



# Director of Public Health Annual Report

2021-2022

# Foreword and Introduction

I am delighted to share with you my Director of Public Health report for the year 2021-2022. Whilst it is inevitable that elements of this report will focus on COVID-19 again as it did last year, I have also taken the opportunity to shine a spotlight on some of the other areas of public health activity that have been driven forward throughout 2021-22.

Public health was perhaps a term that people previously had some awareness of without knowing quite what it meant. However, just like with everything else in our lives, the pandemic had a profound impact on this. Public Health has never been more at the forefront of people's consciousness than it is now, and we want to capitalise on this knowledge to really enhance how we protect and improve the health of the Wiltshire population.

Through our work in the Wiltshire public health team, and in collaboration with wider colleagues from across the local authority, we remain committed to our genuine approach to want to improve the health outcomes for our entire local population. We are passionate about identifying health inequalities and working hard to overcome them so that everyone, no matter who you are or where you live, has the same opportunity to live a happy, healthy and active life.

So, while this has been another challenging year, our approach in Wiltshire has been on retaining our focus on working closely with partners – relationships that have strengthened and progressed beyond measure in the last two years.

This report follows on from my 2020-21 annual report and seeks to demonstrate how we have continued to involve our communities and partners in planning and delivering targeted health interventions during 2021-22. Working across all pillars of public health, challenging inequality, and promoting good health for all.

In this report I will also share with you the ten-year priority focus areas for public health in Wiltshire moving through 2022 – 2032.

Finally, I will take this opportunity to thank my team for their expertise, dedication, and passion for improving and protecting the health of the local population during another very challenging year.



**Professor Kate Blackburn**

Director of Public Health, Wiltshire

# What we said we would deliver

In my Annual Report 2020-21, we introduced our 'next steps' that as a Directorate we were committed to taking forward.

We said...

From the learning and experiences gained from our COVID-19 response, we would:

- Embed our learning and legacy across all three pillars of public health,
- Challenge inequality and;
- Promote good health for all.

Through our work we have...

- 1 Worked to engage our communities and partners from the earliest opportunity, involving them in the design, development, and implementation of health interventions.
- 2 Committed to build on and nurture the new relationships formed because of our response to COVID-19.
- 3 Encouraged a bottom-up, asset-based approach to working and engaging with our most vulnerable communities.

This year's report seeks to demonstrate the breadth of work that Wiltshire Public Health and partners have delivered to make improvements and challenge health inequality across all pillars of public health.

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## Acknowledgements

This annual report has been written by Professor Kate Blackburn, Director of Public Health, Wiltshire with contributions from Hayley Morgan, Consultant in Public Health and practitioners across the Wiltshire Public Health team.

Further information and data about Wiltshire Public Health can be accessed on the Wiltshire Intelligence Network website at: [www.wiltshireintelligence.org.uk](http://www.wiltshireintelligence.org.uk)

For other enquiries, please contact: Public Health, Wiltshire Council, County Hall, Bythesea Road, Trowbridge Wiltshire, BA14 8JN

