



REGENERATION AND ENVIRONMENT SCRUTINY COMMITTEE – 11TH DECEMBER 2012

SUBJECT: CHIEF MEDICAL OFFICER FOR WALES ANNUAL REPORT 2011

REPORT BY: CHIEF EXECUTIVE

1. PURPOSE OF REPORT

- 1.1 The Chief Medical Officer for Wales published his Annual Report for 2011 in July 2012 and the purpose of this report is to brief Members on some of the key issues.

2. SUMMARY

- 2.1 This is Dr Tony Jewell's 6th and last Annual Report as Chief Medical Officer for Wales. In it he notes that the health of the population continues to improve. This is reflected by record low levels of infant death and increased life expectancy at birth. Inequalities in health still exist however and more needs to be done to ensure fairer outcomes for all.

3. LINKS TO STRATEGY

- 3.1 Health, Social Care and Well Being Strategy 2011-14.

4. THE REPORT

4.1 A Growing Population

In his 6th and last Annual Report before retirement the Chief Medical Officer for Wales (CMO) reports that the health of the population of Wales continues to improve. We have increased levels of life expectancy at birth and increased healthy life expectancy as well. In addition, Wales has historically low levels of infant mortality with a rate of four per 1000 live births recorded in 2010, the lowest on record. Of the 31,000 people that died in Wales in 2010, the majority died from one of the two big killers of circulatory disease or cancer. There remain significant inequalities in the life expectancies and mortality rates across our country.

4.2 Pregnancy, Birth and Early Years

The population of Wales is growing and like the rest of the United Kingdom, is ageing with continuing longer survival outpacing the birth rate. The latest figures for 2010 show the birth rate continuing to increase with 35,952 live births. Despite steady decreases in stillbirths over a 40 year period, the past decade has seen no further improvement in the rate of babies stillborn, born early or at low birthweight.

4.3 Wales has the highest prevalence of obesity in pregnancy in the UK. The most recent figures show 6.5 per cent of pregnant women in Wales with a body mass index (BMI) of 35 or higher, the level associated with poorer pregnancy outcome. Every year this equates to 2,100 babies in Wales exposed to the risks associated with maternal obesity. In 2010, Wales showed an improvement in the number of pregnant mothers smoking at 33 per cent, down from 37 per cent in 2005. However, Wales had the highest proportion among UK countries of mothers who smoked before or during pregnancy. Maternal obesity has been identified as doubling the risk of stillbirth compared with a mother of normal weight. Smoking during pregnancy is a major avoidable risk, estimated to contribute four to seven per cent to the risk of stillbirth.

4.4 **General Health of Children**

95 per cent of children were reported to have 'good' or 'very good' general health. However, 20 per cent of children were also reported as having a long-standing illness, including six per cent who are limited by this. 36 per cent of children were reported to be overweight, including 19 per cent who were obese.

4.5 **Teenagers**

Fewer teenagers in Wales smoke compared with the previous survey in 2005. Education about healthy choices and a smoke-free environment is communicated to children and young people through the Welsh Network of Healthy Schools. Enforced by Trading Standards, a ban on cigarette sales from vending machines was introduced in February of this year. The CMO states that the Fresh Start Wales campaign to combat smoking in cars, and the ban on point of sale advertising, which will be introduced by December 2012, will all add to the drive for a 'smoke-free Wales'.

4.6 Around 14 per cent of 13-year-olds and 32 per cent of 15-year old girls and boys (2% of 11-year-old girls and 5% of 11-year-old boys) in Wales reported drinking alcohol on a weekly basis, a decline of eight percentage points since 2005-06. However, Wales remains in a group of countries internationally with the highest rates of teenage alcohol use. The CMO identifies alcohol as a significant threat to health and wellbeing for children and young people. Licensing laws, enforcement of age checks reducing the possibility of under 18-year-olds buying alcohol, and minimum pricing policies are amongst actions identified needed to reduce the harm from alcohol.

