

Torbay Public Health *Report 2011*

1911



2011

New vision keeps focus on better health for poorest

Health and social care services are facing the biggest changes and opportunities for years under the current NHS health reforms - and public health forms an important part of this sea change.

It is an exciting time to be working in Public Health with renewed emphasis on the vital role that public health plays in the health and well being of the community.

The Government's vision is: 'to improve and protect the nation's health and to improve the health of the poorest, fastest' and to facilitate this, responsibility for Public Health will be transferring back to the local authority, Torbay Council.

In a sense, things have come full circle - as, prior to 1974, Public Health responsibilities were the remit of local government and were led by the Medical Officer for Health.

Of course, action to improve the health of the public has been undertaken by many agencies including the NHS, Councils and others - and, for some years now, Torbay has had a jointly-appointed Director of Public Health (DPH) to encourage action on the wider determinants of health across all agencies and to apply Public Health skills to a wide set of Council responsibilities.

The Public Health team will transfer to Torbay Council in April 2013 and will be provided with a ring-fenced budget. Given the existing joint working arrangements between Torbay Care Trust and Torbay Council, the transfer is already being progressed.



*Foreword by Debbie Stark,
Director of Public Health for Torbay*

This reflects the influence the Council has in addressing the underlying inequalities which impact on health such as employment, education, housing and the environment. There is evidence that a major improvement to health behaviours and outcomes can only be made by addressing the inequalities in the circumstances in which people live and work.

To this end, the Council, Public Health team and partners have been actively tackling inequalities through the 'Closing the Gap' initiative, which has brought some significant improvements.

With these factors in mind, we have chosen, in this year's report, to reflect on the last 100 years in Torbay, analysing some of the major differences in the health of our population in 1911 and now - and highlighting some of our successes.

While there have been changes in diseases and causes of mortality, I have discovered that the inherent inequalities affecting the people of Torbay remain similar with poorer health outcomes for those in our more disadvantaged areas.

In 1911, Torbay had three Medical Officers for Health, one for each of the three towns.

Where possible, using the detail of the annual reports available for both Torquay and Brixham, I have reflected the style and content of those 1911 reports.

In addition, I have drawn on information from the Joint Strategic Needs Analysis - which provides detail about the issues affecting the populations in each area in Torbay but also shows the overall position. In summary, Torbay has a very different demographic to the national average with a much higher proportion of older people.

Whilst this clearly impacts on the provision of healthcare, I also recognise that indicators about our local economy are significantly correlated with health behaviours and outcomes.

Torbay has higher than average levels of unemployment, lower wages and greater numbers of children living in poverty. Deprivation relating to income is distributed unequally across Torbay and concentrated in particular areas.

The Latin motto for Torbay Council, 'salus et felicitas', translates as 'health and happiness'. This has been developed in the new community plan to a vision for the future 'working for a healthy, prosperous and happy Bay'.

I welcome this move and will continue to encourage the narrowing of the inequalities gap within Torbay.

How the face of public health will change



Public Health teams will be expected to take action to improve the health of their local populations over a number of domains:

- Health protection & resilience (e.g. infectious diseases)
- Wider determinants of health (indicators that reflect the socio-economic impacts on health)
- Lifestyle choices (e.g. smoking, alcohol, drugs etc.)
- Preventable ill health (e.g. screening)
- Preventable mortality (e.g. suicides, premature deaths)

The commissioning and provision arrangements for the NHS at a national and local level are undergoing significant changes. Primary Care Trusts are being disbanded; some of their services

will be replaced by provider trusts and the commissioning of healthcare budgets will become the responsibility of Clinical Commissioning Groups led by local GPs.

Public Health England, a new executive agency of the Department of Health, will be created to oversee the delivery of Public Health outcomes and, locally, the commissioning responsibilities for Public Health budgets will be returning to the Local Authority.

To ensure that Public Health advice continues to influence commissioning decisions, expert advice will need to be provided in a number of arenas.

The new Health and WellBeing Board will be the local forum for action of Torbay strategies to prevent ill health and maximise effective, integrated treatment.

Younger profile in the past

Torbay's population structure in 1911 was quite different in many respects to today's population.

The population pyramid graph shows how the population structure has changed over the last 100 years. The bars represent the proportion of the total population, by sex and age group, in 1911, whilst the black line represents the 2011 population structure.

We can see that the 1911 population indicates a population with a high birth and high death rates. In short, there were many more younger people than older people in Torbay then. However, statistics show that there were a large proportion of spinsters - 40% "just above or just below child-bearing age" - and that Torbay even then had a higher than national average number of older people.

This may well be down to its early popularity as a tourist /retirement destination, extolling the virtues of sunshine and fresh air, while large cities choked on the fumes and dust of the industrial revolution.

The average age in Torbay in 1911 was around 30 years, compared to today's average age of around 45 years. In 1911, around 78% of Torbay's population were aged under 50 years, this compared to 84% for England and Wales (1911 census).

Diseases that plagued the local population

Rates of mortality in the population, as shown in the population pyramid, were high. If we consider an estimated comparison for mortality rates, looking at all-age all-cause mortality within the Bay. In 1911 we estimate that there were around 1,700 per 100,000 residents dying, compared to around 600 per 100,000 in 2010. The comparison over time is shown in the chart on the right.

In 1911 diseases and illnesses such as diarrhea and measles were prevalent killers in the under-5s, killing 55 under-5s in Brixham and Torquay alone. Nowadays, childhood mortality does still occur, however the numbers are a lot smaller, and the killers of old are not as prevalent.

In 1910-11, the sanatorium received some 145 patients for treatment. This was mainly split between scarlet fever (59) and diphtheria (83): 9 of the diphtheria cases ended in death.