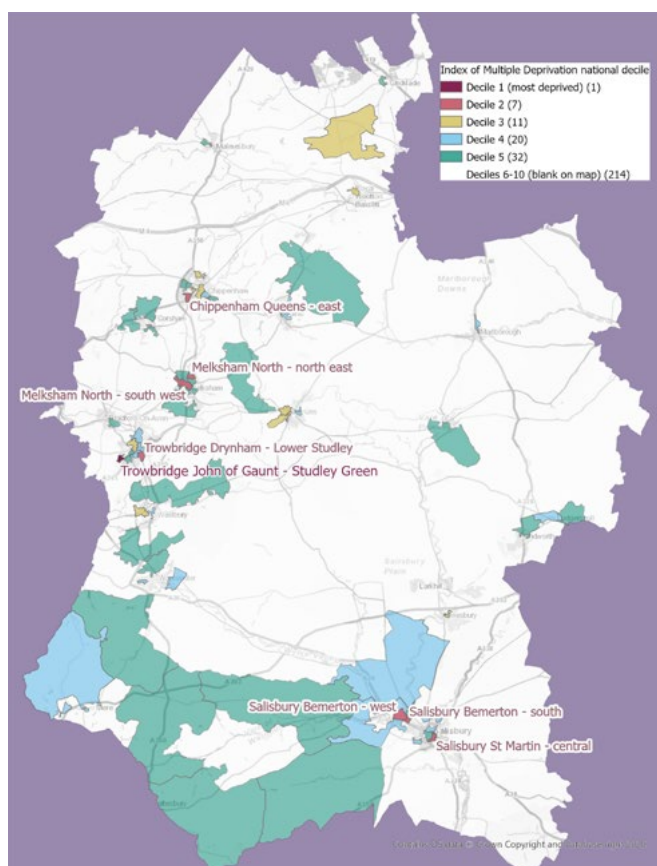
Tel: **0300 003 4566**

Email: [PublicHealth@wiltshire.gov.uk](mailto:PublicHealth@wiltshire.gov.uk)

# Setting the scene - understanding Wiltshire's health inequalities

Wiltshire is a predominantly rural county with a current population of 510,400<sup>1</sup>. Whilst it is in the least deprived 30% of local authorities in England, inequalities still exist. Approximately 14,000 people live in the most deprived areas of Wiltshire and are more likely to experience poorer health outcomes including reduced life expectancy as a result<sup>2</sup>.

The rural nature of the area coupled with an ageing population structure also presents further challenges such as increased prevalence of complex care needs, travel and transport issues, as well as limited access to services and community support in some areas.



There are

285

Lower Layer Super Output Areas (LSOAs) or small areas of geography, in Wiltshire

Of which

8

are in the 20% most deprived nationally



Wiltshire is ranked 233<sup>rd</sup> out of 317 local authority districts, where one is the most deprived.

This places Wiltshire in the least deprived 30% of local authorities

This report looks at how through our work Wiltshire Public Health and its partners have delivered programmes of support that sought to tackle health inequality and improve health outcomes across our local populations.

<sup>1</sup>Census 2021, Office for National Statistics

<sup>2</sup>Wiltshire Intelligence, 2019, English Indices of Deprivation, 2019: Wiltshire report

# Wiltshire's case studies

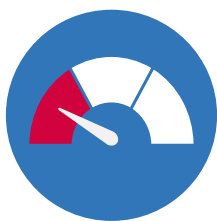
## Warm and Safe

### Fuel poverty and its impact on the Wiltshire population:

The challenge to keep warm can have a significant impact on an individual's wellbeing. Prolonged exposure to cold or under-heated homes can make existing medical conditions worse, as well as increasing the risks of anxiety and poorer mental wellbeing triggered by not being able to heat homes or experiencing energy debt.

Fuel poverty is driven by three main factors:

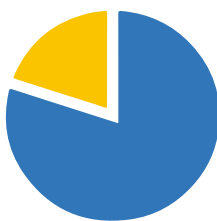
- 1 Household income
- 2 Current cost of energy
- 3 Energy efficiency of a home



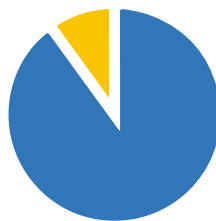
In 2020 **10%** of homes in Wiltshire were classed as living in fuel poverty<sup>3</sup>.



Households in Wiltshire in the most deprived areas experience higher levels of fuel poverty.



**17%** of households in the most deprived areas are fuel poor



compared with **7%** in the least deprived areas.

### What Wiltshire did:

To help some of Wiltshire's most vulnerable residents that had been adversely impacted during the pandemic, additional support was funded to help address the burdening pressures of fuel poverty.

The Wiltshire Public Health team enabled local residents on low incomes and who had adverse health conditions to access additional support through the Warm and Safe Wiltshire service.



