observatory)[5]

	Median pay	Enterprise 3 yr survival rate (from 2007)	School Qualifications *	Median House Price	Affordability **	Crime Rate (per 1000 pop)
Devon	£22,570	66.70%	58.00%	£195,000	9.2	23.5
Somerset	£24,202	67.40%	56.70%	£170,000	7.8	28.9
Plymouth	£23,879	61.30%	56.50%	£140,000	6.3	45
Torbay	£22,053	59.20%	56.80%	£158,000	8	39.2
South West	£24,922	65.90%	57.50%	£181,500	8.2	33.8
England	£26,615	62.90%	58.30%	£175,000	6.7	41.3

** % scoring 5+GCSEs at grade A* - C, including Maths and English*
*** ratio of lowest quartile earnings to lowest quartile house prices*

Plymouth is a member of the 'Heart of the South West LEP' with Devon and Somerset counties and Torbay Unitary Authority. Table 2 summaries some key facts across local authorities within this LEP.

e) Productivity

In 2009, Plymouth's Gross Value Added (GVA) per head was £16,197. In comparison, the South West GVA was £18,184 and England's was £20,498. Between 2008 and 2009, Plymouth's GVA per head decreased by -2.8% compared to a decrease of -2.3% in the South West and -2.2% in England. However, over the last 10 years GVA per head in Plymouth has increased by 36.2%. This compares to an increase of 43.2% in the South West and 44.3% in England.[7]

f) Enterprise survival rate

At the end of 2010, there were 61,460 VAT/PAYE registered businesses in the 'Heart of the South West LEP' area, of which 5,690 were in Plymouth. During 2010, there was a fall of -4.3% in the number of VAT registered businesses in Plymouth. This was the second largest decrease of any South West county or unitary authority. The three year survival rate of enterprises that started in 2007 in Plymouth is 61.3%. This compares to the South West rate of 65.9% and the England rate of 62.9%. The survival rate has decreased from 69.4% in 2006. Plymouth had 550 new businesses in 2010, a fall of -9.1% from 2009. This was the largest decrease in new businesses for any South West county or unitary authority.[7]

4. Built environment

The links between the built and natural environment and population health are well established.

The largest proportion of land in Plymouth is classified as green space, accounting for 35,000 m^2 or 42% of its total area.[12] This is lower than the Devon county average of 92.4% and regional average of 91%, but is in keeping with a more urban area. The Council needs to build around 30,000 new homes. Their target is to build 80% of new homes on brown field sites (previously developed land) by 2026. The target includes 12,250 homes to be built by 2016. Plymouth is predicted to have an increase in households of 23.6% between 2008 and 2033, a total of 26,000 additional households.[12] Plymouth's lowest quartile affordability ratio (house price to earnings ratio – a higher ratio means less affordable housing) was 6.3 (compared to the South West 8.2, and England 6.7).

5. Natural environment

Plymouth is surrounded by three Areas of Outstanding Natural Beauty, Dartmoor National Park, and a European Marine Site. In addition, Plymouth has eight Local Nature Reserves, three Special Sites of Scientific Interest, and 24 County Wildlife Sites which recognise the value of the green space, biodiversity and geodiversity within the city.[8] In 2010, the Council published its Green Infrastructure Delivery Plan[9] which set out the strategic interventions required to deliver sustainable growth, including the following:

- Site specific projects – such as new and improved parks
- Theme projects – such as flood reduction, fuel and food production, active lifestyles, biodiversity and landscape connections, and sustainable transport.

There are five river water bodies within Plymouth and in the latest Environment Agency ecological assessment all five were classified as 'moderate'.[12] The main reasons for the less than 'good' status include: impacted fish communities, physical modification, high levels of copper, phosphate and an impacted diatom community.

Plymouth is 'blessed by nature with one of the world's finest harbours, for Plymouth the sea does not simply mark the city's edge, it is central to its livelihood and personality. Every aspect of Plymouth's life is touched by its maritime setting: from climate to culture, from education to the economy, from work to leisure, the influence of the sea is all-pervasive. Most beneficially for residents and visitors alike, the beautiful scenery of Plymouth Sound and the Plym and Tamar estuaries, plus to the north the rugged slopes of Dartmoor, has given the city an unrivalled geographical location which has proved its greatest asset' – Chalkley, et al. (1991).[10]

'One could say without doubt that Plymouth has one of the most enviable locations of any city in the world. The views across the waters of the Sound and the rolling green hills to both the east and west of the city provide a setting of outstanding natural beauty. Rarely does a city and its citizens have the opportunity to establish a close and intimate relationship with the surrounding high quality landscape' – Vision for Plymouth Report (2003).[11]

6. Global ecosystem

The ecological footprint is an indicator of the total environmental burden humans place on the planet.[12] It represents the area of land needed to provide raw materials, energy and food, and to absorb pollution and waste created. It is measured in global hectares (gha – a hectare of land with world average productivity) and is usually expressed as a per person measure. The Stockholm Environmental Institute calculates the ecological footprint of consumption activities. One of the main features of an ecological footprint indicator is that it is based on consumption, not just domestic production. It takes into account the impact of all products that are consumed, whether they are produced in the country of consumption, or elsewhere in the world. In 2006, an average UK citizen had an eco-footprint of 4.64 gha, which is significantly above the available budget of 1.89 gha. The South West Regional average was 4.74 gha. Plymouth citizens had an average eco-footprint of 4.38 gha. This was the lowest recorded in both Devon and the South West Region.[12]

Plymouth produced 1,414 kilotonnes (kt) of end-user carbon dioxide (CO_2) in 2008, the sixth highest for a local authority in the South West.[12] Between 2005 and 2008, end-user CO_2 emissions decreased by 5% (from 1,489 kt to 1,414 kt). The highest proportion of end-user emissions in Plymouth, in 2008, was due to 'Industry and Commercial' (accounting for 41% or 586 kt), followed by 'Domestic' (accounting for 34% or 486 kt). Plymouth was respectively the fifth and fourth highest local authority in the South West for these sources.

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Using scrutiny to improve health and reduce health inequalities

Work undertaken by the Centre for Public Scrutiny in 2012 highlighted the importance of scrutiny processes in local government.

Successful scrutiny processes require

- The full range of health providers to give evidence of their impact upon health and care
- That the wider determinants of health, care, and wellbeing are considered at every opportunity
- Scrutiny panels to adopt 'appreciative inquiry' to identify why initiatives succeed

Opportunities for local scrutiny include

a) Health and Wellbeing Boards – scrutiny will be able to:

- Contribute to and review the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy
- Scrutinise the decisions and actions of the Health and Wellbeing Board, and make reports and recommendations
- Help redefine relationships between clinicians, other professionals, and service users.
- Scrutinise the development and operation of the Health and Wellbeing Board

b) Healthwatch – scrutiny will be able to:

- Review arrangements for local Healthwatch
- Scrutinise performance and value for money
- Draw on evidence from Healthwatch
- Receive concerns from Healthwatch
- Seek help with consultation from Healthwatch

c) Clinical commissioners – scrutiny will be able to:

- Seek information and evidence for reviews
- Send reports and make recommendations
- Scrutinise arrangements for Clinical Commissioning Group
- Liaise with NHS England on concerns about the Commissioning Group
- Undertake joint health scrutiny of cross-border commissioning decisions

Chapter 2

People-centred public health

Three areas concerning people-centred public health are considered:

1. Homes and health in Plymouth
2. Improving quality in dementia services
3. Health improvement including NHS Health Checks

1. Homes and health in Plymouth

Money spent on dealing with poor housing is money invested in health – when local authorities act to improve housing conditions, there is a resulting financial benefit to the health sector' – Warwick Law School with the Building Research Establishment (2010).[1]

a) Overview of the impacts of poor housing

Housing has been acknowledged as a major determinant of health for many years. Evidence shows that:

- More than one million children live in housing in England that is considered sub-standard or unfit to live in.
- In 2011, an estimated 3.2 million (15%) households in England were living in fuel poverty – in Plymouth, this includes an estimated 13,712 (12.8%) households.
- Over 700,000 older people in the UK attend hospital Emergency Departments after a fall and many more attend minor injury units or call for ambulance assistance (many of these incidents are a result of hazards in the home).
- 45% of accidents occur in the home (accidents are in the top 10 causes of death for all ages).
- There are 29,930 'non decent' private sector dwellings (33.3%) in Plymouth and 9,500 (37.6%) of them are occupied by vulnerable residents.
- Referrals are increasing for 'major adaptations' which enable disabled people and their families to live independently in their own homes.
- There are 1,541 people registered for social housing through Devon Home Choice (13% of the register) who require an accessible home (that is, a home with no more than three steps).
- Over 4,604 people currently registered for social housing through Devon Home Choice state that their health and welfare is compromised by their current accommodation.

