INVESTING IN TOMORROW

Prioritising Prevention

117th Medical Officer of Health Report 2023-2024

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Foreword

Prevention has never been more important. This, the 117th Medical Officer of Health report, maps the urgent need to act now and shift the focus away from management of acute illness alone to a situation where it has equal importance with prevention and early intervention. Almost every aspect of islanders' lives impacts their health and ultimately how long, and how well, they will live. This includes their jobs and homes, access to education and public transport and whether they experience poverty or discrimination. These factors are often referred to as the wider determinants of health, or buildings blocks for health.

The critical need to enhance preventative measures locally was recognised as early as 1899. The Editor of the Guernsey Evening Press at the time commented, '…some good is being done in as much as the Authorities have now been aroused and better preventative measures will be taken in the future'.[1] Much has been achieved in the last 125 years, but I would argue that the time has come to supercharge preventative efforts across the Bailiwick of Guernsey with the aim of creating a healthier and more resilient population. Healthy people will enable the development of a strong island economy.

Prevention was a key topic in the 25th and 26th Medical Officer of Health Reports written by Dr Henry Draper Bishop, the Medical Officer of Health between 1923 and 1924. When reading these reports of 100 years ago, I was struck by the commonality of some of the issues discussed then with the challenges we face today such as housing, waste disposal and the need for a resilient workforce. I hope that when our descendants look back at this report in another 100 years, more progress will have been made on these key issues.

Commonly notified infectious diseases in 1924 included diphtheria, phthisis (pulmonary tuberculosis or a similar chronic wasting disease), typhoid and paratyphoid. Advances in the management of infectious diseases in the last century, including vaccination programmes, has meant that the incidence of, and deaths associated with, many infections has dramatically reduced. For example, in 1924 there were 34 deaths from tuberculosis — in contrast, with the advent of effective treatment, deaths due to tuberculosis and other infectious diseases are thankfully now a rare occurrence.

Housing shortages were raised in the 1924 report. During that year the States of Guernsey purchased two sites and sanctioned the building of 52 houses. 'An urgent need of new homes for workers' was identified — something which is depressingly familiar some 100 years later. It is important that, in 2024, we acknowledge that housing is an important public health issue. Poor quality, insecure, and unaffordable housing is known to worsen physical and mental health. As in 1924, this is an issue that we simply cannot afford to ignore in the 21st century.

Creating a healthier nation with a better healthy life expectancy needs a collaboration between people, health and care services, and businesses, as well as government. It needs to be a 'whole islands' response with all sectors

1 - *(Jeffs, n.d.)*

involved. There are things that only government can do and must do, but, above all, we need to make the case for the better health and wellbeing of all islanders and empower all parts of society to work to make it happen. We need to work together to co-create a healthier nation, with healthier food, workplaces and transport, creating healthier lives for us and our children, and better health in the places where it is worst.[2] The time for a concerted and focused action is now, to protect the health and wellbeing of generations to come.

Nicola Brink MBE

Medical Officer of Health/
Director of Public Health

2 - *(The King's Fund, 2023)*

Préfache

Jomais la préventiaon n'a valu pus. Chenchin, lé 117ième rapport à l'Officier Médical à la Sàntaïe, soulaegne lé preissànt bésouogn d'dérumaï d'achtaeure et n'aver pas d'aoute l'intérêt rian qu'à la souogn'rie d'la grâve maladie, mais à énne situâtiaon ou'est qu'chette-chin, la préventiaon et l'tempreun traitement valent égâlement. Quasi toutes les affaires des vies és îlemans affaectent laeux sàntaïe et tôt-z-ou tard la duraïe et la qualitaïe d'laeux vie. Chenchin caonte laeux travas et laeux herbigements, lé passâge à l'écoulâge et au publli trànsport, et s'il envisâgent la paourtaïe ou la discriminâtiaon. Ches éléments saont souvent applaïs l's affaires déterminàntes génrâles d'la sàntaïe, ou les bllaous d'bâterie pour la sàntaïe.