**Warm and Safe Wiltshire** is a partnership between Wiltshire Council, Swindon Borough Council and the Centre for Sustainable Energy (CSE) to counter the issue of fuel poverty. It acts as a single point of contact for energy advice in the county, aiming to reduce fuel poverty and lowering preventable excess winter deaths. Providing a holistic support service to those who need extra support with their energy bills and keeping their homes warm. Advisors offer home visits and ongoing case work to those in need.

<sup>3</sup>OHID Fingertips

Warm and Safe Wiltshire supported the following aims to:

- Address fuel poverty (exacerbated by COVID-19), which has a direct impact on health
- Improve employment opportunities for young people across Wiltshire
- Contribute to Wiltshire's carbon reduction targets

### Warm and Safe Wiltshire achieved in 2021-22:



**22**  
Emergency oil  
heaters supplied



**70**  
Boilers installed  
or repaired



**20**  
New heating  
controls installed



**155**  
Households supported  
financially equalling £33,457.80

### Who did they support in 2021-2022?

The majority of those residents in receipt of support were from households where people live that:



**Have underlying  
health conditions**



**Live alone**



**Are elderly  
(66+ years of age)**



**Live in social  
housing**

The Wiltshire Public Health team wanted to ensure this service wasn't just about the provision of services for the population, but also for training opportunities for staff.

During this time, Warm and Safe Wiltshire appointed two trainees. The trainees received training, qualifications and work experience allowing them to develop skills for future development. The trainees provided resilience to the Warm and Safe service across Wiltshire by offering guidance and advice on a wide number of topics that would further support clients.

As a result of the skills obtained through this post, one trainee has moved onto alternative employment, working with vulnerable people in the voluntary sector. The other trainee has remained with the project and was promoted to a Wiltshire adviser.

## Service user experience

Ms B was referred to Warm and Safe Wiltshire (WSW) following a boiler breakdown. The client was unable to heat her home, impacting on her health and making it difficult to sleep through the night. Ms B suffers with PTSD and anxiety, because of experiencing domestic abuse, making interaction with people difficult.

The knowledge and support of the caseworker meant that Ms B could access funding to replace the boiler and she was put in contact with a trusted installer. The higher energy efficiency of the new boiler also meant significant savings on energy costs.

As well as helping with a new heating system WSW also supported Ms B to access crucial funds to help heat her home during installation over the winter period. Two electric oil-filled radiators were provided, as a short-term heating measure.

**“My mental health has improved, the anxiety has almost disappeared, and the depression has lessened markedly - I feel so incredibly fortunate to have had such a massive amount of help...now I feel so much more secure and thrilled that I can have hot water whenever I need it, not to mention some heating this coming winter. I didn't realise how living in a very cold house was affecting my mental state, I really believed I was coping with my log burner, hot water bottles, everything thermal and duvet. It wasn't until the new boiler was fitted that I realised how awful it had been.”**



# Wiltshire's case studies

## Addressing health inequalities supporting communities impacted by substance misuse

The impact of substance misuse has consequences beyond that of just the individual and their lives, but on their friends, families and our wider communities. It can affect individuals' personal circumstance such as their health and housing situation, as well as impact on crime, health and social care systems, and the workplace.

In Wiltshire, in 2020-2021 there were:



1,072 regular  
Crack users



1,168 regular  
Opiate users



1,137 Opiate  
and Crack users

Of these figures, **78%** of Crack users, **60%** of Opiate and Crack users and **58%** of Opiate users aren't accessing specialist treatment in Wiltshire.



150 children living with  
an adult who used drugs  
and was accessing the  
substance misuse service  
for Wiltshire



54% of these lived  
with an adult male and  
46% with a female



Estimated data for 2016-17 (the most recent data  
available) suggests that there were 72,000 offences were  
committed by individuals before entering substance  
misuse treatment in Wiltshire [Source: NDTMS.net]

## What Wiltshire did:

The Wiltshire Public Health team submitted bids for external funding from the Office for Health Improvement and Disparities' Universal Grant to enable additional capacity to deliver several projects which sought to reduce drug-related offences and drug-related deaths, as well as improve harm reduction activity.