Postponing entry into residential care by just one year through adapting people's homes saves £28,080 per person. We believe the time is right … to recognize the value of housing in preventing the need for institutional care, in easing pressures on the health service and in enabling more of us to "live well at home" as we all grow older' – Laing and Buisson (2008).[2]

The Council's Housing Plan[3] 2012-17 considers four key themes in setting out a strategic approach to improving the city's housing:

- 'Growing the City'
- 'Better Homes, Healthy Lives'
- 'Housing Choices, Smarter Solutions'
- 'Successful Communities'

This includes a focus on promoting independence and reducing health and social inequality through good quality housing.

b) Housing conditions in Plymouth

There are over 112,000 dwellings in Plymouth of which roughly 60% are owner occupied, 20% are privately rented and 20% are social housing. The CPC Private Sector Housing Stock Conditions report (2010) sets out the scale of poor housing across the city: [4]

- There are 29,930 'non decent' private sector dwellings (33.3%) and the estimated cost of repairing them is £170 million
- 18,800 private sector dwellings have Category 1 hazards (20.9%)
- A further 5,000+ social houses are considered to be non-decent
- There are 25,700 private sector dwellings occupied by vulnerable residents (those in receipt of 'qualifying benefits')
- 37.6% (9,680) of dwellings occupied by a vulnerable resident are 'non decent'
- 37% of the city's 22,000 private rented dwellings are non-decent (the worst across all tenures)

'There is a compelling case for improving the environmental standards of housing across all sectors. Poor housing conditions and design have substantial impacts on health inequalities' – Living Well at Home Inquiry (2011).[5]

There is a clear link in Plymouth between the areas of poorest housing condition, deprivation and health inequalities. The poorest condition housing stock is largely found in the west and inner central parts of the city, where most of the pre-1919 housing stock and former council housing is found. This is illustrated in Figure 9. The map of the 'indoors environment' closely matches (and is a sub component of) the map of variations in deprivation across the city, Figure 5, presented in Chapter 1. Poor housing and environments contribute to these inequalities.

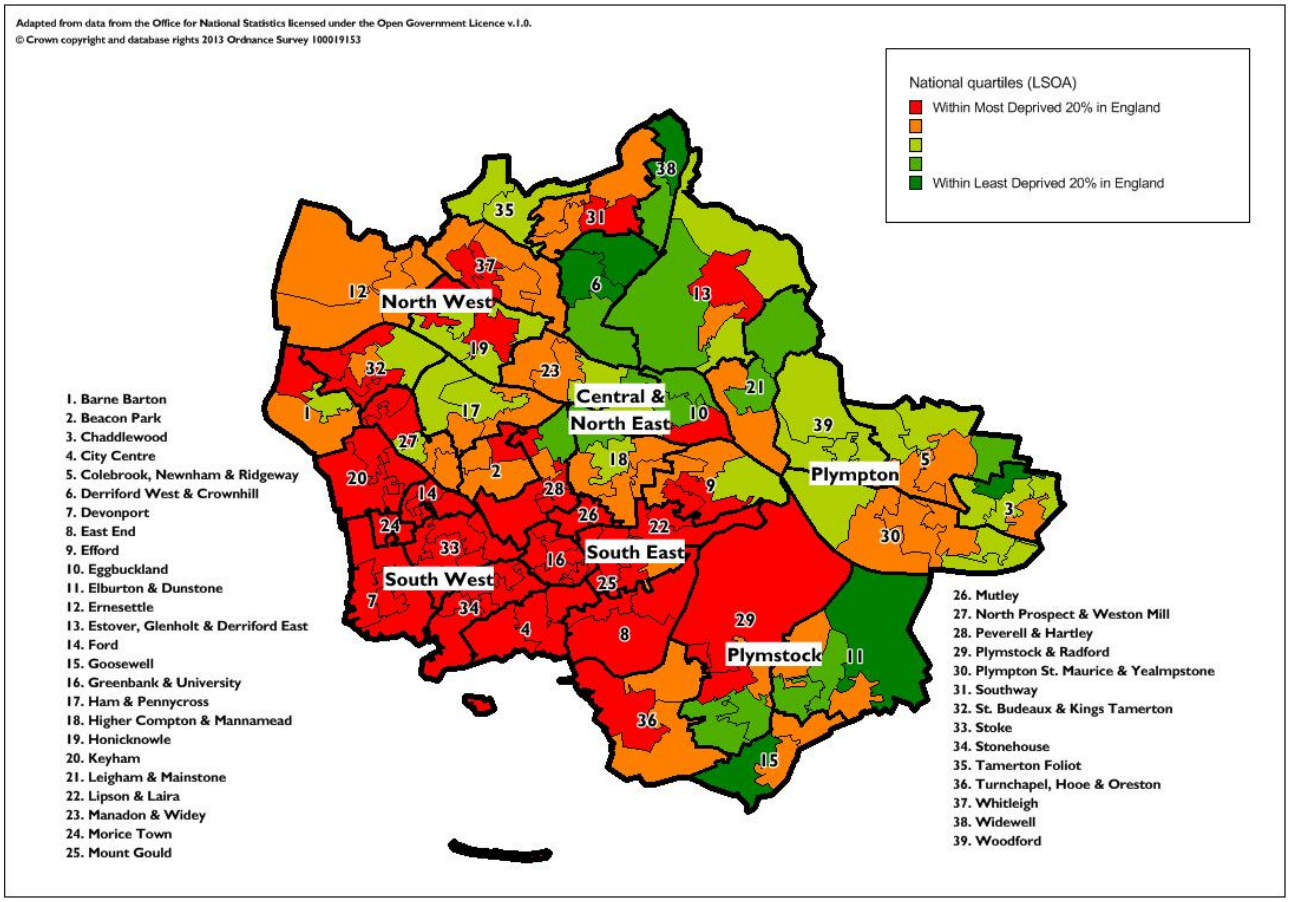

Figure 9 Plymouth's Indoors Environments (2013)
['Indoors' living environment relates to housing in poor condition, and without central heating]
(Source: IMD 2010 updated LSOA boundaries 2013).[6]

c) Health and safety hazards at home

The Housing Health and Safety Hazard Rating System (HHSRS) came into operation under the Housing Act 2004.This assesses the risks to health and safety from deficiencies in dwellings: the HHSRS identifies 29 potential housing hazards, such as damp and mould growth, excess cold, crowding and space, trips and falls. Using the Building Research Trust's 'Real Cost of Housing' (2010) analysis, it has been estimated that Category 1 health and safety 'hazards' in homes nationally cost the NHS in excess of £600 million every year. In Plymouth they cost the NHS in excess of £3 million annually. The Office of the Director of Public Health (ODPH) identified 158 and 70 Excess Winter Deaths in Plymouth in 2009/10 and 2011/12 respectively, linking poor housing and poverty to low indoor temperatures and cold-related deaths.

d) Energy efficiency and fuel poverty

The latest Department of Energy and Climate Change figures reveal that 13,712 (12.8%) households in Plymouth were living in fuel poverty in 2011. Occupiers are considered to be in fuel poverty if more than 10% of their net household income needs to be spent on heating to give an adequate provision of warmth and hot water. Fuel poverty impacts

particularly on older people with no central heating, children in low income families, disabled people, and people with longstanding medical conditions and may lead to excess Winter deaths and respiratory diseases.

e) Overcrowding

There are high levels of overcrowding in Plymouth. Of the 10,431 people currently registered for social housing through Devon Home Choice (DHC), 1,795 (17%) lack a bedroom and 244 (2%) lack two bedrooms. More worryingly, those who are more overcrowded (lacking two or more bedrooms) are unlikely to be housed through DHC. Children in families living in overcrowded housing will have no, or limited, space to do their homework, reducing their ability to thrive or to attain the standards they might otherwise have reached.

f) Homelessness and rough sleeping

After sustained reductions since 2002, recent homelessness trends have shown an upturn, with current levels showing a 15% increase since 2009/10.The city's hostels accommodate an average of 183 single homeless people/rough sleepers at any one time. These people suffer enduring or multiple health inequalities and experience barriers to accessing both primary and secondary health services – particularly in relation to addressing mental health needs.

Increasing numbers of homeless families are bringing up their children in temporary accommodation in the city – an average of 105 children live in this form of accommodation at any one time. Shelter[7] reveals that children living in temporary accommodation are almost twice as likely as other children to suffer from poor health, such as respiratory problems, asthma and bronchitis. It is also recognised that the prolonged and transient nature of life in temporary accommodation makes it harder to safeguard vulnerable children.

g) Gypsies and travellers

The city includes established gypsy and traveller communities. Evidence shows that these communities live shorter lives than settled communities and that they are less likely to use local preventative or early intervention health services.

h) Poor housing and child poverty

Plymouth has a higher rate of child poverty (21.9%) than the national average, amounting to 11,560 children including 10,190 children under 16.[8] The Social Care Institute for Excellence (2005)[9] highlights the following issues:

- More than one million children live in housing in England that is considered sub-standard or unfit to live in
- The research indicates that there is an association between homes with visible damp or mould and the prevalence of asthma or respiratory problems among children

- Poor quality housing can have an adverse effect on children's psychological wellbeing
- Interventions such as installing or improving heating systems have been found to be effective in alleviating the potentially adverse effects of damp on the health on children

2. Improving quality in dementia care

Just over 3,000 people in Plymouth are believed to have dementia – it is anticipated this number will increase to over 3,600 people by 2020. More women than men have dementia in their later years. The projections for Plymouth are presented in Table 3 and the gender breakdown is given in Table 4.

Early onset dementia is less common. However, the condition presents challenges for the individual diagnosed with this condition and impacts on every feature of their lives and their future care needs. Table 5 and Table 6 present projections for early onset dementia, by gender, for Plymouth to 2020.

