

THE VALE OF GLAMORGAN COUNCIL

CABINET: 20TH FEBRUARY, 2017

REFERENCE FROM HEALTHY LIVING AND SOCIAL CARE 16TH JANUARY, 2017

“678 UPDATE ON THE WORK UNDERTAKEN BY PUBLIC HEALTH WALES, BY DR. SIAN GRIFFITHS, CONSULTANT IN PUBLIC HEALTH MEDICINE –

The Committee welcomed Dr. Sian Griffiths, Consultant in Public Health Medicine, who had been invited to provide an overview of the work undertaken by Public Health Wales.

Dr. Griffiths began by referring to some of the key determinants when it came to assessing public health:

- Life expectancy within the Vale for both males and females had increased although those people living in deprived areas of the Vale were still comparatively disadvantaged. There were similar inequalities in respect of healthy living expectancy, with an average 20 year gap for men.
- Smoking – whilst overall rates were declining across Wales, in areas of high deprivation the rate of smoking was much higher. In the Vale of Glamorgan areas of central Barry showed a rate as high as 29% while in the Western Vale the rate was as low as 17%. A number of factors could explain the high rate, including access to cheaper tobacco.
- Physical activity – the rate of people taking part in the minimum of 150 minutes of exercise per week had flatlined across both Wales and the Vale of Glamorgan.
- The rate of adults who reported eating five or more portions of fruit or vegetables a day showed a small reduction over the past four years and was an area of concern.
- The rate of adults of working age with a healthy weight was below 50% and more people in the Vale are now overweight.
- The percentage of adults drinking above the recommended guidelines was currently at over 40% in the Vale, which was above the Welsh average. In particular, older people in the Vale were a key area of concern.

Dr. Griffiths also referred to a number of partnership public health documents which illustrated the work that was ongoing at present. These included the following:

- Public Health Integrated Medium Term Plan
- Tobacco Free Cardiff and Vale Strategy and Action Plan
- Cardiff and Vale Healthy Weight Framework
- Cardiff and Vale Physical Activity Action Plan
- Cardiff and Vale Eating Well Action Plan
- Cardiff and Vale of Glamorgan Alcohol Working Group Action Plan.

In terms of some examples of success, Dr. Griffiths outlined that there were a number of programmes ongoing in relation to tobacco. In the Vale of Glamorgan, three schools had signed up to the Smoke Free School Gates Scheme with another three schools looking at the Just Be programme. Dr. Griffiths also outlined the key work that was undertaken through the National Exercise Referral Scheme and also initiatives around food and alcohol awareness for older people. Other important initiatives included the Otago Fall Prevention Programme and also the Making Every Contact Count Scheme, which was around ensuring that professionals from all partnership agencies were involved in providing consistent public health messages and support to individuals.

In terms of how things could be done better, Dr. Griffiths outlined that there should be stronger links in relation to urban healthy planning, active travel, promotion of urban and rural green spaces as a means to improve physical and mental wellbeing. She outlined that greater support was needed for the Vale Food Charter, commonly known as Food Vale, and also there was a need for more efficient joint working in which information and priorities for each agency was shared on a more regular basis.

The Chairman stated that legislation around smoking had been a relative success and queried whether there was anything to be learned in regard to promotion of healthy living and weight loss. In reply, Dr. Griffiths stated that work was being undertaken around influencing people to reduce the level of sugar in their diets and advertisement campaigns were being designed to focus on children and young people. She also outlined that UK Government support could be stronger and that the Welsh Government had limited areas of power in this area. A key aspect was lobbying for better food labelling and a focus on sugar intake.

A Committee Member stated that the inequality in the life expectancy figures were very stark and he queried as to what level of the population would be following all of the healthy living guidelines. In reply, Dr. Griffiths stated that this was very complex. Although some people would be aware of all the healthy lifestyle choices, at present only 6% of the population chose to follow all of them. She outlined that this showed how difficult it was to stick to the guidelines. She added that the term Lifestyle Choices was commonly used but, in many cases, choice would not be available, particularly in deprived areas where healthy food was not so easily accessible or affordable.

A Member referred to challenges being experienced in some of the deprived areas of the Vale and he asked whether there was anything that local Councillors could do to help with the Public Health campaigns. In reply Dr. Griffiths advised that there was an Action Plan in place to ensure that more actions were focused on the more deprived areas. Work such as tackling the level of smoking was being progressed on an individual Ward basis and she stated that the Food Charter was a key strategic document.

In reply to a query regarding the level of staff being given the flu immunisation jab, Dr. Griffiths stated that the Local Health Board had been successful in encouraging

staff to have the vaccinations. Her colleague from Public Health Wales, Dr. Tom Porter, was leading on this.

The Chairman queried the percentage of the NHS budget that was spent on Public Health and he asked whether the Welsh Government Minister was minded to increase spending or the profile of Public Health. Dr. Griffiths stated that, as a percentage of overall spending, the overall budget on Public Health was small but that Welsh Government Ministers were well focused on public health. She added that the Well-being of Future Generations Act was seen as world leading, with public health written right through it as a document. In that regard, Wales was well placed.

A Committee Member asked for clarification regarding healthy eating. The Member queried whether food priced at a modest level was more of an issue than people's willingness to cook healthy meals. The Member also referred to the fact that food packaging and labelling had been in place for over a decade and had not seemed to have improved the situation. The Member queried how Local Government and other public services could persuade people to live a healthier lifestyle. In reply, Dr. Griffiths stated that this was a key issue. Packaging was not an easy thing to get right as there would be some people who would be well aware of the issues and would still choose not to follow the recommended guidelines. She added that time could be an issue for a number of demographic groups and she cited the example of people on zero hours contracts who would not have enough time or confidence to prepare a healthy meal. Therefore, there was a need for a multi-faceted approach in order to support people to make the right lifestyle choices.

In reply to a Member's query regarding the meningitis immunisation programme, Dr. Griffiths advised that the Meningitis B Vaccination was being provided to new born babies. She added that she was not sure of the catch up programme for older children.

Having thanked Dr. Griffiths for her input, the Committee

RECOMMENDED – T H A T the presentation by Public Health Wales be referred to Cabinet for its action as appropriate and in particular to highlight the following areas for improvement:

- Stronger links around urban healthy planning, active travel, promotion of urban and rural green spaces as a means to improve physical and mental well-being.
- Greater support for the Vale Food Charter "Food Vale".
- Efficient joint working and regular sharing of information and priorities.

Reason for recommendation

To highlight to Cabinet that there were specific areas for improvement that could be progressed in the Vale of Glamorgan in regard to healthy living lifestyle choices."

Attached as Appendix - [Presentation to Healthy Living and Social Care Scrutiny Committee - 16th January, 2017](#)