Funding was discharged via the Wiltshire's Adult Substance Misuse Service provided by Turning Point and included:

- Increasing workforce capacity
- Enhancing outreach services
- Improving the delivery of life saving Naloxone kits & Nyxoid sprays and;
- Scaling-up the needle exchange provision



**Naloxone** an injectable medication used to reverse effects of an opiate overdose

**Nyxoid sprays** a nasal spray version of naloxone

**Needle exchange** a confidential provision providing new, clean sterile injecting equipment, which helps to protect against infections, abscesses and blood borne viruses.

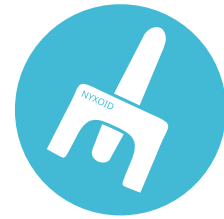
**Opiates** are drugs primarily used for pain relief e.g., codeine, morphine, as well as heroin.

**Crack cocaine (Crack)** is a rock form of cocaine that can be smoked.

The implementation of this funding has seen **324 Naloxone kits** and **24 Nyxoid sprays** distributed across Wiltshire in 2021/22, **preventing an unquantifiable number of overdoses.**



**324 Naloxone kits**



**24 Nyxoid sprays**

This funding has enabled the expansion of a wider training programme delivered by Turning Point to partner agencies on being able to use Naloxone/Nyxoid. By increasing the accessibility to this lifesaving drug, professionals working in Wiltshire are better able to respond to those people who inject opiates and in the event of an overdose. This programme has helped to reduce the inequity associated with the availability of the intervention.

### **Increasing the workforce:**

The Wiltshire Public Health team assessed the evidence and focused on increasing the size of the criminal justice and outreach teams. Turning Point has increased the amount and location of their outreach activities across Wiltshire, therefore improving the accessibility for service users. Recognising the rurality of Wiltshire, the additional funding has allowed for new workers to connect with some of the most isolated and lonely members in our local communities, providing them with the support that they need.

**“Our new outreach provision has benefited our clients and reduced barriers to access harm reduction advice as well as needle exchange naloxone and Turning Point in general. As Wiltshire is a rural area some clients are not able to attend the hubs easily and outreach provides a flexible service meeting the needs of this cohort”**

Alex Cattelona

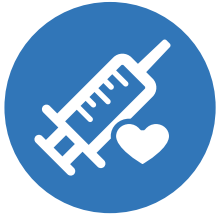
Criminal Justice and Engagement and Prevention, Turning Point Manager



**Outreach workers now attend 16 regular drop-in venues across Wiltshire**



**404 outreach sessions have been delivered**



**The sessions resulted in 682 people who inject drugs being supported during 2021/22**



**Trained 289 professionals through online drug and alcohol workshops**



**Trained 50 professionals in the use of Naloxone/Nyxoid**

### **Increasing visibility and public engagement**

The funding also enabled the purchase of 'orange backpacks' to be worn by Support Workers when out in the community. Orange backpacks make outreach workers identifiable from a distance and service users can recognise them as someone they can approach for Naloxone kits, Nyxoid sprays and clean injecting equipment through the needle exchange provision.

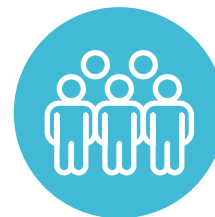
The orange backpacks represent a point of contact for service users to accessing support. Allowing them to make appointments, communicate messages to keyworkers or to receive harm reduction advice. Outreach workers also distribute other harm reduction items such as sun cream, foil blankets and condoms. Distributing these additional items works as an icebreaker to allow individuals to have conversations about their substance misuse and other physical and mental health needs.