Table 3 People aged 65 and over predicted to have dementia in Plymouth, projected to 2020 (Source: www.poppi.org.uk version 8.0)

	2012	2014	2016	2018	2020
Aged 65-69	168	175	173	156	151
Aged 70-74	267	288	312	352	355
Aged 75-79	481	493	504	521	561
Aged 80-84	744	754	778	801	835
Aged 85-89	728	767	822	861	900
Aged 90 and over	659	689	748	807	865
Total population aged 65 and over	3,047	3,166	3,337	3,498	3,667

Table 4 Dementia by gender and age in Plymouth (2012).
(Source: www.poppi.org.uk version 8.0)

Age range (years)	% males	% females
Aged 65-69	1.5	1
Aged 70-74	3.1	2.4
Aged 75-79	5.1	6.5
Aged 80-85	10.2	13.3
Aged 85-89	16.7	22.2
Total population aged 90 and over	27.9	30.7

Table 5 Projections for early onset dementia for men in Plymouth to 2020.
(Source: www.poppi.org.uk version 8.0)

	2012	2014	2016	2018	2020
Aged 30-39	1	1	1	1	1
Aged 40-49	3	3	3	3	3
Aged 50-59	18	19	19	19	19
Aged 60-64	14	13	13	14	14
Total men aged 30-64	36	36	36	37	38

Table 6 Projections for early onset dementia for women in Plymouth to 2020.
(Source: www.poppi.org.uk version 8.0)

	2012	2014	2016	2018	2020
Aged 30-39	1	1	1	1	2
Aged 40-49	4	4	4	4	3
Aged 50-59	12	12	12	13	13
Aged 60-64	9	8	8	8	8
Total women aged 30-64	26	26	26	26	26

a) Joint Dementia Strategy

Plymouth has a jointly agreed dementia strategy 'Living Well with Dementia' [10] and has developed care services in line with this strategy, including the implementation of a 'Dementia Quality Mark' for care homes. As a result of the improvements and an increase in service provision, there are a number of independent sector care homes in Plymouth that now provide a mixed economy of care for people with dementia. The profile of people with dementia is becoming increasingly more complex, and people with dementia often require nursing care in the latter stages of their condition.

'[S]ervices currently provided by specialist and non-specialist staff for people diagnosed with dementia are of good quality however there is a significant number of older people living in our communities with dementia who have not had the benefit of a specialist assessment and early intervention and therefore have not had their care needs identified, or met. In addition as people live longer we can expect the number of people with dementia to increase significantly which will place an additional burden on local services. There is no option or desire to stand still on this pressing demographic need.' – Living Well with Dementia strategy.[10]

Over the last few years, the Council has made significant progress in introducing more personalised approaches to help people have more choice and control over the care and support they receive, enabling them to live the life they choose.

b) Dementia: Public health challenges

The challenge for Plymouth, as it is for many cities and communities, is to continue to work towards the gold standard, set out in the National Dementia Strategy,[11] in which a society where people with dementia can say:

"I was diagnosed in a timely way."

"I know what I can do to help myself and who else can help me."

"Those around me and looking after me are well supported."

"I get the treatment and support which are best for my dementia and for my life."

"I feel included as part of society."

"I understand so I am able to make decisions."

"I am treated with dignity and respect."

"I am confident my end of life wishes will be respected. I can expect a good death."

"I know how to participate in research."

3. Health improvement including NHS Health Checks

Cardiovascular health is poor in some parts of Plymouth. The ODPH is working with GP practices to support the delivery of the NHS Health Checks Programme for men and women aged 40-74. The programme focuses on early detection of cardiovascular disease through screening the target population every five years. It will promote opportunities for health improvement and early access to treatment where necessary. In Plymouth 39 of the 41 GP practices are engaged in the NHS Health Checks Programme.

a) 'Know Your Pulse' campaign

Atrial fibrillation is a major pre-disposing factor to stroke. The annual risk of stroke is five to six times greater in people with atrial fibrillation than in people with normal heart rhythm. Pulse checks are a part of the NHS Health Check, the 'Hearty Lives' check, and work is in progress to include pulse checks with the annual flu vaccination programme for those over 65 years of age.

b) Stop Smoking Programme

The Tobacco Plan for Plymouth aims to significantly reduce the harm caused by tobacco in the city and intends to make smoke free lifestyles easier to achieve. The plan describes ambitions to protect Plymouth's communities, especially young people and children. The Council supports a number of initiatives including smoke-free workplaces, access to smoking cessation advice, and 'smoke-free hospitals' and the 'Stoptober' campaigns. A comprehensive range of 'smoking cessation support' is commissioned through the Stop Smoking Team, general practice and pharmacies.

c) Healthy weight and physical activity

The Council has a programme of interventions to help people recognise, achieve, and maintain a healthy weight. It is working with partners to develop a strategic approach to healthy weight. This includes a comprehensive menu for individuals ranging from brief interventions to increasingly complex and tailored programmes.

The Plymouth Community Health Improvement Team delivers a healthy weight programme for the more disadvantaged areas of the city. This comprises a multi-component model of diet, exercise, and education – helping to improve knowledge and support change. For the remainder of the city, and in support of NHS Health Checks, a 'Health Improvement Hub' supports behaviour change through motivational interviewing and referral to a range of commercial weight management programmes and opportunities to increase physical activity. A Tier 3 weight management programme is provided for those with a BMI above 35 kg/m^2.

Achieving healthy lifestyle behaviours across the life-course is important. A number of initiatives are offered across the city for children:

- A breastfeeding strategy – working towards UNICEF BFI accreditation, and including latch on clubs, peer supporters, 'Great Expectations Course', and breastfeeding workshops
- Children's centres – offering a range of support to parents, including cooking skills, parenting courses, food hygiene courses, and allotment projects
- HENRY training to enable early years' staff to work with families on behaviour change linked to healthy eating and physical activity

Following the excellent engagement of Plymouth schools with the 'Healthy Schools' and 'Healthy Schools Plus' awards, a local successor to these national programmes has been developed called the 'Healthy Child Quality Mark'. This is intended to support schools to develop and demonstrate their contribution to the health and wellbeing of children and young people in Plymouth.
The Education Catering Service that provides school food across Plymouth is recognised nationally as being amongst the best in the country. Menus have been awarded the Soil Association top award, the 'Gold Catering Mark'. Plymouth is the first local authority caterer in the country to hold this award. Every school has its own kitchen enabling them to offer freshly prepared hot food every day of the school year.

Each school in the city has conducted a survey on how children travel to school. At the end of each year, the survey is repeated to monitor changes in travel behaviour. In 2013, to encourage more children to walk, cycle, and scoot to school, 'Bike It Plus' (a project delivered by Sustrans in partnership with the Council) was introduced in selected schools in the west and north of the city. The first year of the project in Plymouth has shown very positive changes at the 'Bike It Plus' schools. The number of children cycling regularly to school (once or twice a week or more) more than doubled – increasing from 3.6% to 7.6% of children surveyed. Scooting to school saw a much bigger jump, increasing from 6.2% to 19.9%.This has been accompanied by a drop in car use, the percentage of pupils being driven to school three times a week or more dropped from 29.8% to 26.4%.

Increasing physical activity improves cardiovascular health and mental health and wellbeing. A number of initiatives are supported outside of healthy weight programmes which include:

- Community gyms and activities for those who are not physically active in deprived neighbourhoods
- 'Walk for Health' providing walking groups and training for group leaders
- 'Active for Life' programme which supports and promotes physical activities for adults with mental health problems and/or learning disabilities

- 'Healthy Futures' programme in North Prospect offers physical activities for families and children/young people

d) Leisure

The Council aims to improve culture and leisure opportunities in the city and acknowledges the role that this can play in improving health outcomes, quality of life, and educational attainment. Key to this is Plymouth's 'Life Centre', an innovative sports building in Central Park, which offers world class facilities to the local community and aspiring sportsmen and women from the city and the South West.

The Council's Sports Development Unit creates and enhances sport and physical activity opportunities. It coordinates and promotes many national initiatives such as 'Street Games', 'Sportive', and 'Run England' and works with a variety of agencies and organisations to deliver activity at a local level.

Currently 42.1% of Plymouth's adult population (16 years and over) participate in 1 x 30 minutes of moderate physical activity per week.[12] However, participation rates are much lower among women and girls, older people, people with disabilities, and ethnic minority groups. As a result the unit prioritises and targets its services towards under-represented groups and those most in need by developing suitable activities and programmes. For example, the unit has led the development of disability sport in the city, including wheelchair basketball, wheelchair rugby, and swimming for autistic people and those with learning difficulties. They provide accessible and affordable sporting opportunities to the Kurdish and the Filipino communities and to refugee and asylum seekers. They also provide recreational opportunities for women and girls including beginner running, 'Back to Netball', and 'Breeze Cycling'.

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Plymouth City Council as an employer

Working towards a healthier workforce

The Council as an employer has a significant impact on the health and wellbeing of its workforce. It has designed structures, processes, and policies that support a safe and healthy working environment and encourages good working relationships.
Some specific approaches are outlined below.