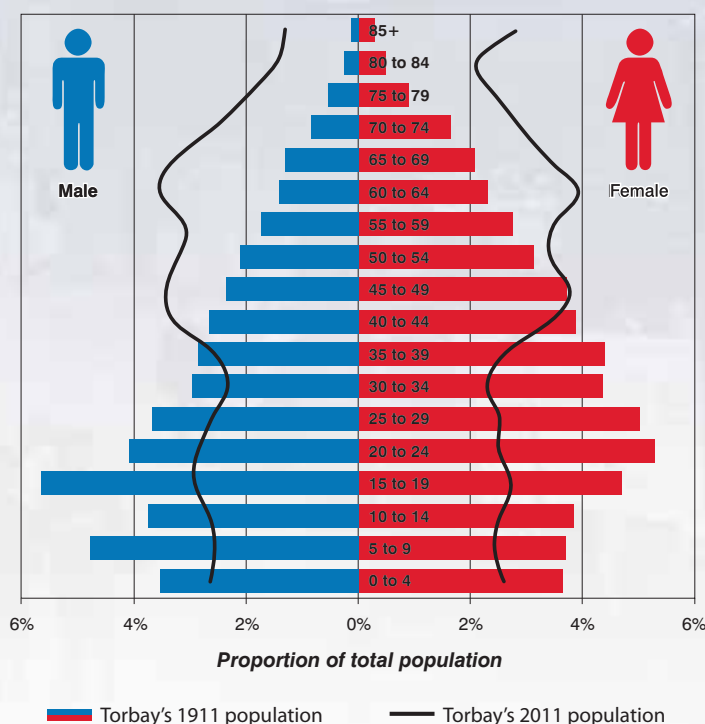
The biggest causes of adult deaths in 1911 were bronchitis, cancers and 'organic heart'. There is a degree of similarity between the killers of 1911 and today's killers - circulatory, cancer and respiratory disease - though medical advances continue to increase survival rates.

Conquering diphtheria - a common cause of death

Diphtheria was a common infection in 1911. Dr Elliott, Medical Officer for Health in Brixham, was concerned about the numbers (50 cases and 2 deaths). He swabbed the throats of school children and identified carriers. Apart from excluding the children from school ("much to the annoyance of some parents") there was nothing that could be done with the carriers.

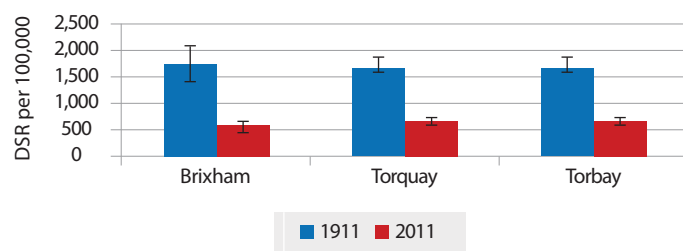
Before a vaccination programme was introduced in the 1940s, diphtheria was very common and one of the leading causes of death in children. Even even though the incidence of diphtheria in England and Wales is low, with just 8 recorded cases in 2010 in England and Wales, and no deaths, there is a risk that an outbreak could occur if vaccination falls below a certain level.

Population pyramid for Torbay in 1911 compared to 2011



Source: 1911 Census, 2008-based 2010 sub-national population projections

Directly age-standardised rates (DSR) of all age all cause mortality in Torbay



Big improvements in infant mortality rate

Over the last 100 years the infant mortality rate has decreased significantly with developments in vaccination, nursing care, sanitation and clean water supply impacting on both early perinatal and post-natal health.

In Torquay in 1911 there were 63 mortalities out of 563 births, or a rate of around 117 per 1,000 births. Premature birth, diarrhoea and measles were the biggest killers in this under 1 age group.

Today, the rate of infant mortality is around 5 per 1,000 births for Torbay.

Interestingly, the rates in Torquay for 1911 could be compared to modern day rates in countries such as Somalia (113 per 1,000) or Angola (119 per 1,000) – World Health Organisation.

'Health resort' 100 years ago...

Unsurprisingly, life expectancy in 1911 was less than it is today. However, Torbay's life expectancy then was higher than the national average at approximately 60 years.

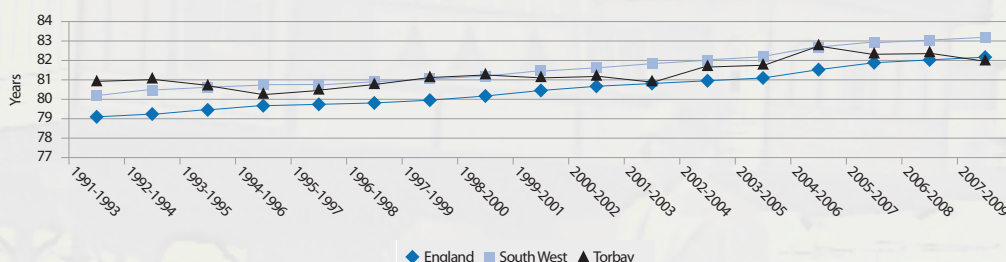
The national average was reported to be 54 for women and 50 for men.

Torbay was perceived to be a 'health resort' of its day – and there is evidence of people living to over 100 years of age.

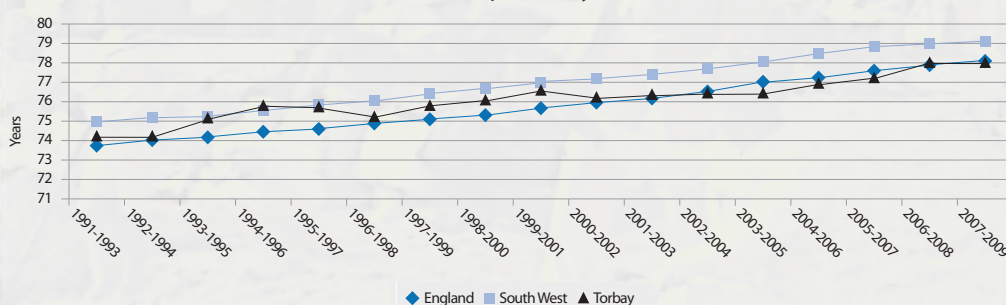
Today in Torbay, the life expectancy is in line with the national average - 82 years for women and 78 years for men - as conditions in many other parts of the UK have benefited from cleaner and safer environments.