**In 2020-2021 the team delivered key public health messages around alcohol and drugs by:**



**Attending 26 public events**



**Engaging with 1,136 members of the public**

**The team have been able to regularly visit towns and communities such as Calne, Melksham, Devizes, Corsham and Westbury, areas that previously had very little or no substance misuse presence.**

**"Outreach is the best thing that Turning Point has done"**  
- anonymous service user

# Wiltshire's case studies

## Move with Bath: Men's targeted weight management service in partnership with Bath Rugby

Around 60% of the Wiltshire adult population are self-reported to be living with obesity. Tier 2 weight management programmes aimed at supporting long term behaviour change in working towards achieving a healthier weight have good engagement from across Wiltshire. However, the uptake and engagement rates by men into weight management services has been low. Data from the Wiltshire Public Health team's tier 2 weight management programme in 2020-21 showed just 16% of all referrals were male (17 out of 102) in year one of the new internally run Healthy Us programme: [Weight management - Wiltshire Council](#).

### What Wiltshire did:

**Move with Bath** was a programme commissioned by the Wiltshire Public Health team, in partnership with Bath Rugby. It wanted to tackle the inequalities in weight management services, by offering a bespoke men's weight management programme across Wiltshire.

A pilot was delivered in 2021/22, funded by the Office for Health Improvement and Disparities. A grant allocated to Local Authorities to upscale their tier 2 weight management services<sup>4</sup> as part of government response to the COVID-19 pandemic of improving population health.

Due to the proximity and fan-base of Bath Rugby to Wiltshire, a partnership was developed at the end of 2021, with an aim to develop a weight management programme, using sport as a segway into behaviour change. Similar approaches have already been successful in programmes countrywide, including 'Football Fans in Training,' developed by the University of Glasgow.

Bath Rugby and Bath Rugby Foundation were commissioned to deliver the pilot, in partnership with Wiltshire Council. The co-production of this programme allowed for expert input from both Wiltshire Council via the Health Improvement Coaches and Bath Rugby with the physical activity coaches.

The programme titled 'Move with Bath' (MWB) comprised twelve weekly sessions including:

- group-based classroom sessions and
- physical activity sessions run by a qualified coach from Bath Rugby Foundation

Classroom sessions included behaviour change, goal setting, self-monitoring, and dietary habit education in line with National Institute for Health and Care Excellence (NICE) (2014).

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<sup>4</sup> Tier 2 weight management services are community-based programmes providing nutrition, lifestyle and behaviour change advice on a one to one or group basis, usually lasting 12 weeks.

The aim was to support men to lose weight sustainably and improve lifestyle habits, whilst encouraging goal-setting and self-monitoring.

There were three key eligibility criteria to sign-up to Move with Bath:

- Male living in Wiltshire
- Aged 18 or over
- Body mass index (BMI)<sup>5</sup> of 30kg/m<sup>2</sup> or over 27 kg/m<sup>2</sup>\* or over for BAME participants.

BMI criteria is lower for participants with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background; research shows these populations experience higher risk for type 2 diabetes and cardiovascular disease at a lower BMI threshold (NICE 2022).



Three 12-week programmes were delivered from January to July 2022



Three rugby clubs in Wiltshire were selected: Royal Wootton Bassett, Melksham and Warminster



There were 79 referrals into the programme



53 of the referrals attended at least one session



46 of the referrals completed the course  
(having attended at least 9 out of 12 sessions)



Outstandingly, 98% of completers had lost weight by the end of the intervention, 38% had lost at least 5% of their starting weight

<sup>5</sup>An explanation of BMI can be found here: [www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/](https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/)

## Outcomes from the three MOVE with Bath Programmes:

Total Starters	53
Referral to starter %	75%
Starters completing the programme	84%
Total completers	46
% of completers who lost weight by the end of the programme	98%
% Completers who lost 5% of baseline weight by the end of the programme	38%
% of starters from areas of greater need (quintile 1 and 2)	40%

With any tier-2 weight management programme, it is imperative that there are follow-ups to ascertain whether behaviour change has been long term and does not revert after 12 weeks. From the 40 participants having completed either the Royal Wootton Bassett or Melksham course, 31 responses were gathered for weight at six months from the course start date.