'Beat the Bug' – flu vaccinations were offered to all staff in 2012. A business case demonstrated the potential return on investment in terms of reduced sickness absence, and also highlighted qualitative outcomes –such as enhanced morale, better employee engagement, and improved reputation as an employer

Supporting smoking cessation

An in house smoking cessation clinic was held in 2011 and since then staff are supported to attend smoking cessation clinics in working hours. In 2012 a competition was run to encourage staff to take part in 'Stoptober'. This year the Council has agreed to pay for nicotine replacement therapy for 'Stoptober' quitters. A smoking policy that proactively supports smokers to stop is currently being negotiated.

Walking challenge

In 2012 and 2013 staff were encouraged to walk at least 10,000 steps each day. There was a competition for staff giving free pedometers and a prize for the team that walked the furthest. This was part of the Evening Herald's 'LoveLIFE' promotion.

Health Checks

Work is underway to raise awareness of the NHS Health Checks for the over 40's. In addition, staff are being encouraged to attend on-site clinics. This helps reach high risk groups (male, manual workers over 40 years old), raises awareness amongst staff and their friends and families about health risks and lifestyle choices.

Chapter 3

Healthy places

The Marmot Review shows that socio-economic inequalities, including the built environment, have clear effects on the health outcomes of the population. It confirms that there is a social gradient in health and also shows that there is a social gradient in environmental disadvantage. Published in February 2010, the review proposed six policy objectives and related interventions that aim to reduce the gap in life expectancy between people of lower and higher socio-economic backgrounds. The six key policy objectives are:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

Further work by the Marmot Review Team's 'Implications for spatial planning report' highlights the links between the 'place' and the public's health.[1] The report identified a number of factors where the evidence of the relationship with health was particularly strong. These include:

1. Pollution

There is clear evidence of the adverse effects of outdoor air pollution, especially for cardio-respiratory mortality and morbidity. Poorer communities tend to experience higher concentrations of pollution and have a higher prevalence of cardio-respiratory and other diseases. Nationally 66% of carcinogenic chemicals emitted into the air are released in the 10% most deprived wards. There is strong evidence that reductions in traffic to reduce air pollution are successful in improving health.

2. Green/Open space

Numerous studies point to the direct benefits of green space to both physical and mental health and wellbeing. Green spaces have been associated with a decrease in health complaints, blood pressure and cholesterol, improved mental health and reduced stress levels.

3. Transport

Transport accounts for around 29% of the UK's CO_2 emissions. The relationships between transport and health are multiple and complex. Transport provides access to work, education, social networks and services and presents opportunities to enable and encourage greater levels of physical activity through walking, cycling, and integrated

transport schemes. However, transport can also have adverse impacts on health. The impact of transport on health inequalities is greatest when looking at deaths from road traffic injuries – especially for children, as they are four times more likely to be hit by a car in the 10% most deprived wards than in the least deprived wards. Fatal accidents on the road are particularly high among children of parents classified as never having worked or as long-term unemployed.

4. Housing

Over the past 20 years, the poorest groups have become concentrated in social housing and the association between social housing and negative outcomes applies across several domains, including health, education, self-efficacy, and income. It is suggested that children in bad housing are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, to have respiratory problems, to experience long-term ill health and disability, and to have slow physical growth and delayed cognitive development. Cold housing is also a risk to health, affecting the levels of Winter deaths and respiratory diseases. Evaluation of home insulation programmes concluded that targeting home improvements at low-income households significantly improved social functioning, as well as physical and emotional wellbeing. Adequate heating systems improve asthma and reduce the number of days off school.

5. Community participation and social isolation

Community capital differs in areas of deprivation, with less volunteering and unpaid work, less socialising, and less trust in others in those neighbourhoods that are perceived to be less safe. Evidence of the association between social capital and health is strong. In many communities facing multiple deprivation, stress, isolation, and depression are common, and low levels of social integration and loneliness significantly increase mortality. Social participation acts as a protective factor against dementia and cognitive decline over the age of 65, and also reduces the risk of mortality by aiding recovery when becoming ill. Furthermore, there is some evidence that increasing community empowerment may result in communities acting together to change their social, material, and political environments.

During the Marmot Review, expert task groups analysed all these factors and proposed strategies and interventions to reduce exposure to them. They developed specific policy recommendations to address the problem of environmental inequalities, including three key recommendations:

1. Prioritise policies and interventions that both reduce health inequalities and mitigate climate change by:
    - Improving active travel across the social gradient
    - Improving good quality open and green spaces available across the social gradient
    - Improving energy efficiency of housing across the social gradient
2. Fully integrate the planning, transport, housing, environmental, and health systems to address the social determinants of health in each locality.
3. Support locally-developed and evidence-based community regeneration programmes that:
    - Remove barriers to community participation and action
    - Reduce social isolation

From the evidence presented above, it is clear that environmental disadvantages place an unfair burden on poorer members of society and those living in the disadvantaged areas within society. Therefore, clear strategies and principles of healthy design and interventions could improve the health and wellbeing of populations and reduce health inequalities.

Details of some initiatives in Plymouth that address the relationship between 'place' and public health are outlined in the case studies that follow:

Case study 1

Stepping Stones to Nature

Natural spaces can be used to facilitate improvements in the most deprived areas of cities. Since October 2009, a four-year partnership programme 'Stepping Stones to Nature' (SS2N) has reduced perceptual barriers and delivered access to better quality and more accessible open spaces. Funded by Big Lottery as part of Natural England's 'Access to Nature Programme', SS2N is based within the Council's Planning Services' Green Infrastructure Team and works alongside Street Scene Services who manage the city's green spaces. The project has focused on the more deprived areas of the city as well as targeting groups known to need support to access the outdoors (including black and ethnic minority groups, disability groups, people with health issues, and youth).

The project provides training and support to encourage partner organisations to use natural spaces as a tool to achieve their objectives. Communities and local service

providers have been involved in making decisions to ensure changes meet local need and are sustainable. Good quality paths, signage, seating, and play features have increased use of the sites by local residents and reduced anti-social behaviour. Regular provision of a wide range of free activities from wild-food walks to family bushcraft, from bug hunts to cycling, means sites are well-used by all ages. Activities aim to develop an understanding and appreciation of local natural spaces so that participants are confident to use them independently.

The Council has plans to embed the SS2N team and approach within its Green Infrastructure Team and work with partners to secure funding to broaden the work of SS2N across the city.

Case study 2

Cycling in Plymouth

The Plymouth 'Connect-West' project, completed in April 2013, provides new traffic-free and on-road walking and cycling routes linking the south western area of the city (including Devonport, Stonehouse, and Stoke) to existing routes which extend across Plymouth and into Cornwall (including the National Cycle Network). In just one year walking has increased by 25% and cycling has doubled on the routes surveyed on this network.

The network improvements were funded through a Sustrans Big Lottery grant and the Department for Transport (DfT). Investment from the DfT and Sustrans is also supporting improvements around and on the routes to and from Plymouth railway station. This includes new off-road cycling facilities, pedestrian and cycle crossing points, and new cycle parking. Further work will include a new off-road facility between the station and North Cross, along Saltash Road. In spring 2014 the route will continue northwards to Central Park and later in 2014 it will continue towards Derriford.

Funding from the DfT Cycle Safety Fund is enabling the delivery of a new cycling route with pedestrian improvements from Central Park to Honicknowle. The Cycle Safety Fund is also contributing to the delivery of two 'Safer and Sustainable Travel' schemes in Ham and West Park. The schemes aim to improve road safety and encourage more walking and cycling. Both schemes will improve access to Plymouth's strategic cycle network which passes through the two areas. The proposals for Ham and West Park include 20mph zones. Lower traffic speeds reduce the number of road casualties and their severity. They also help to make people feel safer when they are walking and cycling and improve local residents' quality of life, as well as help to reduce pollution.

Over the past two years, the Council has been part of 'Sky Ride' – the national programme designed to encourage behavioural change in cycling habits through recreational cycling. 'Sky Ride Plymouth' focuses on securing sustained participation through understanding people's motivations and addressing barriers.

'Bike It Plus' is a new project delivered by Sustrans in partnership with the Council, and is running in selected schools in the west and north of the city. It aims to increase the number of children and parents and staff who travel actively to school – using many of the new and improved routes to cycle, scoot, or walk for the school run. The Sustrans schools officer works with the participating schools on a programme of events and activities which aim to promote active travel and break down the barriers to cycling, scooting, and walking.

Case study 3

Public transport in Plymouth

The Council's Public Transport function supports the wider commercial bus network through its range of coordination services. The team commissions bus routes to serve locations, and therefore residents, who would otherwise not have a bus service. Times, frequencies, and routes are planned to maximise the journey opportunities available to residents. Access to healthcare facilities is a significant determining factor when prioritising which services are provided. The Council supports 14 unique services either entirely or by commissioning add-ons such as an evening extension to a route. In partnership with Cornwall Council, the Council provides a subsidy to the Cremyll Ferry operator to help improve the frequency and reduce the cost of using the service. Residents from south east Cornwall are able to interchange at Admiral's Hard and catch a direct bus to Derriford Hospital. The PR3 bus also provides a useful link from the 'George Park and Ride' site to Derriford Hospital, and concessionary pass holders are able to travel for free.