Nou r'counissait brament l'bésouogn sériaeux d'amendaï les m'sures préventatives ichin en 1899 déjà. L'Editaeux du Guernsey Evening Press à chu temps r'mertchit, li: '… i'y a du bian en faisànt tànt qu'l's Autoritaïs saont évillies achtaeure et i prenraons d'millaeures m'sures preventatives au temps-à-v'ni'.[1] Nou-z a accaomplli tànt duràntches droïnes 120 onnaïes, mais j'dirais qué l'temps est v'nu pour renforchier l's efforts préventatifs au Baïlliâge dé Guernesi à seul but d'créaï énne populâtation pus soïne et robuste. Des gens d'bouanne sàntaïe permetraont lé devloppement d'énne forte écounoumie à l'île.

La préventiaon 'tait aen tapis cllaï des 25ème et 26ème rapports d'l'Officier Médical à la Sàntaïe écrits par Dr. Henry Draper Bishop, l'Officier Médical à la Sàntaïe enter 1923 et 1924. En lliésànt ches rapports qui furent écrits i'y a 100 àns, l's affaires c'meunes des distchuttes et des callenges qui nous envisâgent au jour d'ogniet saont v'nues à l'esprit – d'itaïs coume l'herbigement, la débâtte dé r'fus et l'bésouogn d'aver d's ouvériers robustes. J'espère qu'à mais nos d'scendànts veient chu rapport au but d'100 àns d'ichin, nou-z éra fait pus d'avànches sus ches affaires cllaïes.

Les maladies empesstaeuses pus souvent décllairies en 1924 caontaient lé diptêria, lé déchet (la caonsaomptiaon és poumaons ou énne itaïlle maladie affauturànte ingiérisâblle) la typhoïde et la paratyphoïde. Grâce és avànches dans la souogn'rie des maladies empesstaeuses durànt l'droïn siaeclle, qui caontent des progrâmmes à vaccinâtiaon, lé naombe qui s'adaone dé, et les morts associaïes daove, bian d's empess'tries sé saont fâmaeusement moli. Par exàmplle, en 1924 i'y aeut 34 mort d'la caonsaomptiaon – au caontraire, atou la vnue du traitement effectif, les morts à caouse d'la caonsaomptiaon, et d'aoutes maladies empesstaeuses, sont achtaeure haeuraesement bian rare.

L'écarsitaïe d'herbigements est mentiounaïe dans l'rapport dé 1924. Durànt cht'onnaïe là l's États d'Guernesi acatirent daeux couogns d'terre et il autorisirent la bâtirie d'52 d'maisaons. 'Aen preissànt bésouogn d'herbigements pour l's ouvériers' fut r'mertchi – chu qu'est tristément bian r'counaeux énne chentoïne d'onnaïes pus tard. Il vaout raide, qu'en 2024, nou r'counissait qu'l'herbigement est aen grànd problème à sàntaïe publlique. Nou saït qu'l's herbigements dé paoure qualitaïe, incertoïns et inaffordâblles empiérient la sàntaïe du corps et d'l'esprit. Coume en 1924, ch'est aen problème dé tchi qu'nou peut pas bouannement permaette dé n'prende pouit maer au 21ième siaeclle.

Pour créaï énne nâtiaon d'millaeure sàntaïe et d'millaeure espéràance dé vie, il est d'métchier qu'les gens, les services à la sàntaïe et au souogn, et les coumaerces, lé gouvernément étout, s'enter travaïllent. Il est metchier d'énne répaonse qu'engage tous les secteurs 'au ligànd d's îles entchières'. I'y a d's affaires rian qu'l'gouvernement n'peut faire, et i faout qu'i les faeche, mais nou-z a bésouogn, surtout, d'pllaidgier pour l'amour d'énne millaeure sàntaïe et aen millaeux bian-aête és Îlemans et d'baïllier à toutes les parties d'la sociétaïe les mouoyens d'tâchier pour y arrivaï. Il faout s'ent'travaïllier pour s'enter créaï énne nâtaion d'millaeure sàntaïe, daove d'la maugerie, des tacques à travas et des trànsports pus soïns, créiyànt des vies pus soïnes pour naon et pous nos efànts, et énne millaeure sàntaïe és tacques ou'est alle est la pière.[2] Lé temps est v'nu pour s'enter dérumaï à pouoïnt, dé monière déterminaï et seriaeuse à seule fin d'protégier la sàntaïe et l'bian-aête des générâtaions à v'ni.