Female life expectancy at birth



Male life expectancy at birth



The menace of measles remains

1911 was a bad year for measles, with 6 deaths in Brixham and 33 in Torquay.

Dr Thomas Dunlop, Medical Officer of Health for Torquay, reported: "It is regrettable that with our advancement in preventative medicine we have been unable to do so little to check the spread of this disease or to prevent its mortality."

Immunisation against measles was not introduced until 1968. A reasonable uptake was not achieved until the MMR (Measles, Mumps and Rubella) vaccine was introduced in 1988.

In 1911 people were ignoring their smallpox vaccine - a situation reminiscent of the MMR vaccine scare in the 1990s, which led to a fall in the uptake on a similar scale.

Likewise, people have forgotten that measles can result in serious disability and sometimes death.

There have been large outbreaks in London and other UK cities in recent years and measles is spreading in France and other European countries.

From 1st January to 30th June 2011 there were 19 confirmed cases of measles compared to a single confirmed case between 1st January to 30th June 2010 in Devon. Numbers were increased by a measles outbreak in a Teignbridge school and surrounding areas.

Most of the childhood diseases that were prevalent in 1911 are now preventable with the childhood immunisations.

The childhood immunisation programme protects children from all sorts of diseases. This includes the MMR (Mumps, Measles and Rubella) which is given in two doses: firstly around the child's first birthday and a booster before they start school.

MMR immunisation rates have been steadily increasing in Torbay, 91% of 2 year olds have had their 1st dose and 83% of 5 year olds have had 2 doses.

Measles is particularly infectious and an uptake of 95% is needed to prevent the spread of measles in a school.



TB: Just be vigilant

Tuberculosis was also a problem in 1911. There were 9 deaths in Brixham and 42 in Torquay. In Torquay, 100 cases were notified, equivalent to around 260 in 100,000 population and about 100 in 100,000 deaths from TB.

The local authorities introduced disinfection, prohibited spitting in public places and distributed educational leaflets, but there was no effective treatment. The causes for TB were not fully understood. Treatment of cases with antibiotics did not come until the 1940s.

The three-year average tuberculosis case reports have averaged around 10 per year in Torbay, or a rate of around 8 per 100,000. This rate is slightly higher than the South West region, but lower than the England rate. TB is now usually curable, especially if it is treated early. If you suspect you have TB, please make an appointment to see your GP.

Those at increased risk include, those being in close contact with someone who is infected, travelling to parts of the world where TB is common, a suppressed immune system, living in poor or crowded housing conditions. Typical symptoms of TB include a persistent cough, weight loss and night sweats.

Infection control is still a key issue

Infection control was at the heart of measures to prevent the spread of ill health even 100 years ago, but doctors then did not have the medical knowledge, antibiotics or the technology to fully understand and deal effectively with many of the diseases.

In the years since, of course, lifestyle changes, more intensive hospital care, and global travel have brought new diseases and threats like HIV/AIDS and MRSA, as well as reigniting problems like TB.

Not surprisingly, infection control remains key to the prevention and spread of diseases and illnesses with increased surveillance monitoring of reportable organisms and emerging organisms.

Key successes in Torbay from the past 12 months include:

- Increased training for staff and independent contractors in the prevention and control of infections
- Shared learning with partner organisations concerning all Clostridium Difficile (CDT) and Methicillin Resistant Staphylococcus Aureus (MRSA) incidents



- MRSA screening of all admissions to Paignton and Brixham community hospitals
- High PEAT (health and hygiene) scores maintained in community hospitals
- Measures to improve hand-washing facilities and health and safety advice in care homes
- Active involvement with the Hele project

Future plans include a challenging 12 months with the merger of Southern Devon and Torbay Care Trust, increasing the demographic area as far as Tavistock for the community infection control team.

- Further reduction in the national targets for CDT, MRSA, E. coli Bacteraemia and MSSA (a bacteria, methicillin-susceptible Staphylococcus aureus) and a continued focus on staff training.

MRSA (Meticillin-Resistant Staphylococcus Aureus) has become a synonym, at least in the public mind, for dirty or poorly-performing hospitals.

At Torbay hospital, the number of hospital associated infections remains low; however staff remain vigilant to the threat.

In recent years there have been several high profile reports of massive outbreaks of serious diarrhoea in NHS acute trusts associated with poor clinical care, particularly around the use of antibiotics and hospital cleanliness.

Numbers of Clostridium difficile within Torbay Hospital have been stable for the last few years and remain amongst the lowest in the country.

Torbay Hospital, based upon data from the SW Health Protection Agency, remains one of the best performing acute hospital trusts in the South West.

Clean hands are safe hands

A century of care for children...

The health problems of the early 20th century did not stem entirely from poverty, poor housing and war, but also because there was little understanding of how diseases were spread, what caused illness and what constituted a healthy, well-balanced diet.

Nationally, in 1911, health visitors were employed by local authorities following increasing concerns about high infant and child mortality.

Between 1914 and 1918, the number of health visitors employed by local authorities rose from 600 to 2,577 and between 1915 and 1918, the number of maternity and child welfare centres increased from 650 to 1,278.

Vaccination rates for young babies in Torquay during the early 1900s were a steady 80% to 90%. However, rates dropped from 1909 to 66% and then in 1911 to 54%. The Vaccination officer, Mr. Edwards, warned about smallpox protection stating that "should this dread disease gain access among us, a severe and costly epidemic will result." Today, vaccination rates are around 80% to 85%, including the MMR. Health visitors (and, of course, midwives) continue to provide high-profile services:

Safeguarding children

- Recruitment of strong Safeguarding Children team and a successful multi-agency complex investigation (Operation Mansfield)

Future plans will see a focus on building on successes and strengthening how the team works



Family Health Partnership

- A highly-positive feedback from stakeholders with client involvement in the development of evaluation tools
- Improved health and pregnancy outcomes of service users
- High level of joint/interagency working

Future plans will see the first clients completing the Family Health Partnership (FHP) programme, targeting those in our more deprived communities, or those more in need of assistance due to age, income or other factor and further client involvement.