The accessibility of the public transport network has recently been increased through the introduction of a new city and 'dial-a-ride' service and the introduction of a new multi-operator day ticket. The 'Skipper' allows an individual to travel anywhere in Plymouth, all day and with any bus operator. The 'dial-a-ride' service is being delivered through a unique partnership between the Council, local charity 'Access Plymouth' and Plymouth Citybus. The new service offers elderly and disabled adults door-to-door journeys from their home to any destination within the city boundary. It operates from 9am to 4:30pm, Monday to Friday. Passengers benefit from three wheelchair-accessible minibuses and drivers who can help them on and off the bus and to and from their front door.

The Council also administers Plymouth's English National Concessionary Travel Scheme that provides off peak travel to eligible elderly and disabled residents. The Council issues the passes and manages customer data in addition to reimbursing bus operators for each journey made. The total cost annually is in excess of £5 million and represents a sizeable intervention – offering public transport to some of the city's most vulnerable residents. Every ward in the city provides bus services which link to some form of healthcare service, and the majority of these have a direct link to Derriford Hospital.

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Making a difference using NICE guidance

The National Institute for Health and Care Excellence (NICE) encourages cost effective practice by issuing guidance for:

- Public health – related to promoting good health and the prevention of ill health for those working in the NHS, local authorities, and the wider public and voluntary sector.
- Health technologies – on using new and existing medicines, treatments, and procedures within the NHS including interventional procedures, diagnostics, and devices.
- Clinical practice – on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

Advice and support on putting NICE guidance and standards into practice is provided through its implementation programme, and it collates and accredits high quality health guidance, research, and information to help health professionals and others deliver the best care through NHS Evidence. NHS Evidence – the web resource produced by NICE – provides information and evidence about the impact of a wide range of interventions, including social care and public health interventions likely to be of interest to local government. The NICE website has a dedicated Public Health Resource page and search engine available at:

www.evidence.nhs.uk/about-evidence-services/content-and-sources/public-health-information

Users can view the research, evidence, and guidance on best practice relating to the health of the population.

Topics include:

- Accident and injury prevention
- Alcohol misuse – prevention
- Cardiovascular disease – prevention
- Diabetes prevention
- Healthy eating
- Mental health and wellbeing
- Physical activity
- Sexual health
- Substance misuse – prevention
- Tobacco control
- Workplace health

Chapter 4

Public health intelligence

Local government must use the best available intelligence to effectively deliver its new public health responsibilities. This requires access to appropriate information and a wide range of evidence from a number of sources.

To plan and intervene effectively in ways which will improve and protect health and reduce inequalities, Plymouth City Council and its partners need an in-depth understanding of both the population as a whole and a detailed understanding of the profile of the population – including the groups who are most vulnerable and disadvantaged.

To enable this, the Council's public health intelligence function underpins the delivery of public health practice across all three of the domains of public health practice:

1. Health protection
2. Health improvement
3. Healthcare public health

Specifically the public health intelligence function is concerned with the management of the knowledge needed to inform action. This includes the analysis of data and statistics, learning from practical experience, sharing best practice, and implementing new research findings.

The Council already produces a considerable amount of information for many purposes, much of which relates to the social determinants of health. Some of this information can be disaggregated by neighbourhood, electoral ward or even smaller geographical areas and when put alongside public health information can be used to produce detailed socio-economic profiles of different subgroups of the population.

The ODPH has an opportunity to work with other departments in the Council to make best use of this intelligence so that the wider determinants of health are prioritised and addressed and health outcomes across the city are improved. Specific examples of the work carried out in this area are outlined below.

1. The Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF) for England, 2013-2016, was published in January 2012 by the Department of Health. It outlines the overarching vision to improve and protect the nation's health and wellbeing and to improve the health of the poorest fastest. There are 104 separate indicators in the PHOF. To enable the Council and its partners to prioritise against the PHOF a local (Plymouth-specific) PHOF tool has been developed. This enables the Council and its partners to see at a glance which indicators

Plymouth is performing poorly on when compared to the national average, and against other similar areas of the country. In addition to this high level overview, the tool allows indicators to be analysed at sub-city level (for example, by neighbourhood, electoral ward or locality). Using this local tool it is therefore possible to focus on those indicators where Plymouth appears to be performing poorly and also to target interventions appropriately at sub-city level.

2. Area profiles

A set of area profiles has been developed. These profiles are available for each of the city's 39 neighbourhoods, 20 electoral wards, and six localities. They contain statistical information on a number of topics including demography, health, crime, and benefits uptake. Information is presented for the area as well as for the city as a whole (for comparison purposes).Trend data for the area is also included.

3. 'Healthy Smiles' evaluation

Plymouth is a city divided in two by oral health. A 2009 survey found that young children living in the most deprived areas of the city had an average of 2.1 teeth affected by dental decay and that in these areas up to 55% of children were affected by the disease. Severe dental decay is not a trivial disease and its impact on the psycho-social and physical development of the child is well documented. Furthermore, it is costly to manage and has a lasting legacy on those disproportionately affected. One of the key objectives of Plymouth's 2010 Oral Health Strategy was to reduce oral health inequalities in children in these high prevalence areas.

In areas without water fluoridation, like Plymouth, the Department of Health recommends that all children should receive a twice-yearly fluoride varnish (FV) application to their teeth to protect them against the risk of dental decay. Only children regularly attending the dentist are currently able to benefit from this service. For those that don't there was no mechanism in place in Plymouth to directly improve their oral health. The 'Healthy Smiles for Plymouth' programme was developed to provide this service.

'Healthy Smiles' recognises the considerable barriers that prevent some families from accessing regular dental care. The school-based intervention project delivering oral health improvement and clinical treatment (FV application) to the teeth of 4-5 year old children is targeted to 17 schools in the most deprived areas of Plymouth in communities where dental decay rates are high.

The project aims to introduce children and families to dental professionals with the objectives of:

- Reducing oral health inequalities
- Focusing on prevention and promotion in the school environment
- Delivering modern and innovative services that are shaped by patients and the public

Consent forms, school administration systems, the treatment database, case studies, and feedback were all used to analyse and evaluate the first year of the programme. The evaluation shows that it has been successfully implemented and targeted to children most in need of dental interventions. The overall consent rate was 74% (much higher than other schemes across the country) and over 60% of those with validated consents lived in the most deprived quintile of the city. Over 30% were from Mosaic Group O – 'families in low-rise social housing with high levels of benefit need'.

Many families engaged by the programme did not access regular dental care. There is considerable scope to build on this early success and ensure that the programme is extended to further improve oral healthcare in Plymouth.

4. 'Hearty Lives' evaluation

To help tackle geographical inequalities in heart disease, the British Heart Foundation (BHF) introduced its pioneering 'Hearty Lives' programme in 2009. The programme aims to target and work with communities and groups at high risk of heart disease that may have been given less consideration in the past. The BHF provides funding, and the services and interventions are delivered jointly by local authorities, NHS trusts, voluntary organisations, and other stakeholders.

As part of the £11 million programme, Plymouth received £100,000 to reduce heart health inequalities throughout the city over a three year period. The chosen demographic is adults aged 18 and over, with an emphasis on middle-aged and older people of all genders and ethnicities, who live in eight targeted neighbourhoods.

The project is part of a larger scheme of work by Plymouth Community Healthcare's Health Improvement Team. This team uses a community development approach to build skills and improve knowledge and attitudes in community settings, to enable people to prevent the onset of illness and live healthier lives. To ensure cost effective, successful primary and secondary prevention interventions, 'Hearty Lives Plymouth' (HLP) has linked with already established networks to form partnerships with local stakeholders

including Plymouth's YMCA, Stop Smoking Services, and the Council.
In the targeted neighbourhoods the project aims to:

- Increase awareness and knowledge of cardiovascular disease (CVD) and improve access to information and advice.
- Support behaviour change towards CVD risk reduction in individuals and communities.
- Reduce emergency admissions for CVD (each neighbourhood to be out of the top 10 highest admission rates for CVD in Plymouth).

Lifestyle questionnaires, the health check database, and exercise programme data were all used to analyse and evaluate the first year of the programme. It is clear the project is reaching those who most need to make health improvements. Of the 576 residents who received a heart health check, nearly 65% had a BMI that classified them as overweight or heavier, and just over 35% (n = 204) were referred to a GP/practice nurse for further investigations. As many as 71% of the residents who took part pledged to make lifestyle changes.

The early evaluation has been used to inform how the programme will continue to operate. The focus will be to target and engage those in-need, hard-to-reach individuals to overcome barriers and improve uptake, whilst also monitoring those who have taken part in the first year. It is hoped that messages learnt by those receiving interventions will filter out to family and friends not directly involved with the project, producing a knock-on effect that may significantly increase the heart health and lifestyle choices made by residents in more socio-economically deprived neighbourhoods.

5. Survey of health visitor caseloads

The ODPH co-ordinates and reports on the survey of health visitor caseloads that takes place every two years. As part of this process, each health visitor fills out a form for every family on their caseload. These forms identify the presence or absence of 31 health-need factors. Information on approximately 13,500 families with young children is recorded. This information is analysed to produce reports for each Health Visiting Team. As well as the team-based analysis, analysis is carried out by neighbourhood, electoral ward, and locality – and for the first time this year, by infant, junior, and primary school catchment area.