Nicola Brink MBE

l'Officier Médical à la Sàntaïe/Directaeux à la Sàntaïe Publique

Acknowledgements

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For the second time, the foreword of the Medical Officer of Health report is presented in English and Guernésiais (Guernsey French). My thanks go to Josephine Dowding and her team at the Culture & Heritage Department in the States of Guernsey, and Jan Marquis for supporting us with this initiative.

I would also like to extend my gratitude to the Public Health Team who have risen to the challenge of delivering public health in the post-pandemic era with the same dedication and good humour. I am incredibly privileged to be working with this fantastic team.

Effective public health requires input and participation of all islanders. We are grateful for the support we have received from our political representatives, the Senior Leadership Team of the Civil Service, healthcare professionals across the whole of Primary and Secondary Care, together with Community Services and Social Care, all of whom are so important in supporting the health and wellbeing of islanders. Also vital is the support Public Health receives from Third Sector Organisations, in particular the Health Improvement Commission, Choices and Guernsey Mind. This enables us to provide services that are engaging and meaningful.

Most importantly, I am so grateful for the ongoing support of islanders across the Bailiwick of Guernsey. Without the input from our community, my job would be so much more difficult. Thank you.

Nicola Brink MBE

Medical Officer of Health/
Director of Public Health

Executive Summary

Public health interventions are not quick fixes to our health and care system, nor are they immediately cost saving, but they do offer high value for money over time. A continued focus on short-term investment alongside chronic underfunding of preventative programmes will negatively impact the long-term health and wellbeing of islanders. Globally, there is a growing consensus that a shift in resource allocation is essential to delivering a health service fit for purpose in the 21st century.

The case for prevention has never been stronger — we need to look further than the next year or two and take bold steps to optimise the health and wellbeing of islanders in decades to come. Failing to do so will mean that we leave a larger burden of ill health for future generations.

A focus on prevention will enable us to better prepare for the future with further policy changes that could lead to better outcomes for islanders, whilst at the same time slowing health expenditure increase. If the Bailiwick of Guernsey fails to get serious about prevention, then we need to understand the likely consequences of this. For example, new and potentially costly treatments will become available and there will also be a requirement to find more money every year to treat illnesses that could have been prevented. There will be a huge gap between the amount of healthcare our money can buy and the amount of healthcare that is needed by the population. Impossibly difficult choices will then need to be made about who gets treated and who does not.

In order to effectively target prevention efforts, it is vital to have enough information to know where resources will be best spent. This report details two ways in which Public Health Services have been collating such data; (i) by projecting disease numbers up to 2043 and (ii) conducting the Guernsey and Alderney Wellbeing Survey 2023 — results from which can be used to understand the current health state of our population.

This modelling of future disease projection provides important information for future health and care planning as, without action:

- 10 out of 11 modelled chronic diseases would experience an increase in case numbers by 2043;
- Case numbers for five conditions (dementia, heart failure, chronic kidney disease, atrial fibrillation, stroke and transient ischaemic attack) would increase by more than one-third, compared to 2023 numbers;
- By 2043, the largest percentage increase would be for dementia, where there could be a 61% increase in case numbers compared to 2023.

The latter is important because it is estimated that around 4 in 10 cases of dementia could be prevented. Experts agree that what is good for cardiovascular health is also important in preventing some cases of dementia. This includes:

- Eating a balanced diet;
- Maintaining a healthy weight;
- Exercising regularly;
- Keeping alcohol within recommended limits;
- Stopping smoking; and,
- Keeping blood pressure at a healthy level.[3]

The Wellbeing Survey is for residents aged 16 and over in Guernsey and Alderney and is the eighth of its kind, having been conducted at five-year intervals since 1988. This survey aims to gather information about islanders':

- Current health status;
- Level of knowledge, understanding and practice of factors that contribute to better health; and
- Use of and access to health services.