Specialist Community Public Health Nursing

- Rising cases of child protection and Looked After Children remain challenging
- There is funding for an extra five health visitors and there has been a successful recruitment programme for qualified and student health visitors and school nurses

Many of the health problems we face today were no doubt present in 1911, but not on the same scale.

Such modern problems include obesity - now growing worryingly fast among both adults and children in the UK. Another is diabetes which can have dramatic consequences including loss of sight and amputation of limbs.

In many ways, medical and scientific knowledge has now revealed dangers of which people were largely unaware 100 years ago.

Future plans include the development of health trainers in health visiting teams for young mothers specifically looking at smoking in pregnancy and breastfeeding, expansion of the health visiting service and Healthy Child Programme roll-out.

The Government's health visitor implementation plan sets out a commitment to delivering an extra 4,200 health visitors nationally. In Torbay, the number of health visitors is expected to increase by 30 over the next 3 years, more than doubling the current health visiting workforce. This is an opportunity for health visitors to work with communities in Torbay as well as individuals.

Tackling growing obesity

Obesity on the current scale is a modern phenomenon relating more to the age of fast-food and sedentary lifestyles.

In 1911 hunger and malnutrition were more of a problem through times of poverty and war when food was scarce or rationed.

Not surprisingly, 2011 has been yet another busy year for the Nutrition Team in Torbay, with a range of new training programmes being added to a well-established range of interventions.

Adult weight management

Statistics from the Health Survey for England show that in 2008 almost a quarter of adults (24% men and 25% women) were obese and 66% men and 57% women were overweight or obese.

The nutrition team continue to provide a range of initiatives to help in both the prevention and treatment of obesity in adults, including The Change 4 Life Adult Weight Management Programme. Some 427 service users were referred onto this programme over the last 12 months with 53% successfully completing an 11-week course.

A partnership project with Torquay and Paignton's Children Centres had particular success helping four young mums lose a staggering 39.8kg (6stone 3lb) between them.

Further targeted success was achieved with a newly-formed 'well at work' weight management group for Torbay Care Trust and South Devon Healthcare Trust staff. In one staff group, 10 ladies lost a total of 36.5kg (over 5 ½ stone!) over

11 weeks. Further staff programmes are currently underway.

Community Nutrition team: 01803 208840
torbaylifestyles@nhs.net

Pictured right is one of four 'green gyms' set up around the Bay by Torbay Care Trust with support from Torbay Council and local community groups.

The outdoor equipment, supplied by Fresh Air Fitness, has been installed in St Mary's Park in Brixham, Goodrington Beach, Preston Green and Upton Park in Torquay to provide free accessible exercise for everyone.



Nutritional advice to help more children

Obesity in children also continues to grow. The Health Survey for England (2007) estimates 14% of 2-15 year-olds to be overweight and 16.5% obese.

Using 2009-10 population figures for Torbay, we can estimate that approximately 2,700 children in Torbay aged between 2-15 years are overweight and, more worryingly, approximately 3,200 are obese.

Our key approach to tackling child obesity is through the MEND (Mind, Exercise, Nutrition. Do it!) programme.

A total of 58 children and their families took part in one of the seven programmes run to date and positive results have been achieved.

Furthermore, several training programmes have been introduced or continued including training for health care professionals and the key community workforce. Initiatives include:

- A three-day in-house training course, called 'Cook4Life', which aims to train those who are in



a position to help groups or individuals to develop cooking skills, become more confident in shopping and prepare and budget for healthier food.

- Nutritional training for those involved in the provision of food to care home residents.

Junior Life Skills

The nutrition team deliver a healthy eating scenario at the bi-annual Junior Life Skills. Children learn the basics of interpreting new traffic light labelling, so valuable for making healthy food choices.

Fit 4 School

The team continue to distribute the Fit 4 School booklet to all Reception age children within Torbay. The booklet, designed for busy parents, provides a catalogue of information about key health issues.

Last year approximately 1,300 children and their families received a copy.

Community Nutrition team: 01803 208840
torbaylifestyles@nhs.net

More learn to manage diabetes

In the last year, 197 people attended the education course designed for all newly-diagnosed people with Type 2 diabetes.

They were able to find out more about treatment and care, exercise, healthy eating, footcare, screening for complications and self-management.

The aim now is to increase the numbers and accessibility to education involving more support for patients, preventing illness, benefits of healthy eating and exercise and better care to reduce the risk of complications.

A major goal is to address the differences in the standards of diabetes care at diagnosis that exists across Torbay.

Diabetes Education: 01803 208840
torbaylifestyles@nhs.net

Looking for more volunteers to champion health in community

A key ingredient in extending the campaign for healthier lifestyles has been the creation of a volunteer workforce of health 'champions.'

A recruitment campaign for Health Trainer 'champions' led to the training of 57 delegates - which included carers, members of the public with an interest in health, pharmacy staff and employees outside of the Care Trust and other colleagues from within Torbay Care Trust.

More Health Trainer 'champions' are now being sought to:

- Promote public health messages and signpost people to local health-related services
- Act as a buddy for service users

Fitbay, Torbay's GP exercise referral scheme, has been in operation since 2004 and is open to anyone registered with a GP in the Bay. It consists of a 10-week supervised exercise programme. However, the number of referrals received in 2010-11 totalled 521, compared to 2008-9 when there were 743 referrals. Retention levels are to be addressed.

of the Health Trainer service and Lifestyles team

All Health Trainer Champions are given accredited training in Understanding Health Improvement as well as access to other public health-related training and education courses.