6. National Child Measurement Programme

The ODPH works with partners to ensure the effective delivery of the National Child Measurement Programme (NCMP) in Plymouth. The NCMP is one of the five mandatory public health responsibilities for local authorities. The programme requires children in Reception and Year 6 classes in Plymouth's infant, junior, and primary schools

to be weighed and measured on an annual basis. Parents of all participating children are informed of their child's results. Children found to be underweight or very overweight are pro-actively followed up by Plymouth Community Healthcare's School Nursing Service that offer support, advice, and guidance.

7. Suicide audit

The ODPH undertakes an audit of suicides in Plymouth involving intelligence gathering for reported deaths by suicide and undetermined injury. This includes obtaining information from the Coroner's Office, acute and community service providers as well as from the individual's GP Practice. This is then used to build a picture of the circumstances leading up to the event and, when put alongside other deaths from this cause, may be used to make recommendations relating to harm reduction. In addition to this, an epidemiological overview of suicide and undetermined injury is produced on an annual basis.

8. Plymouth Fairness Commission

The ODPH is represented on and supports the work of the Plymouth Fairness Commission. This independent body has been established to investigate issues relating to fairness in Plymouth and will ultimately recommend how inequalities in Plymouth can be reduced. The ODPH has produced a report on 'Health inequalities from the cradle to the grave in Plymouth', to inform the Commission's initial work.

9. Joint Strategic Needs Assessment Steering Group

The ODPH leads Plymouth's Joint Strategic Needs Assessment Steering Group (JSNA SG). This group is responsible for producing the suite of reports and tools which makes up Plymouth's JSNA. The JSNA SG comprises representatives from various departments of the Council (public health, planning, economic development, children's services, and adult social care), the Clinical Commissioning Group (both strategic and patient voice representatives) and Healthwatch (representing the views of 'customers'). Information produced as a result of this group's activities is considered by the Health and Wellbeing Board and ultimately informs the selection of the priorities that appear in the Joint Health and Wellbeing Strategy.

Public health communications

Public health communications within local government requires a proactive and strategic approach. The ODPH communications seek to support all efforts to improve and protect Plymouth's health and wellbeing and improve the health of the poorest fastest. This includes:

- Increasing knowledge and awareness of public health issues
- Influencing behaviours and attitudes
- Highlighting the benefits of behaviour changes
- Supporting access to health services
- Challenging myths and misconceptions about health

Recent ODPH communications have included:

1. Supporting defined campaigns and programmes

- Promotion of 'Stoptober'
- Health and Wellbeing community consultation
- Public consultation on the Strategic Alcohol Plan

2. Editorial input to the local 'LoveLIFE' initiative covering

- Mental health
- Heart disease and related mortality
- Cancer prevalence and prevention
- Obesity and healthy weight
- Skin protection
- Diabetes

3. Supporting Public Health England activities

- 'Flu jab' promotion
- Outbreak of measles – MMR vaccine promotion
- NHS Health Checks – local performance
- 'Longer Lives' – life expectancy data

Chapter 5

The enforcement role of local government

The Public Protection Service (PPS) delivers more than 30 functions, which have a fundamental impact on the health of people in the city. They are an effective local health protection service working across five broad disciplines: Trading Standards; Safety, Health, and Licensing; Food Safety and Standards; Environmental Protection and Monitoring; and Neighbourhood and Environmental Quality.

Regulation is used where there is an established link between individual or organisational behaviour and environmental conditions and health. The PPS helps people in Plymouth live longer, safer, happier, and healthier lives. They focus on preventative action that effectively tackles some of the deep-rooted causes of ill health and inequalities. This involves: protecting vulnerable people, controlling the spread of infectious disease, preventing serious accidents, tackling alcohol and tobacco, and managing air quality. They target these causes of ill health by coordinating approaches to influence behaviour, protect the environment, and secure compliance with a broad range of laws.

Training Services	Buy With Confidence	Noise Nuisance
Public Funerals	Food Hygiene Inspections	Swimming Pool Sampling
Abandoned Vehicles	Sex Entertainment Venues	Rogue Traders
Animal Welfare	Port Health Service	Tobacco Control
Protecting the Vulnerable	Bathing Water	Fly Posting
Alcohol Fraud	Fly Tipping	Food Fraud
Air Pollution	Explosive Licencing	Underage Sales
Petroleum Licencing	Alcohol Sales	Food Labelling
Food Sampling	Toy Safety	Pest Control
Bereavement Service	Illegal Tobacco	Accident Investigation
Dog Attacks	Outbreak Investigations	Trade Descriptions
Taxi Licencing & Ranks	Land Quality Service	Food & Feed Standards
Stray Dog Control	Licenced Premises	

Figure 10 Work areas of the Public Protection Service.

The PPS predominantly works with those who are legally required (businesses, landlords, occupiers, and individuals) to protect and improve public health. In most circumstances the service offers advice and support. However, it may also use formal enforcement mechanisms, including:

- Fixed penalty notices
- Enforcement notices to require remedial action
- Prohibition notices where there is an imminent risk of serious injury to persons, animals, or the environment
- Revocation of authorisations, withdrawal of approvals, and refusal of registration
- Variations of licences, conditions or exemptions
- Cautions or prosecution

Action taken to secure compliance – whether advice or more formal action – is primarily based upon an assessment of risks to health, safety, and environment in addition to the wellbeing of residents, visitors, and persons who work in the city. This graduated approach to enforcement ensures that action is effective and proportionate to the circumstances.

1. Vulnerable people

All adults and children should be able to live peacefully in their own homes, free from fear of harm, and have their rights and choices respected. There may be many reasons why this is not possible including a person's age or mental capacity. Such people are vulnerable to a variety of factors, for example, to unscrupulous business people or noisy neighbours. The PPS works to ensure these factors do not result in health or welfare problems.

a) 'Buy with Confidence' and 'Support with Confidence'

Trading Standards operate two approved trader schemes called 'Buy with Confidence' and 'Support with Confidence' aimed at those who offer services in the home of vulnerable consumers. There are over 150 approved traders and personal assistants who have been vetted and checked by Trading Standards to ensure they trade fairly and offer excellent customer service. Consumers know they can rely on these traders and home carers to do a good job. The list of those approved under the scheme is distributed to consumers by partner agencies including Age Concern, Citizens Advice Bureau, and Adult Social Care. This ensures that residents have access to honest, reliable helpers who have been checked by Trading Standards.

b) Doorstep crime and scams

Trading Standards actively target those who prey on the most vulnerable members of society. There is a direct link between consumers being 'scammed' in their own homes, losing the confidence to live an independent life, and moving into care. Work

in this area led to the formation of the 'Devon and Cornwall Doorstep Crime Group' (made up of four Trading Standards Services plus Devon and Cornwall Police) which is working to reduce this type of criminality. In a recent two month period there were 220 intelligence reports about doorstep crime/cold calling from across the South West. Plymouth Trading Standards receive over 140 doorstep crime/cold calling complaints a year, and has four doorstep crime investigations on-going including a pending crown court trial.

c) Noise nuisance

People who are exposed to excessive noise may, as a consequence, experience mental health problems of anxiety or stress, or associated chronic health conditions like heart disease. The PPS tackles this problem by investigating complaints and serving enforcement notices. Last year PPS investigated over 1,500 noise complaints resulting in over 200 enforcement notices.

Officers also work to prevent noise problems from occurring by providing expert advice to the Council's Planning Department. This is done at the earliest opportunity to help developers consider potential environmental factors and protect residents from any potential nuisance as a result of future developments.

d) Filthy and verminous premises

People who live in filthy and verminous premises are often vulnerable for a variety of complex reasons. Their immediate living conditions form a barrier to tackling other problems as well as exposing them, and others, to serious risk of infectious disease. Legal powers are used to clean up these conditions, and officers work closely with colleagues in Adult Social Care and Community Mental Health Teams to provide assistance to help ensure the situation does not recur.

2. Infectious disease

There are around 850,000 cases of food poisoning in the UK each year. Some of these can cause serious illness and permanent disability and some types can kill. The PPS works with public health colleagues to identify causes of infection and to take action to control further spread. In 2012, the PPS responded to 584 cases of confirmed and suspected food poisonings. In some instances, people were excluded from school or work and specific improvements were required of businesses that were involved.