We hope that the survey results - see chapter 5 - will prove interesting and useful to members of the public, charities, providers of health services, and those involved in setting policy for our islands. It can also be used to inform service delivery.

Predictably, the survey findings include a mix of positive findings of which we can be very pleased (a decline in tobacco smoking, evidence that many people are choosing active travel and making use of our green and natural spaces), along with areas that stand out as concerning or where immediate action is warranted (rises in vaping and discrimination experience, and reductions in sun-safe behaviours and awareness).

As was the case with the 2018 survey, particular groups within the populations who shared their experiences with us, stand out for having worse-than-average outcomes across a number of areas. This time, our attention was drawn to:

- Those living in affordable housing;
- Younger people, especially those aged 16–24;
- Those with the lowest incomes;
- Females; and
- Those with children under-16 in the household.

With greater resource, the Public Health team would commit more time to understand and respond to health needs among these groups.

There are two choices — status quo or act now?

Models looking at future disease prevalence as outlined above, while not a forecast of what will happen in the future, can provide us with useful information to inform impending health and care planning. They also give us the opportunity to take decisive action to change the current prevalence of chronic disease burden in our population (e.g. through a concerted investment in prevention), thereby setting a new course for what the chronic disease burden will look like in the future. This in turn provides an opportunity to moderate future health and care demands, in particular for hospital beds.

3 - (NHS, 2023)

The impact of ageing within our population could, without action, be profound. The proportion of people aged 75 years and over in the Bailiwick of Guernsey is projected to increase by around 60% between 2023 and 2043. If we continue on our current trajectory over the next 20 years, people living within the Bailiwick will spend their later years with major illness rather than enjoying a longer life in good health.

The question is: do we do something about this now, or do we simply accept that we will face an ever-increasing demand for health and care in years to come and try to deal with this as and when it happens?

Delaying disease onset means that islanders can live longer in good health without multiple chronic conditions, also known as multimorbidity. Compression of the period of time spent in ill health aims to delay the onset of a disease and therefore reduce reliance on health and care services. Reducing disease can prevent, reduce or delay the onset of disability and frailty. Linked to this is that if a person maintains their independence, it is also likely that their enjoyment of life will be enhanced. Quite simply — improving the quality of life in older age means less medicine.[4]

Reducing the number of people living with multiple chronic conditions may not lead to a saving in healthcare expenditure but can moderate it to a level far beneath what it will otherwise become if prevention is not prioritised.

Appendix 1 details a set of vital statistics which are included in the report each year. This ensures they are available for use in health and social care planning, programme development and to track progress towards health goals.

Appendix 2 is the Public Health Annual Report for 2023/24.

4 - (Department of Health and Social Care, 2023)

Recommendations

1. Focus on prevention and early intervention to change the trajectory of an ever-increasing burden of ill-health with six specific preventions goals

The States of Guernsey and wider island population need to plan for the future health and care needs of islanders, in a coordinated and systematic way. This includes anticipating and planning for the increasing demand for health and care services, whilst working urgently to put measures in place to offset these demands with a focus on prevention.

Primary prevention is largely the responsibility of the States of Guernsey.

Primary prevention enables islanders to have healthy lifestyles by providing an environment for them to thrive, ensuring that they are as healthy as they can be. Healthy choices should be easy choices. This can be achieved by making it easier for people to exercise, eat healthily and reduce smoking. This needs to be central to government policies.

Responsibility for secondary and tertiary prevention rests with healthcare providers.

Secondary prevention aims to detect disease early before symptoms are showing, and to support early intervention or treatment and reduce the level of harm. Programmes need to be put in place to prevent and delay disease progression. Examples include support for screening programmes (e.g. breast, bowel, diabetic retinopathy, and cervical screening); early detection and management of hypertension; programmes to detect and manage diabetes; promoting good mental health and wellbeing and weight management programmes.

Tertiary prevention aims to minimise the consequences of an established disease through careful management.

Programmes for prevention and early intervention need to be appropriately funded and carry equal weight to services that support an acute need.