4.7 Health behaviours in the adult population

In Wales the proportion of adults reporting healthy lifestyle choices is low:

- Only 35% of adults reporting that they ate 5 or more portions of fruit and vegetables;
- Only 30% of adults reported meeting the guidelines for physical activity;
- Over half of adults were classified as overweight or obese, of which 22% were obese;
- Excessive alcohol intake is widespread;
- Almost a quarter of adults smoke.

Whilst the position in Wales is poor, as demonstrated in the table below the position in Caerphilly is worse across all those behaviours. As in Wales as a whole, 1 in 4 adults in Caerphilly smoke, but we know that in Upper Rhymney Valley this increases to 1 in 3. The latest Well Being Network core brief, attached as an appendix to the report, gives a flavour of some of the steps that are being taken to address some of these issues.

Per cent (age-standardised)

SMOKES	Drinks above guidelines	Eats fruit & vegetables (5 a day)	Meets physical activity guidelines (5*30)	Overweight or obese
--------	-------------------------	-----------------------------------	---	---------------------

Local Authority

Isle of Anglesey	24	43	38	32	54
Gwynedd	24	45	41	33	56
Conwy	22	43	35	32	51
Denbighshire	23	45	36	34	54
Flintshire	21	46	36	30	56
Wrexham	26	43	32	30	54
Powys	23	41	37	38	56
Ceredigion	23	41	41	37	53
Pembrokeshire	23	38	38	33	59
Carmarthenshire	23	39	40	31	59
Swansea	22	45	38	28	57
Neath Port Talbot	26	47	33	27	61
Bridgend	22	48	31	31	60
Vale of Glamorgan	21	47	34	31	55
Cardiff	23	46	38	24	55
Rhondda Cynon Taf	27	44	30	27	62
Merthyr Tydfil	26	46	33	27	63
Caerphilly	24	45	30	27	60
Blaenau Gwent	28	44	28	28	61
Torfaen	26	42	30	28	63
Monmouthshire	19	43	38	34	54
Newport	25	45	34	27	58
Wales	24	44	35	30	57

4.8 Cancer

Cancer incidence rates have continued to increase since the early 1970s, with age standardised rates increased by 0.7 per cent per year between 1974 and 2010. The increased incidence may be partly as an inevitable consequence of longer overall lifespan, as well as effective screening programmes and early diagnosis. In addition, death rates from cancer continue to reduce, and are more likely to be at older ages, meaning more long term survivors with less premature death. Cancer is thus becoming more of a 'chronic condition' that more of the population lives with for longer. The overall picture of cancer in Wales is of higher incidence, but also longer survival, with cancer being the most likely cause of premature death. For the future, the rising incidence is a reminder to address the continuing risk factors of tobacco, alcohol and obesity on a population basis.

4.9 Deaths

Just over 31,000 people died in Wales in 2010, the leading causes of death for the whole population being circulatory disease. Cause of death varies with age, accidents being the single biggest cause in adolescents and young adults, cancer in working age adults and circulatory disease in older adults. Premature death in the working age population is most likely to be from cancer, much of which is potentially avoidable by controls on tobacco, alcohol and obesity, as discussed above.

4.10 Life Expectancy

Life expectancy for people in Wales has shown a steadily increasing trend over the past two decades and continues to be higher for females than males, but the gap between them is closing. Life expectancy at birth in Wales (2008-10) was 77.6 years for males and 81.8 years for females. The gap between the poorest and richest areas has increased, as life expectancy has risen least quickly in the poorest areas, although recent figures suggest the