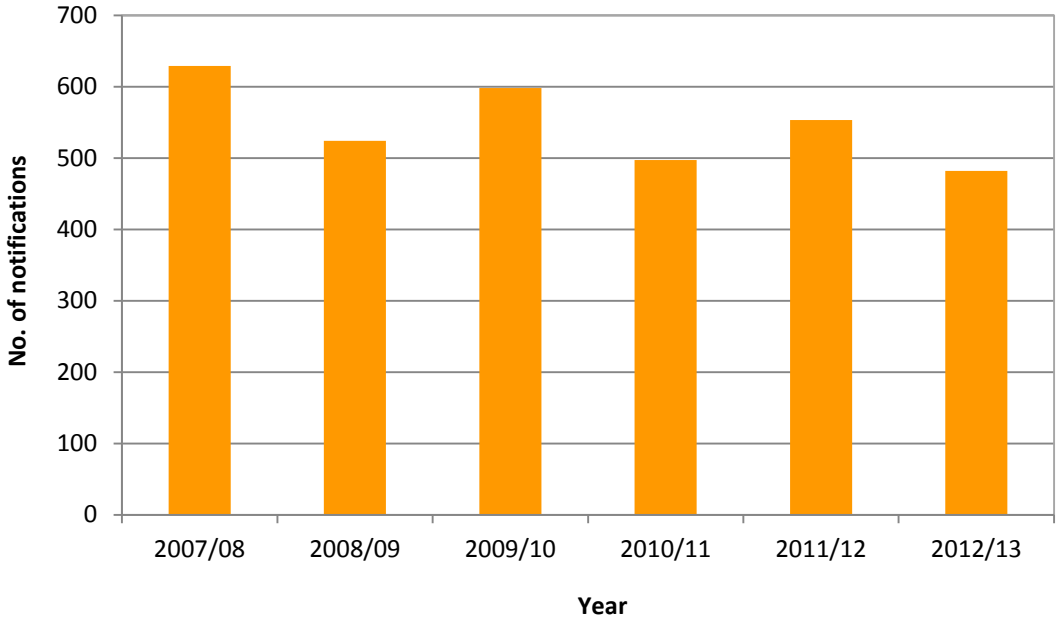

Figure 11 Total annual food poisoning and infectious disease notifications to Plymouth City Council 2007 - 2013. (Source: Public Protection Service Flare database)

a) Pest control

Pests not only spread disease but may also pose a serious risk to public safety – they can damage peoples' homes and cause electrical and fire damage. The rat population is continuing to rise and recent estimates suggest there are around 80 million rats in the UK.[1] Pests need rubbish for food and shelter and the PPS take enforcement action to remove accumulations of rubbish to prevent infestations from establishing. The pest control service also treats premises where pests such as rats, mice, cockroaches, and those that cause ill health reactions like fleas, wasps, and bedbugs have established themselves. In 2012/13, the PPS treated 1,429 homes in Plymouth.

b) Animals and animal welfare

Animal welfare is an important public health issue because animals can spread very serious illness such as rabies and toxocariasis to the human population. In addition some animals pose a serious risk of injury to people. Potential problems are identified through information provided by the public. Last year 1,145 complaints were investigated including dog fouling, dog noise, animal welfare issues, and attacks from dogs. The PPS is currently targeting their enforcement resource to hotspot areas where complaints of dog fouling are most common.

c) Street waste

Work is undertaken to keep the city's streets clean and clear to improve the quality of the local environment for residents. Legal powers are used to resolve issues such as littering, flytipping, graffiti, and flyposting and to ensure the correct collection and disposal of domestic and commercial waste. In 2012/13, 1,196 complaints were investigated regarding the misuse of bins, flytipping, flyposting, litter, and 549 abandoned vehicles were reported. These complaints were resolved through a graduated approach using advice, warning letters, fixed penalty notices, and prosecution as appropriate.

d) Food safety and standards

Most food is handled properly and is safe to eat, but food does have the potential to make us ill. The Food Safety and Standards Team is responsible for ensuring that food businesses operate hygienically. They identify key points in the food chain – from farm to fork – and work in various ways to ensure that these do not cause problems. They ensure their work is cost effective by targeting higher risk premises such as food manufacturers and low food hygiene scoring caterers. Their work includes: inspecting and advising the 2,200 businesses that sell food in the city, rating businesses for food hygiene, preventing food fraud, preventing illness, sampling food, Port Health, promoting a healthy diet, and preventing obesity.

- Inspecting and advising businesses

Inspection of food businesses is an effective way to ensure they operate hygienically and in line with the law. Inspections also provide an opportunity to talk to business managers about the way their business operates and the systems they use. Last year, the service visited more than 1,400 food businesses in Plymouth, 932 written warnings were issued about food safety and standards, 58 hygiene notices were served, five detention/seizures of food were made, and two voluntary closures of businesses were secured. By working with local businesses, the service ensures that nutritional labelling on food is accurate and claims made are not misleading. This enables consumers to make informed choices about the food they eat.

- Training

Targeted training is a cost effective way to secure key improvements in businesses and greater compliance with the law, and to deliver the PPS's enforcement policy using a graduated approach. The PPS work with groups of managers, owners, and employees on the best way to introduce improvements. Last year training was targeted towards managers and owners of restaurants and takeaways. After they had completed the specially designed course, 80% made significant improvements to the way they managed food safety. They all improved their food hygiene scores and were more confident to share these with their customers (using the Food Hygiene Rating System).

3. Serious accidents

a) Product safety

Unsafe consumer goods can cause serious accidents. The Trading Standards Team enforces legislation to ensure that goods supplied in Plymouth are safe by making routine inspections, sampling goods, and investigating complaints. Visits are also made to ensure that dangerous or recalled goods are removed from sale. Recent safety testing has been undertaken on disposable lighters, Christmas lights, UV protection products and children's clothing. Awareness campaigns have recently been run on toy safety and blind-cord safety in partnership with children's centres. The team works with public health partners as part of the Childhood Injury Reduction and Prevention Partnership.

b) Health and safety

Accidents and ill health related to work places costs Plymouth millions of pounds every year. As well as the obvious personal health impact from injury, the estimated economic cost of ill health and accidents in Plymouth is between £83.5 million and £136 million each year. Figure 12 shows the annual health and safety notifications reported to the Council for the last five years. There is a generally improving picture of safety at work shown by a reduction in the number of people attending hospital or staying off work for more than three days as a result of an injury sustained in the workplace.

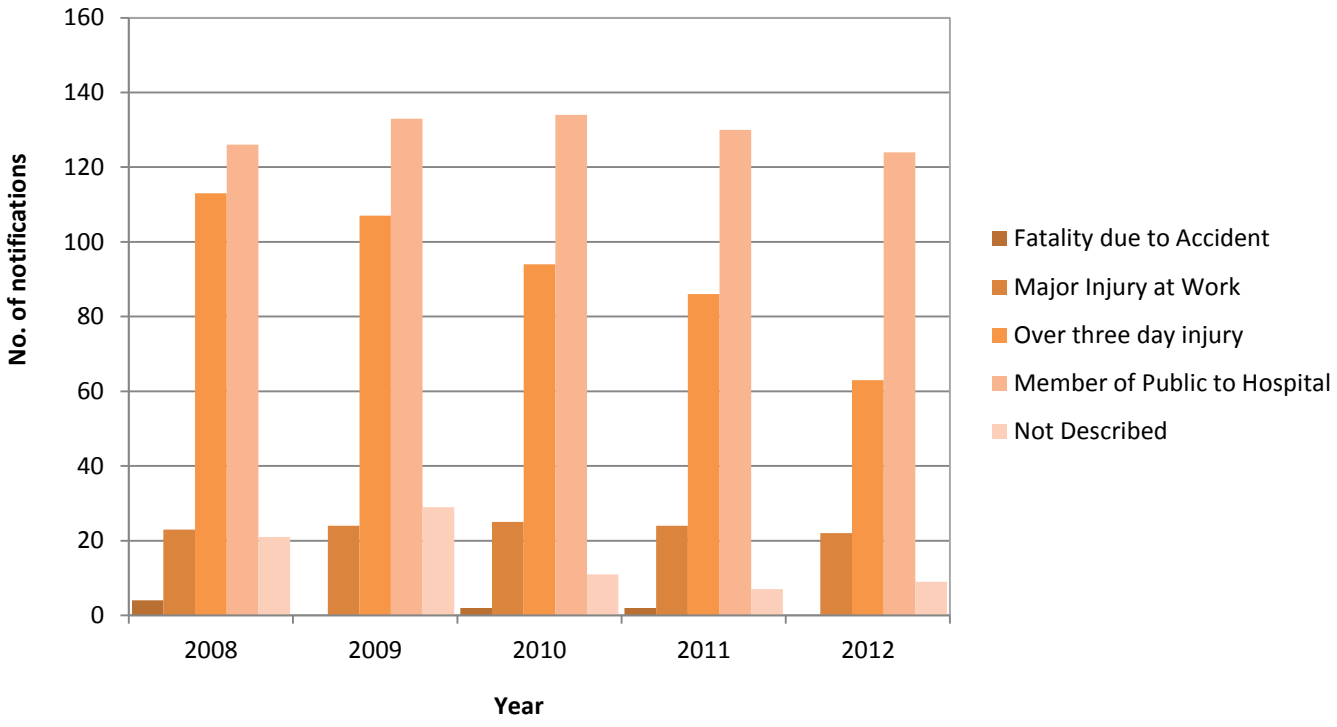

Figure 12 Annual Health and Safety Notifications to Plymouth City Council 2008 - 2012.

Targeted projects are delivered, and accidents and complaints are investigated to help build better businesses through ensuring that workplaces are safe and the health of employees is protected.

The PPS received a notification that a man had fallen down the staircase to the cellar of a local pub and had broken his leg. A health and safety officer visited the pub and found that the staircase had a poor handrail and worn carpet. He concluded that these defects constituted a significant breach of the Health and Safety at Work Act, as they had contributed to the accident. The officer served an Improvement Notice requiring the owner to repair the staircase. The pub has carried out the works and the PPS have not received notification of anyone falling down the stairs since.

A current health and safety project focuses on gas safety in catering premises in conjunction with the Health and Safety Executive following a number of accidents and carbon monoxide deaths caused by gas appliances. Inspections have identified a number of businesses that have not maintained their equipment and have used unregistered engineers to carry out gas installations and repairs (some gas engineers have been operating outside their qualifications). The PPS is working with businesses to address these issues and has taken enforcement action, where needed, to improve safety compliance.