Achievements during the year include the extended training to other sectors, MOT sessions for carers and the recruitment of the first Health Trainer 'champion.'

Future plans include:

- Lottery bid to recruit more Health Trainers
- Further extending training to other sectors e.g. street wardens
- Supporting more men in making lifestyle behaviour changes

The Health Trainer service in Torbay aims to support individuals 1-2-1 who are wanting to:

- Make healthier eating choices
- Become more physically active

- Stop smoking
- Reduce alcohol intake
- Cope with stress and promote positive emotional health and wellbeing

The service is completely confidential and FREE.

Most referrals are for carers and people living with mental health concerns and threequarters are women. Primary issues include: 42% diet; 32% mental health; 16% physical activity; 10% alcohol. Future plans include looking at running courses for those working with young people, giving them background knowledge around aspects of mental health.

Health Trainers: 01803 208840
torbaylifestyles@nhs.net

New Bay Walks and 'Measured Miles'

Three new Bay Walks were set up in 2011 - Paignton Library and Information Centre; Hollacombe Community Resource Centre; and Babbacombe Downs.

Three summer weekend walks, supported by Torbay Coast and Countryside Trust and the English Riviera Global Geopark, were also held. Bay Walks co-ordinator Elaine Mason and Andy Simpson, from Torbay Care Trust's Community Fitness Team, completed the Volunteer Walk Leader and Cascade Training course provided by Natural England and seven Torbay residents completed the first volunteer walk leader training course to be held in Torbay.

Exceptional Service Awards

Congratulations to George Henderson and Robbie Robinson who each received an Exceptional Service Award. They both received a certificate and a fleece jacket courtesy of Natural England.

Bay Walks Measured Miles / Paignton Green Mile

The Bay Walks Measured Miles have been refurbished with plaques marking the route between Torquay and Paignton Harbour, and along Brixham Breakwater, encouraging residents and visitors to walk more for the benefit of their health and well-being.

Walk4Life Day was marked by a walk which took place along the seafront from Paignton Harbour to Preston Promenade and back.



The timetable has been updated and is available on the Torbay Care Trust website www.torbaycaretrust.co.uk

It is also available from the Bay Walks coordinator on **01803 321867**.



Advice on skin cancer

Skin cancer is a growing problem in the South West – with some of the highest rates of skin cancer in the UK. Campaigning has continued to raise awareness of skin cancer and how to stay safe in the sun.

Torbay and Devon pharmacies are now helping people spot early signs of skin cancer after Torbay Care Trust and NHS Devon launched a training programme for pharmacy staff, including counter staff, enabling them to become 'health champions' in their own community.

Staff are now able to offer advice on sun protection products, advise on how to protect skin in the sun, help customers to assess their risk and signpost them to their GP or pharmacist if appropriate – as well as helping them to spot the early signs of skin cancer and observe changes in the shape, colour or size of moles.

Torbay has the third and Devon the fourth highest incidence rates of malignant melanoma in the country and skin cancer accounts for about one in 200 deaths in Devon and Torbay.

For more information about sun safety visit www.nhs.uk or www.sunsmart.co.uk

Pictured above (from left to right): Sarah Bird (Health Improvement Officer, Devon NHS), Tessa Frost (Dermatologist Consultant, South Devon Healthcare Trust), Beverly Green (Day Lewis Pharmacy) and Debbie Stark (Director of Public Health for Torbay)

Out of the past, into the future

By travelling back to 1911 and unearthing a strong sense of the development of public health over the last 100 years, we have discovered some fascinating comparisons.

In some cases, there are parallels with today – for instance, the concerns then and now over infectious diseases, environmental health and the state of children's teeth. Other aspects of public health have the modern and not always healthy influence of the hugely different lifestyles of today.

Over the last 100 years, Torbay's population, as you might expect, has increased considerably from 59,000 in 1911 to 134,000 in 2011. The structure of the population has changed, too.

In 1911 Torbay's population delivered high birth rates and high mortality rates; today it demonstrates the opposite – a much lower rate of mortality, and lower birth rates, though it is interesting to note that even in 1911 Torbay had a relatively higher proportion of older people.

In 1911 there were around 1,700 mortalities per 100,000 in the population, compared to around 600 per 100,000 in 2010. Whilst the rate of all-age, all-cause mortality may have decreased, the major killers in the adult population have not really changed. Circulatory disease, cancers and respiratory disease were major causes of death in 1911, and continue to be today.

However, our current understanding of what increases the risk of specific diseases means that we can reduce our personal risk by seeking healthier lifestyles; whilst this won't prevent our own mortality, it will help to extend our lives. We should celebrate how far we have come in the last 100 years in reducing



Pictured above, with a carving of the council motto behind them, are: Public Health Epidemiologist Doug Haines, Director of Public Health Debbie Stark and Elizabeth Raikes, Torbay Council Chief Executive

One side of this report is presented within an unfolding poster format, together with a time line encapsulating major advances in public health. The format has been developed to provide a useful snapshot of 100 years of public health that we feel will be valuable displayed in the school classroom, college lecture room, workplace or even at home.

infant and childhood mortalities. Every infant and childhood mortality is tragic and saddening; however, the rates have fallen from around 117 per 1,000 live births to around 5 per 1,000 and reducing this further continues to be a priority.

Again, not surprisingly, life expectancy in Torbay is a lot higher now compared to 1911 – due in large measure to medical advances and significant public health interventions such as screening and vaccination over the last 100 years. Wider health initiatives have included huge improvements in clean water and sanitation since the turn of the last century and Improved standards in environmental health which have all reduced the risk of infection and spread of disease.

Inequalities still exist within Torbay and in previous reports I have stated how we are working collaboratively with partners and achieving some success in reducing inequalities. Recent publication of the Marmot Report shows that whilst we are living longer, people are also living longer with a disability. Over the last few years we have continued to focus on such inequalities and improve our targeting of those sectors where help is needed most to improve the health and welfare of our citizens.