There is also a need to focus these programmes on exploring what can be achieved in the next 5 to 10 years, looking at key risk factors and population groups. A recently published report entitled 'A Covenant for Health — Policies and partnerships to improve our national health in 5 to 10 years' argued that it is entirely possible for a government, working actively with all parts of society and with individuals and communities alike, to achieve change within 5 to 10 years with a concerted effort.[5] The following goals, adapted from the above report, could supercharge change locally:

5 - (The King's Fund, 2023)

1. Halve the smoking rates from a baseline of 9.1%[6] to achieve a smoke-free Bailiwick (defined as a smoking prevalence of 5% or less);
2. Reduce alcohol consumption to less than 20% of people living in the Bailiwick of Guernsey consuming more than 14 units a week on a regular basis;
3. Reduce the number of those aged 16 years and above living with obesity by one third;
4. Help at least 4,000 islanders be more active;
5. Help more children be physically and mentally healthy with a reduction in obesity; and,
6. Help 5,000 people to reduce their risk of cardiovascular disease.

6 - (Public Health Services, 2025)

2. Value the health and wellbeing of all islanders by implementing a Health in All Policies programme

The health and wellbeing of islanders should be viewed as a long-term investment, not a short-term cost. Supporting people to be as healthy as possible and live productive lives will support a strong economy and create an environment for all to thrive.

Almost everything impacts on the health of islanders, but not everybody thinks that health is their problem. It is too easy to say that health in the Bailiwick is the responsibility of the Committee *for* Health & Social Care.

Health in All Policies is an approach to public policy-making in all areas of government business that systematically looks at the health implications of new proposals, to avoid harmful health impacts and improve population health and health equity.[7] For example, the promotion of active travel impacts on health and wellbeing. If a new residential housing development does not have a bicycle store, it will not make active travel an easy choice for people who will live in that development. High quality, safe, comfortable and affordable homes also provide an environment for people to thrive, supporting health, wellbeing and a strong economy. Living in damp and cold housing is not conducive to good health and will therefore impact on a person's ability to work and contribute to the economy.

To maximise the health of islanders, and enable them to live productive lives, there needs to be a meaningful collaboration across the States of Guernsey through the implementation of an approach to Health in All Policies that is proportionate and relevant to our islands. The challenge is to create win-win solutions in policy development through policies that bring co-benefits for multiple sectors and support shared goals. [8]

7 - (World Health Organisation, n.d.)
8 - (Greer, et al., 2022)

3. Support groups of islanders who are reporting poorer health and wellbeing

The Guernsey and Alderney Wellbeing Survey 2023[9] highlights the importance of using local data to drive local decision making. Continuing to systematically collect data to ensure we are able to make evidence-informed decisions that are right for our islands is vital. This ensures that strategies and policies are appropriate to serve the needs of our population.

The survey highlights groups of islanders who are reporting poorer health and wellbeing, including:

- Young people aged 16–24 years;
- Households with children under 16 years of age;
- Females;
- Those living in affordable housing; and,
- Lower income households.

Specific consideration should be given to how we improve the health and wellbeing of these groups. Failure to do so will impact not only on health and care systems, but also our economic prosperity. There should be a focus here on primary prevention, in particular on the building blocks of health and wellbeing, including education, housing, being able to afford access to health and care services and mental health and wellbeing.

To achieve this, every States of Guernsey political committee could consider the results of the Wellbeing Survey 2023 and what they can practically do in their area of government to make a change.