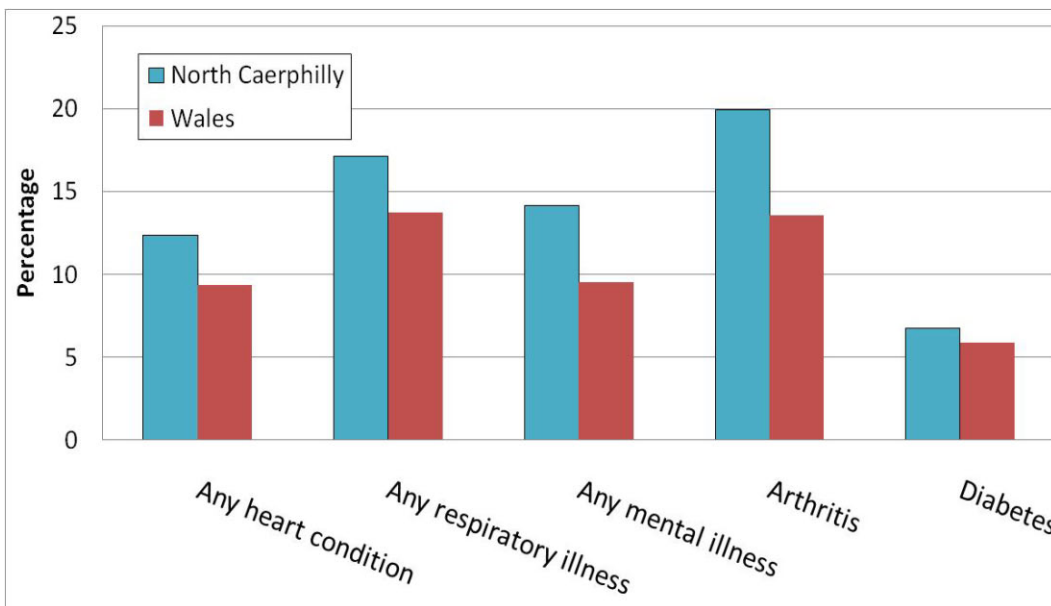
gap may be starting to stabilise. The CMO identifies underlying risk factors in the shape of our relatively poor lifestyles shown internationally for children and adults are damaging to future prospects. There are positive signs, however, that fewer children are smoking and drinking and that prevention programmes such as screening and improved treatment services are helping to improve survival, particularly for cancer.

4.11 The CMO devotes a Chapter of his Report to the idea of homes as a space to protect and improve the health of people and goes on to make a number of recommendations including:

- Emphasise the importance of healthy homes, and the evidence base underpinning it, taking lessons from other successful settings approaches in Wales.
- Homes with children should be smoke-free.
- Strengthen partnerships at all levels in Wales to focus on houses and homes as places to protect and improve health.

4.12 Inequalities in Health

Inequalities in health are the result of many factors: poverty; geographic location; culture; and lifestyles, but much of the difference in health we see between different parts of our society is avoidable. As healthy lifestyles are less prevalent in more deprived areas of our borough it follows that health experiences worsen; the table below demonstrates the significantly higher incidence of a range of chronic conditions in the north of our borough as compared with the rest of Wales.



Within Caerphilly the gap in life expectancy in males between the most and least deprived 5th is nearly 9 years. When considering healthy life expectancy the gap is even greater at around 19 years. The CMO finds that health is improving for all, but some people are being left behind.

5. EQUALITIES IMPLICATIONS

5.1 There are no potential equalities implications of this report and its recommendations on groups or individuals who fall under the categories identified in Section 6 of the Council's Strategic Equality Plan. There is no requirement for an Equalities Impact Assessment Questionnaire to be completed for this report.

6. FINANCIAL IMPLICATIONS

6.1 None arising from this Report.

7. PERSONNEL IMPLICATIONS

7.1 None arising from this Report.

8. CONSULTATIONS

8.1 The report has been sent to Consultees listed below, and there are no consultation responses, which have not been reflected in the recommendations. This report has been presented to Cabinet and in noting the contents it was requested that the report also be included as an information item for the Health Social Care and Well Being and the Regeneration and Environment Scrutiny Committees.

9. RECOMMENDATIONS

9.1 Members are asked to note this summary of the Chief Medical Officer for Wales Annual Report 2011.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To brief Members on current health issues in Wales and within Caerphilly county borough.

11. STATUTORY POWER

11.1 None.

Author: Rob Hartshorn, Head of Public Protection
Consultees: Cllr D.T. Davies, Chair Regeneration and Environment Scrutiny Committee
Cllr E.M. Aldworth, Vice-Chair Regeneration and Environment Scrutiny Committee
Councillor Dave Poole, Cabinet Member for Community and Leisure Services
Anthony O'Sullivan, Chief Executive

Background Papers:
Our Healthy Future – Chief Medical Officer for Wales Annual Report 2011