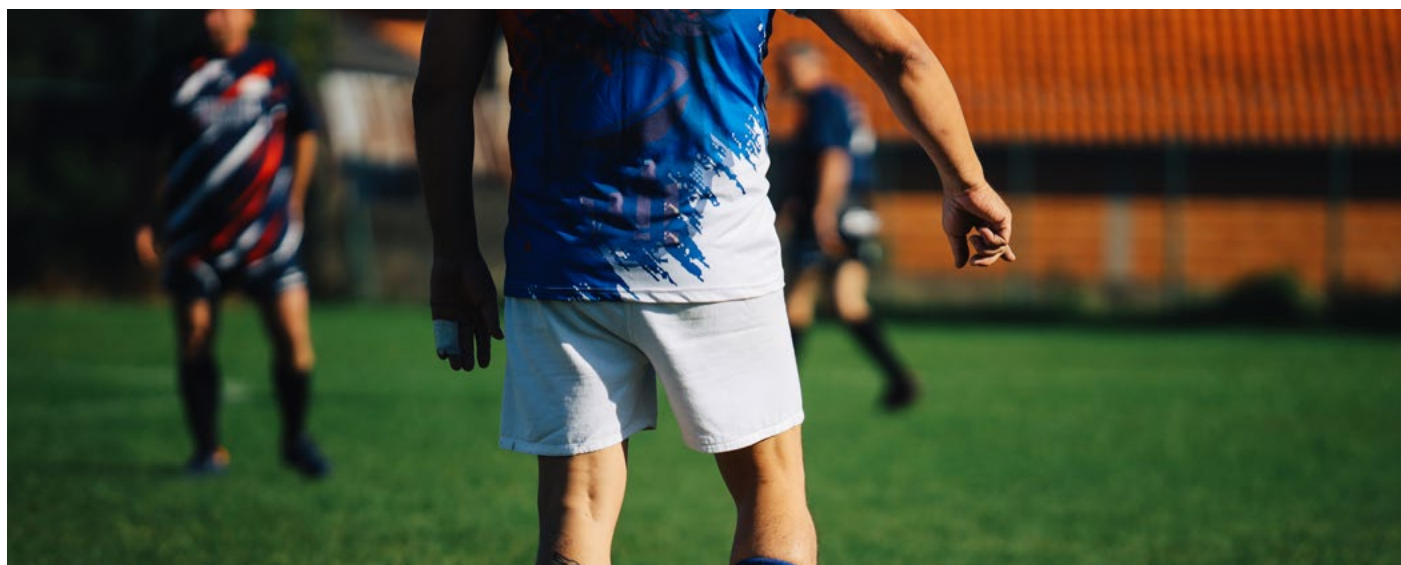
All 31 had maintained weight loss below their starting weight



21 participants had gone on to lose even more weight in comparison to their week 12 results



**100%** had kept weight off and a further 52% of completers had continued their weight loss journey!



# Wiltshire's case studies

## Asymptomatic testing and HMP Erlestoke Vaccination Project

Throughout 2021-22 the COVID-19 pandemic continued, requiring an ongoing response from the Wiltshire Public Health team working alongside many partner agencies. Our Local authority Public Health team provided crucial insights, understanding, and working relationships with local communities experiencing inequalities. As such we were able to use this local work, in addition to the national response (e.g. NHS Test and Trace) to develop innovative targeted interventions and support to those communities who were at greatest risk from the negative impacts of COVID-19.

Whilst vaccination uptake was good across all age groups in Wiltshire during this time, **8.6% of the Wiltshire population had still not had a first dose.**

### What Wiltshire did:

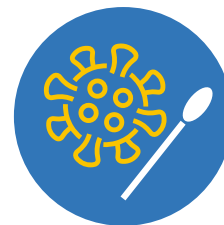
During 2021 – 2022 Public Health undertook two projects, **Asymptomatic Testing Van and HMP Erlestoke vaccination project** that focused on reducing inequalities around availability of asymptomatic testing and vaccinations.



Throughout November and December 2021 Wiltshire Council's Asymptomatic Testing Van took to the road handing out free lateral flow tests.