9 - Guernsey and Alderney Wellbeing Survey 2023

4. Adequately fund Health & Social Care to reduce multimorbidity by delivering secondary prevention programmes

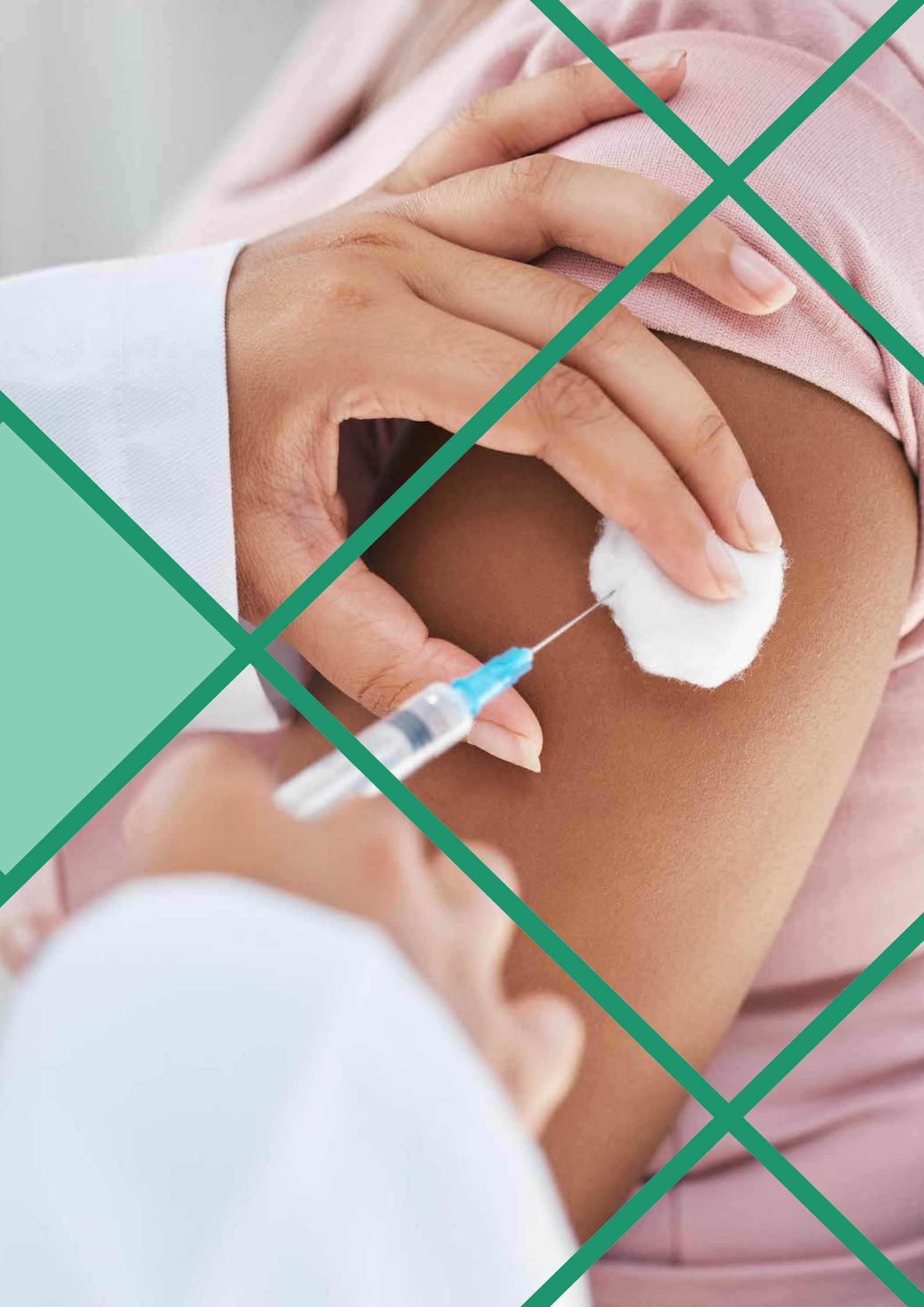
Most diseases are age-related. These include cancers, heart disease and dementias, all of which become more common with increasing age. Ageing is inevitable. However, modifiable risk factors for diseases such as cancers include smoking, weight, diet, physical activity, sun exposure, sunbed use, and alcohol consumption.[10] Reducing these modifiable risk factors, together with the availability of screening programmes, is important for prevention and early detection of cancers. These risk factors are also common to other clinical conditions such as heart disease and dementia.