As we enter a changing time for public health, moving from the NHS to the local authority, our collective responsibility to improve the health of the population will not change. We are looking to the future and to strengthening our relationships with GPs, not least in our work to address inequalities in health.

Moving public health back to the local authority provides an opportunity to work even more comprehensively with colleagues to reduce wider inequalities through the emerging Health and WellBeing Boards.

Debbie Stark
Director of Public Health

History of the earliest hospitals

1848 - An infirmary was established in Teignmouth on Myrtle Hill

1849 - A hospital opened to serve Teignmouth and Dawlish

1850 - First Torbay Hospital's built in Higher Union Street, Torquay (see picture right)

1871 - First hospital in Dawlish opened

1873 - Newton Abbot's first hospital established

1875 - Ashburton Hospital established

1880 - New hospital built in Dawlish, at Luscombe Terrace

1882 - Torbay Hospital Annexe built as an isolation hospital

1887 - Building started on Ashburton Hospital

1887 - Dartmouth Hospital was opened as a permanent memorial to Queen Victoria's Jubilee

1891 - Paignton Hospital completed

1891 - New hospital opened in Brixham

1894 - New hospital opened in Dartmouth

1898 - New hospital built in Newton Abbot on land donated by Robert Scratton

1900 - First Totnes Hospital built

1901 - Moretonhampstead Hospital opened

1911 - First hospital at Bovey Tracey opened

1928 - Official opening of the new Torbay Hospital, on the present site

1968 - First phase of major new development at Torbay Hospital

1985 - Torbay Hospital's Maternity Unit was opened by HRH The Princess Anne



Useful contacts



Torbay **NHS**
Care Trust

Torbay Care Trust
(01803) 210500
www.torbaycaretrust.nhs.uk

TORBAY
COUNCIL

Torbay Council
(01803) 201201
www.torbay.gov.uk

Special thanks to Torquay museum for use of their images, Brixham museum and Torquay library for use of their reference materials



When smoking hid the dangers

Smoking pipes and cigarettes was popular back in 1911 and actually promoted to troops in the First and Second World Wars as morale-boosters.

There was even a national 'Fag Day' in 1917 aimed at wounded soldiers and sailors supported by 'The Smoke Fund' officially approved by the War Office and Admiralty!

However, support for smoking was not universal as there were campaigns even then from non-smokers determined to breathe and enjoy fresh and pure air uncontaminated by unhealthy or disagreeable odours!

Duke's American Tobacco Co. controlled 92% of the world's tobacco business in 1911, with Turkish blends proving particularly popular. Also in 1911 tobacco growing was allowed in England for the first time in more than 250 years.

Of course, the real dangers posed by smoking did not start to emerge until the 1950s, when a series of studies, arguably led by Doll and Hill, linked smoking to lung cancer.

Smoking is still the single most preventable cause of illness and premature death in the country. Approximately 21% of the population of Torbay smokes compared to a regional average of 18%.

Smoking during pregnancy continues to be top of the agenda in Torbay, with the eighth highest smoking on delivery rate in the country. A voucher incentive scheme was introduced to encourage more young mums to quit and of 70 women signing up, 29 have had smoke-free babies and six have quit for over a year.

With over 80% of all smokers starting the habit before the age of 18, young people are also a priority. In order to tackle this AS55T (A Stop Smoking in



Schools Trial) which is a year 8 peer-led intervention, was delivered in two of the Bay's schools, Cuthbert Mayne and Torquay Community College. With plans to extend out to other Torbay schools over the next 2 years, was run in two of the Bay's schools, Cuthbert Mayne and Torquay Community College.

The Care Trust's Lifestyles team, supported by the Healthwise shop in Torquay, has continued to expand its reach and profile among the local population and achieved a number of successes. This year these include:

- Exceeding the 4-week quit target for 2010-11: the target was 882 but 1,121 quit smoking (the highest

number to date) with 66% of these being routine/manual workers, unemployed, carers or long-term sick. The achievement was the best in the South West and represents a 16.2% increase on 2008-9.

- Introducing specialist advisers to Torbay Hospital to help patients give up and to Mental Health Services.
- Delivering a comprehensive range of training opportunities for health professionals, partners and public.

• Developing activities in the natural environment and outdoor gym equipment.

Future plans include:

- Further reducing levels of smoking during pregnancy; 12-week clinics are currently underway and additional stop smoking mandatory training for midwives is being planned.
- Developing the health trainer service and health visiting team.
- Specifically targeting men 35 years and above working in routine and manual jobs, offering health MOTs, lifestyle guidance help and support and where necessary signposting to other local services.

The Stop Smoking Shop has now been combined with the Healthwise shop in Union Street.

Want to quit smoking?

Would you like to give up smoking? Then help is at hand. Just contact the Care Trust's Lifestyles team and start to look forward to a smoke-free future. Tel: 01803 299160 Email: stopsmoking.torbay@nhs.net

How things have changed over last 100 years

A picture of health



Huge strides had been made in improving public health even by 1911 though many problems remained.

The devastating effects of cholera and smallpox, in particular, had been brought largely under control through the development of vaccination and new networks providing clean water and proper sanitation.

Overcrowding, dirt, poverty and disease, rampant during the 19th century, had, by the 1900s, reached something of a turning point with the help of energetic health and social reformers.

Nursing care had also developed significantly after English nurse Florence Nightingale's endeavours to improve the conditions of soldiers during the Crimean war – a move which laid the foundation stone of professional nursing.

In Torquay, local visionaries had overseen the development of three large reservoirs – Kennick, Tottiford and Trenchford on the borders of Dartmoor – which are still in use today, as well as an expanding sewerage and sewage disposal system. The water was described in 1911 as "excellent for all domestic purposes".

Measles, diphtheria, scarlet fever and whooping cough were still afflicting children, but dramatic reductions in the infant mortality rate and efforts to reduce particularly child poverty would also follow. As a result, the prevalence of infectious diseases continued to decrease through the decades as public health came to place a stronger focus on chronic diseases such as cancer and heart disease.