The Public Health team's approach was to work with our older population; because people aged 65 years or over were at higher risk of experiencing a more severe COVID-19 infection, hospitalisation, and mortality. During this time, Lateral Flow Device (LFD) tests were available to order online and to be delivered to your home address, or collection at a pharmacy. Demand for tests remained high, with many pharmacies running out. Online technology can be a barrier for elderly people because access and broadband can be expensive and due to our rural location connectivity can be problematic. As a rural county, it can also mean that our populations may have to travel to access services and amenities which includes pharmacies.

Driving our Asymptomatic Testing Van to rural locations and offering LFD tests to our elderly population, helped improve accessibility, as well as identify and protect people without symptoms from passing or spreading the virus. We contacted established community groups who organised lunch groups and other activities for the elderly in rural locations to let them know we would be in the area with the asymptomatic testing van handing out free packs of LFD tests. The community groups helped to spread the message that we would be there.



**In total 603 packs of lateral flow tests were handed out during the 10 occasions the testing van went out.**

**“Thank you for coming to our luncheon club. I rang 119 to get some tests but did not understand what they meant when they said I need a code. I am glad you are here” - Mr S, Trowbridge**

**“I am glad I have seen you today. I have run out of tests, and I do not have a computer to order anymore. It is a bus ride to my nearest pharmacy which means I have to leave my disabled husband at home on his own.”  
- Mrs B, Laverstock**

### **HMP Erlestoke – staff vaccinations**

Due to the emergence of the Omicron variant during autumn/winter 2021, the government invited the population to come forward for a COVID-19 booster.

Throughout the pandemic, our Public Health team worked with HMP Erlestoke, who are based in Wiltshire, building a trusted relationship. Through our work we arranged access to testing, support with outbreak management and more recently to encourage uptake of the COVID-19 vaccination amongst prisoners.

Risk of passing or spreading the COVID-19 virus and possible outbreaks are high within a prison setting, because of the complexities of the environment. Not all social distancing measures can be maintained due to physical distance between staff and prisoner, also prisoners share rooms. Prisoner health is considered poorer than the general population therefore they are more likely to experience severe COVID-19 infection.

In collaboration with the NHS, the Wiltshire Council Public Health team took our vaccination bus to HMP Erlestoke, to offer the booster dose to staff members. Vaccinating staff members would offer increased protection to the individual, as well as those they work with including the prisoner population.

Working shift patterns, made accessing a vaccination more challenging for staff, so our roving clinic proved an ideal solution. In the true spirit of partnership, together the Wiltshire Council Public Health Team and HMP Erlestoke senior management arranged 90 staff vaccinations over the course of a single day.