4. Alcohol and tobacco

Alcohol-related diseases or disorders are a common cause of premature death and a significant public health issue. Alcohol misuse not only harms the health of the consumer, it also impacts the economy and the crime rate. In 2010, the National Institute for Health and Clinical Excellence estimated the annual cost of alcohol harm in England to be £12.6 billion. This estimate includes the cost of healthcare, crime and anti-social behaviour, and loss of productivity in the workplace due to absenteeism.

It is estimated that nearly 60,000 people in Plymouth drink at hazardous and harmful levels and that over 5,000 people are dependent on alcohol. Increasing numbers of people are being admitted to hospital every year as a result of their alcohol use. In 2011/12, there were 6,942 hospital admissions resulting from alcohol misuse in Plymouth including an increase in chronic liver disease and cirrhosis in those under 65 years old. In 2011/12, there were over 2,500 alcohol-related crimes in the city – with violence accounting for 70%.

Smoking tobacco is the leading cause of preventable death in Plymouth. An estimated 540 people in Plymouth die early every year due to illnesses related to smoking. Tobacco also places a financial burden on the city – the accumulated health and social costs are estimated to be around £85 million every

year. The PPS has worked closely with the ODPH to develop a joint plan to tackle tobacco. This involves the coordination of approaches to reduce the supply of, and drive down the demand for, tobacco. Approaches include enforcement of laws, such as disrupting the sale of illegal tobacco, and working with retailers on selling tobacco in line with the law. Support to build a positive peer influence to reduce the uptake of smoking during teenage years is being given in partnership with Plymouth Community Healthcare.

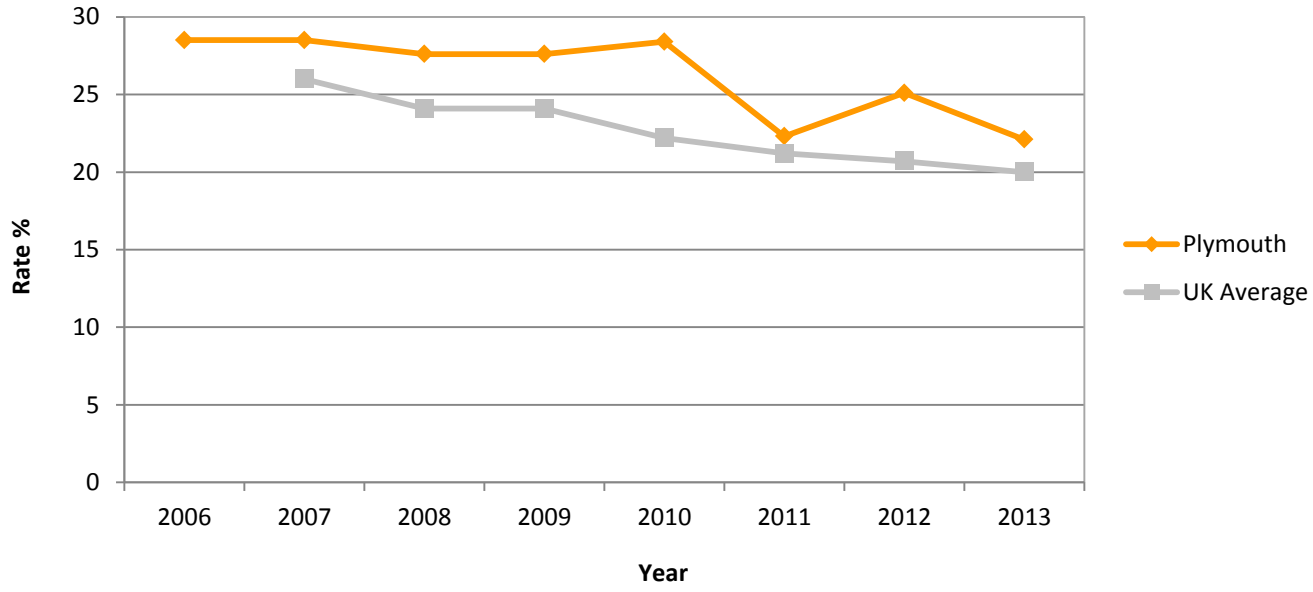

Figure 13 Rates of adult smoking in Plymouth and UK average 2006-2013.
(Source: PHE Health Profiles for Plymouth)

a) Premise licences

The PPS works closely with a number of organisations to support the delivery of the city's Strategic Alcohol Plan. They work with 1,300 licensed premises in to ensure that they comply with the licensing objectives which are:

- To prevent public nuisance arising in the surrounding area, for example, noise disturbance and increased litter
- To prevent crime and disorder
- To protect public safety
- To protect children from harm – by ensuring that premises operate a suitable age restriction policy

Officers monitor licensed premises during their operating hours to ensure they are complying with their licensing conditions. Formal action is taken where they are found to be in breach of their conditions or causing noise disturbance to local residents.

b) Under-aged sales

Access to both alcohol and tobacco by children is an important factor in the development of their later attitude and use. The law is used to ensure that supply to under 18s is disrupted. 'Test purchasing operations' are undertaken to establish whether businesses are fulfilling their legal duty and challenging young people for age identification. Purchasing operations are also undertaken across a range of other age-restricted products including gambling establishments, sunbeds, fireworks, petrol, knives, solvents, games, and films.

Last year, 18% of businesses tested sold tobacco to an underage person (the majority of them received simple cautions, in line with enforcement policy). In addition, 38% of public houses/clubs and 16% of retailers were found to have sold alcohol to an underage person (one retail business had their licence revoked, two city-centre bars received a 48 hour closure order and, in all of the other cases, the member of staff who sold alcohol received a fixed penalty notice).

c) Illegal tobacco

Local and national evidence has shown that access to cheaper, illegal tobacco significantly increases the rates of smoking because it allows people to continue smoking when they would otherwise quit. This is a widespread problem, the local market is estimated to be worth around £10 million every year in Plymouth. Trading standards officers target sellers of illegal tobacco, successfully seizing the illegal goods, restricting and disrupting supply in Plymouth.

In one recent case, officers raided the home of a seller – acting on intelligence. Over 400 pouches of tobacco and cigarettes, lighters, and cigarette papers were seized. The owner of this premise was thought to be selling to local children as well as adults. He pleaded guilty to various offences and was given 180 hours community service and ordered to pay £360 costs. He also lost the tobacco which he claimed had cost him £3,000 to purchase.

5. Air pollution

Evidence shows that air pollution reduces life expectancy in the UK by an average of six months, with an estimated annual health cost of up to £317 billion. Susceptible groups include children, the elderly, and those living in poorer areas – often due to the increased levels of industry in those areas.[2]

The PPS undertakes air quality monitoring across the city to identify trends and any new areas of concern. They work closely with colleagues in both Transport and Strategic Planning to ensure that the future growth of the city will not have an adverse effect on the health of local people.

Where monitoring shows that national air quality objectives are not likely to be achieved, local authorities declare an Air Quality Management Area (AQMA). Once an

AQMA has been declared, a plan to improve the air quality in that area – an Air Quality Action Plan (AQAP) – must be put in place. There are currently two AQMAs in Plymouth on Exeter Street and Mutley Plain and a further three are planned.

Monitoring levels of pollution is important in order to understand the impact of emissions in the areas most likely to exceed the health-based standards. In addition it ensures targeted AQAPs reduce or mitigate these health risks through appropriate measures – such as traffic management, development control, and enforcement.

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1. Wardrop, M. (2012) Fortnightly bin collections 'lead to surge in rat population'. Available: http://www.telegraph.co.uk/earth/environment/9101294/Fortnightly-bin-collections-lead-to-surge-in-rat-population.html. Last accessed 31 Aug 2013.
2. Local Better Regulation Office. (2011) Priority Regulatory Outcomes A new approach to refreshing the National Enforcement Priorities for Local Authority Regulatory Services. Birmingham: LBRO.

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Emma	Watson	Executive Assistant for the Director of Public Health
Julie	Wileman	Transport Projects Manager
Jim	Woffenden	Senior Transportation Planner

Please give us feedback

This survey can be cut out, completed and posted to the ODPH.
Alternatively complete this survey online at:
http://plymouth.consult.limehouse.co.uk/public/general/publichealthreport

1. Did you find the Director of Public Health Annual Report Interesting?

- ○ Very
- ○ Fairly
- ○ Average
- ○ Not Very
- ○ Not at all

2. Did you find the Director of Public Health Annual Report easy to read?

- ○ Very
- ○ Fairly
- ○ Average
- ○ Not very
- ○ Not at all

3. Did you find the Director of Public Health Annual Report useful?

- ○ Yes
- ○ No

Please tell us why?

4. Do you think the correct issues/subjects were covered in the report?

- ○ Yes
- ○ No

If no, please tell us why?

5. What was the best part of the Annual Report and why?

6. What was the worst part of the Annual Report and why?

7. Was the report the right length?

- O Too long
- O Just right
- O Too short
- O Unsure

8. Do you have any suggestions for improving this report for the next time?

Thank you for completing the survey

Please post the form to

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