However, in 1911, there was still considerable concern about the re-emergence of smallpox (though the feared outbreak did not materialise), measles among children and tuberculosis (TB or consumption as it was commonly called) though many cases

reported in Torquay seem to have been related to visitors. Polio became a legally notifiable disease at this time.

The average number in a household then was five, though this disguises the fact that two families were sometimes occupying the same house, providing a breeding ground for infections like measles and diphtheria.

To deal with such infectious diseases, there was a sanatorium in Newton Road, Torquay, to receive cases of mainly diphtheria and scarlet fever and another near Cockington, which was reserved as an isolation hospital particularly for smallpox cases. There was a privately-run dispensary for tuberculosis patients though treatment was free.

Having suffered the appalling losses of the First World War, a deadly flu virus swept over the country in 1918-19 killing hundreds of thousands of people in the UK in a pandemic that was likened to the Black Death, as millions died across the world. Within Torquay, approximately 96 people were recorded as dying from the 'Spanish influenza'.

Thankfully, medical advances have since continued to keep us safe from death on such a scale.

Nowadays we have a seasonal vaccination programme for flu targeted at the more vulnerable populations, such as the over 65s or those with a suppressed immune system. The vaccination runs between October and February. Please contact your GP practice if you would like to receive a vaccination.

During the 20th century and into the present 21st century, the increase in average life span is widely credited to public health achievements, such as vaccination programmes and control of infectious diseases such as polio, measles, diphtheria, influenza and smallpox.



Sexual health faces new problems

In 1911, there appears to have been little discussion on sexual health though there was probably some form of rudimentary contraception. Illegitimate births were often kept a family secret.

Today, Sexual Health services continue to expand against a background of active sexual relationships within the population, accompanied by increasing cases of sexually-transmitted infections such as AIDS and Chlamydia, and worrying numbers of teenage pregnancies.

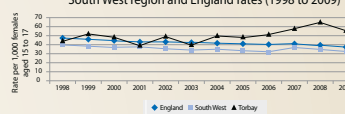
Over the course of the last century, the focus on births has changed from one of illegitimacy to teenage pregnancy. In 1911 births outside of wedlock were highlighted, and in Torquay there was a rate of approximately 48.5 per 1,000 live births, or 26 out of 536.

Encouragingly, conception rates in those under the age of 18 in Torbay have seen a 15% reduction - from 64.9 per 1,000 in 2008 to 55.3 per 1,000 in 2009. In actual numbers there were 131 conceptions in 2009 compared to 159 conceptions in the previous year. However, tackling teenage conception remains very much a key priority in Torbay. The Teenage Pregnancy Partnership Board will remain fully committed and focused on ensuring young people have every opportunity to avoid unwanted pregnancies.

A sexual health outreach team - bringing together experienced staff with backgrounds in nursing, midwifery and targeted youth work - is continuing to spearhead efforts in the community.



Rate of teenage pregnancies in Torbay compared to the South West region and England rates (1998 to 2009)



Chlamydia screening
Chlamydia is the most common sexually transmitted disease. In Torbay, achievements include:
• 20.3% of 15-24 year olds screened in 2010-11
• 61.1% positivity rate, with activity in line with region average
• Coverage in core services, such as pharmacy, community sexual health services, general practice and termination of pregnancy, increased to 35% (from 22% in 2009-10)

• Extension of pharmacy pilot to a total of 10 pharmacies
• Established links between chlamydia screening and new web-based C-card scheme

Future developments will include further embedding the programme in core services in 2011-12, with an emphasis on Termination of Pregnancy.

General achievements
• New web-based system launched in September 2010 to produce more

accurate and timely reporting on registrants to the C-card scheme. Future developments will include the potential regional roll-out of the C-card system
• Mapping exercise performed to establish coverage for LARC (Long Acting Reversible Contraception) by GPs and Practice Nurses
• All GP practices - except one small practice - now have at least 1 GP who is able to deliver sub-dermal implants
• Extension of Emergency Hormonal Contraception (EHC) service to 31 pharmacies locally, out of a total of 43
• Future developments include expanding LARC coverage in GP practices and introducing a pilot free vend (Medi Vend) for chlamydia screening kits & condoms (under C-card scheme) to over-16s in South Devon College

The Healthwise shop, a joint project between Torbay Council and Torbay Care Trust, continues to provide young people with a safe and convenient place on the high street to get information, advice, and signposting on all aspects of health and wellbeing, as well as providing a range of sexual health and contraception services. In 2010-11 the shop in Union Street, Torquay, worked with 2921 young people, just under half of them new clients.
The C-card condom distribution scheme continues to prove the most popular service as the service is accessed mostly by the 13-15 age group.

For help on sexual health: Tel: 01803 656500 Web: www.s-wize.co.uk

1911	1918/19	1923	1946	1948	1954	1955	1956-58	1958	1968/69	1974	1980	1988	1997	2002	2009/10	2013
* Polio becomes a notifiable disease * National Insurance Act 1911 sets the foundations for modern social welfare, providing medical care for 21 million workers with benefits such as a sick pay and sick leave	* Worldwide epidemic of 'Spanish flu' kills millions of people * Maternal and Child Welfare Act attending to the health and welfare of expectant and nursing mothers and children under the age of five not attending school	* The UK Nursing Act of 1919, passed in 1919 for the registration of nurses, finally becomes effective	* Development of the antibiotic streptomycin for effective treatment of tuberculosis	The NHS is born	* Link between smoking and lung cancer made	* Jonas Salk develops a vaccine against polio	* Asian Flu virus strikes	* Polio and diphtheria vaccinations launched	* First immunisation against measles * Hong Kong Flu virus, a new strain	Public Health moves from the local authority to the NHS	* Smallpox eradicated	* Introduction of the MMR vaccine	to present * Avian 'bird flu' threat	* Polio eradicated from much of the world, including the UK	* H1N1 flu virus produces a pandemic	2013 Public Health moves back to local authorities from the NHS

Tackling the drinking culture

Though drunkenness was certainly a feature – particularly among the working classes – and there was known drug abuse more among the better-off around 1911, there were few reported statistics as drug and alcohol abuse were not subject to the same scrutiny as they are today.