# Next steps

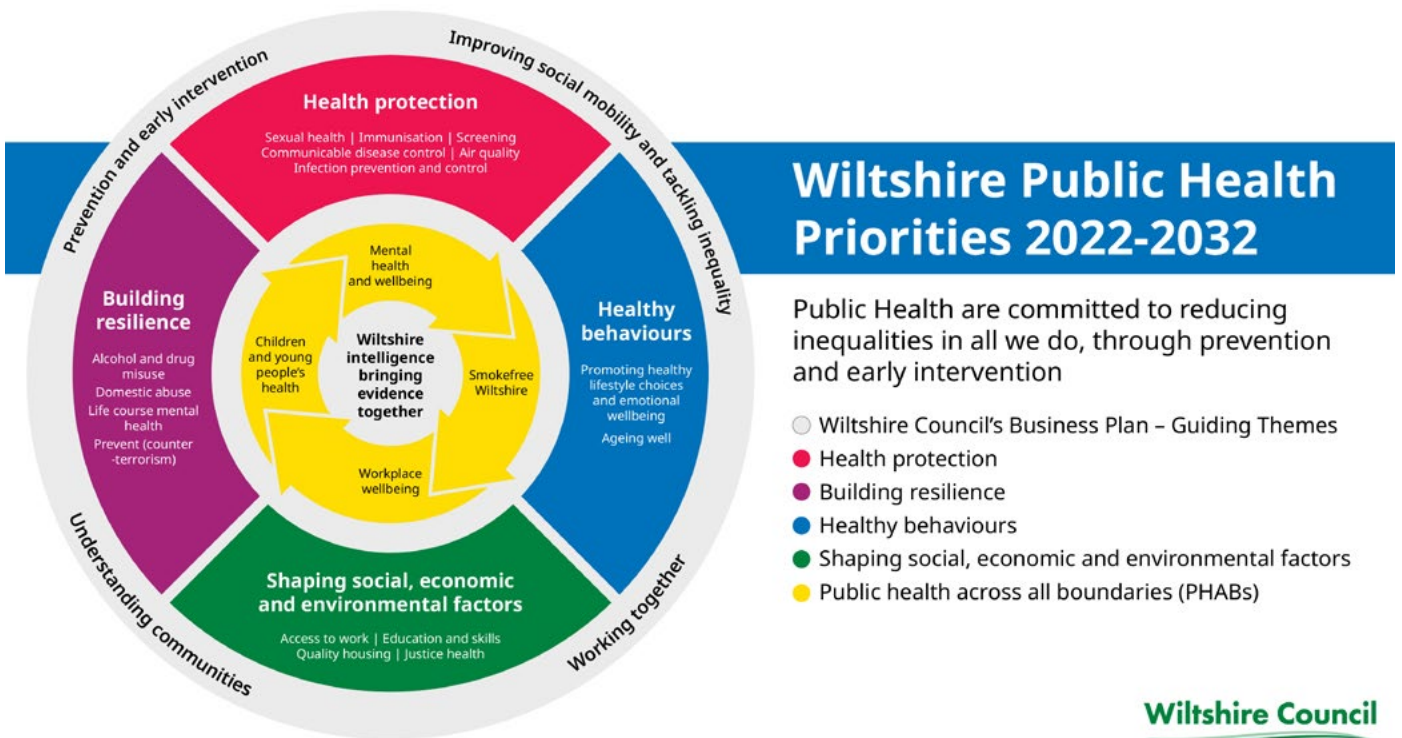
The case studies detailed in this report give an overview of just some of the work that has been done by the Wiltshire Public Health team throughout 2021/22. These case studies were chosen to demonstrate our continued focus on community engagement, partnership working and the development of trusted relationships across Wiltshire to challenge inequality and promote good health for all.

During this time the response to COVID-19 still remained as a priority, however it was also vitally important to me to ensure that as a team we continued to look ahead to the future and develop our priorities for public health in Wiltshire across all of the key domains of public health practice. Taking into account the learning from the pandemic and being guided by the Wiltshire Business Plan principles of:

- Prevention and early intervention
- Understanding communities
- Improving social mobility and tackling inequality
- Working together

The graphic below illustrates the four priority areas for the Wiltshire Public Health team for the next 10 years to enable us to reduce inequality in all we do, through a focus on prevention and early intervention.

- Health protection
- Healthy behaviours
- Building resilience
- Shaping social, economic and environmental factors





We have also identified four Public Health Action Across Boundaries (PHABs), and these are the key themes that all work being planned, delivered or transformed across the team must take into consideration.

- Mental health and wellbeing
- Smokefree Wiltshire
- Workplace wellbeing
- Children and young people's health

Addressing inequality is the golden thread, which crosscuts all the work that we do as the Wiltshire Public Health team, and in addition to our place-based approaches we have also been supporting the launch of the local integrated Health Inequalities Strategy for Wiltshire, Swindon, Bath & North East Somerset. In Wiltshire we have identified our three priority focus groups where we would like to reduce the inequalities that we see in outcomes for:

- 1 Gypsy, Roma, Traveller and Boater communities
- 2 Routine and Manual Workers (especially where English is not their first language)
- 3 20% most deprived communities (particular focus on rural communities)

I look forward to expanding upon the work, challenges, and opportunities within our priority areas, PHABs and focus groups in next year's DsPH report to ensure that as a team we are always working across all pillars of public health, challenging inequality, and promoting good health for all.

# **Director of Public Health Annual Report 2021-2022**

**Wiltshire Council**

The logo for Wiltshire Council, featuring a green wavy line underneath the text.

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