An interpretation of the evidence on alcohol mortality from 1911 could suggest that there wasn't the same widespread 'binge culture' that is perceived to exist today among many younger people.

Reported alcohol-related mortality in 1911: Brixham cirrhosis - 1; Brixham alcoholism - 0; Torquay cirrhosis - 1; Torquay alcoholism - 4 cases. Torbay liver disease mortality 2009 - 23 cases.

The Drug and Alcohol Service in Torbay continues to develop its services and training, including self-help recovery e.g. SMART (Self-Management and Recovery Training).

Successes are measured by an anticipated lower than regional increase in alcohol admissions per 100,000, no waiting times and the high performance providers.

Future plans include:

- New targeted alcohol worker
- Providing a single alcohol service across Torbay
- Improving support for carers and more psychological support
- Increased training and employment opportunities for recovering drug users

For further information, advice or support, about alcohol phone 01803 604334 or drugs 07825 027845.

Directly standardised rate of alcohol-related hospital admissions per 100,000 population

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
England	926	1,023	1,145	1,291	1,389	1,473	1,582	1,743
South West	925	1,025	1,146	1,251	1,319	1,363	1,481	1,605
Torbay	993	977	1,075	1,348	1,625	1,910	1,981	1,986



Fish filled empty stomachs...

"Even in bad seasons here, there is very seldom any real grinding poverty with its grim attendant - hunger: this is due to the fact that a supply of fish of one sort or another can generally be obtained, and that the people are extraordinarily good to one another."

Quote from Dr. G.B. Elliott - Medical Officer of Health, Brixham 1911

Interestingly, when a census was carried out in 1911, a total of 400 men were estimated to be out at sea fishing!

Battle continues to improve children's teeth

Back in 1911 the importance of dentistry for children was recognised and efforts were being made locally to increase the number of school examinations for dental treatment.

In particular, the Torquay education committee report suggests Torquay was ahead of many other clinics in trying to save teeth, recording 868 fillings and 1,900 extractions. Parents were also being educated about the need to look after their children's teeth and the dental surgeon operated in "bright cheerful rooms with few instruments displayed".

Between 1911 and 1918 the number of inspections in junior schools had more than doubled from 490 to 1089 as well as fillings from 446 in 1911 to 868 by 1918. By 1919 treatment had extended to secondary schools.

Up to 1920 improvements were being seen in children's teeth and this was put down to the "much abused war bread", the absence of luxury goods and less sweets and cakes as part of the wartime diet - and more than five times as many school inspections were being made.

However, by the early 1920s, the return of confectionery and fine milled bread were being cited as the main causes of a halt to the steady improvements of the previous decade.

In 2011, whilst checks in schools no longer exist, caries (tooth decay) in children is still a concern. There has been a slight increase in under-14s accessing emergency dental care in Torbay over recent years. Wider, caries and dental disease is improving within the UK, but there are variations, linked to deprivation; overall oral health in Torbay is similar to the national.

In recent years access to an NHS dentist has improved in Torbay. There are now waiting lists for NHS registration in Torbay.

There is a central dental helpline – the dental helpline, run by Devon Dental, which is manned between 8am and 6pm (01392) 269451.

If patients are requiring treatment urgently for pain and are not a regular patient of a practice then they can ring the dental team at Castle Circus Health Centre, Torquay. They may see there or in other practices who are offering slots for treatment. Their number is 01803 217777.



Maintaining a clean bill of health

A regular check was kept on abattoirs, cowsheds, cafes, restaurants and shops by sanitary inspectors in 1911 and although these seem to have been mainly satisfactory there was much discussion about the advantages of a public abattoir.

There were 98 registered dairymen and cowkeepers receiving milk from farms - even ice cream manufacturers.

A large proportion (110) of inspected premises were domestic laundries; 80 were dressmakers and milliners, 56 tailors, 52 bakerhouses, one tripe-boiling establishment and marine stores - and school toilets and vessels in port were also checked.

Today, the community safety team enforce health and safety laws on some 3,200 businesses in the bay, with just over 1,900 food businesses. There are currently some 17 premises approved to produce and sell foods of animal origin to other businesses. The products include meat products, minced meat and meat preparations, dairy products, fishery products and egg products.

Making a start on Pavilion

1911 saw the foundation stones laid for both the Town Hall at Castle Circus and the Pavilions in the Princess Gardens.

The foundation stones were laid by the Mayor of Torquay, Colonel C.H. Sprague. C.B. Newspaper articles of the day suggest that there was an ongoing discussion around agreeing the funding of these two civil projects, where there were two camps, the 'Town Hall' and 'Pavilion' ties.

In the Torquay Pavilion there was a curved balcony, stained glass and potted palms, with open-air promenade and tea garden. A Municipal Orchestra was founded, too. In the 1970s, demolition was proposed but the building was saved and listed in 1973.

Quick guide to illnesses of past and present...

Diphtheria is a highly contagious. Bacteria spread when an infected person coughs or sneezes, and droplets of their saliva enter another person's mouth or nose.

Measles is caused by a virus. Symptoms include fever, cough, runny nose, red eyes.

Whooping Cough is a highly contagious bacterial disease that causes uncontrollable, violent coughing, making it hard to breathe.

Scarlet fever is a streptococcal infection characterised by a rash and fever. Once a major cause of death, it is now effectively treated with antibiotics.

Tuberculosis is caused by bacteria. You can get TB by breathing in air droplets from a cough or sneeze of an infected person.

Polio (infantile paralysis) is a crippling disease caused by an acute virus spread from person to person, through contact with faeces.

For more information please visit www.nhs.uk