A focus on the health and care needs of those aged 45+ needs to be a priority. Enabling people to live in better health through a focus on managing and minimising the number of chronic conditions has never been more important. If we fail to act, our health and care services will not cope in 20 years' time. We need to think carefully what the ageing population narrative means locally and how we can optimise the health and wellbeing for islanders who will reach the age of 65+ in 20 years' time. This links to a focus on prevention and early management of cardiovascular disease, as outlined in Recommendation 1 above.

10 - (Macmillan Cancer Support, 2022)

CHAPTER 1

What is prevention?



What is prevention?

In health terms, prevention refers to any action taken to decrease the chance of developing a disease or condition. There are three different types of prevention activity which vary based on the timing of when an activity occurs. These are:

Primary — invests in the building blocks of health to stop problems happening in the first place. Examples are vaccination, creating healthier surroundings, upstream policy regulating harmful products or practices, and education around healthy behaviours. This should be the responsibility of the whole of government and not just health and care services.

Secondary — aims to detect disease early before symptoms are showing, to support early intervention or treatment and reduce the level of harm. Examples are screening programmes, high blood pressure detection and medication such as statins. This should primarily be the responsibility of health and care services, but with input from non-health government departments.

Tertiary — aims to minimise the consequences of an established disease through careful management. Examples are rehabilitation or chronic disease management programmes. This is largely the responsibility of health and care providers.[11]

As illustrated in Table 1, primary prevention is the cheapest form of intervention and provides the most impact at a population level, so will affect the highest number of people. However, primary prevention also usually takes the longest period of time to achieve the desired outcome.

11 - (Public Health Scotland, 2024)

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Progression of disease	→	→	→
Definition	Promote or enable health before disease or injury develops	Detect disease early, before symptoms are showing	Reverse, stop, or delay disease progression
Population level impact	+ + +	+ +	+
Cost of intervention	+	+ +	+ + +
How long until change can be measured	Most time ←		→ Least time

Table 1: Types of Prevention

Figure 1 illustrates the importance of 'fixing the broken bridge' (primary prevention) to avoid having to deal with the more serious consequences of people falling in the river and being injured or drowning (tertiary prevention).

Figure 1: Primary, secondary and tertiary prevention

Primary (Upstream)

Promote or enable health before disease or injury develops, for example:

- Affordable and adequate housing
- Employment
- Education
- Physical Activity / Sport

Secondary (Mid-Stream)

Detect and manage disease early, before symptoms are showing, for example:

- Physical activity
- Tobacco
- Maternal health
- Alcohol
- Substance Use
- Screening

Tertiary (Downstream)

Reverse, stop, or delay disease progression, for example:

- Treatments for illness

Prevention is a key economic enabler as it can also help reduce public spending pressures by:

- Increasing the time people spend in good health rather than just increasing life expectancy;
- Reducing demands for public services; and
- Freeing up resources for other uses.[12]

A focus on prevention will enable us to better prepare for the future with policy changes that could lead to better outcomes for islanders, whilst at the same time slowing the health expenditure increase.

12 - (Public Health Scotland, 2024)

The building blocks of health

Prevention is not isolated to health and care projects and activities. It can include a wide range of things ranging from improving people's jobs and homes, access to education, public transport, whether they experience poverty or discrimination and whether they live in a clean and healthy environment.

These aspects of our lives, which affect health without being directly related to it are often called the building blocks of health, or the wider determinants of health. In the public and political debate about how to improve health in the Bailiwick, the wider determinants are often left out or misunderstood. People tend to think of health as highly individualistic and dependent on a person's own actions; an example would be the view that people are unhealthy because of how much and what type of food they eat and how much they exercise.[13] But this is not the whole story.

Right now, locally, people are suffering the consequences of poor health, as is seen in our healthy life expectancy figures (see Chapter 3). When islanders do not have the things they need, like warm homes and healthy food, and are constantly worrying about making ends meet, it puts a strain on their bodies. This results in increased stress, high blood pressure, and a weaker immune system.

Multiple building blocks need to be in place to create a foundation for good health: stable jobs, good pay, quality housing and good education. These building blocks enable people to live healthier and more productive lives but right now, for too many people, blocks are missing. It is time to fix the gaps.

Our health and care service, which is so highly valued and relied on by many islanders, was never meant to go it alone. It was supposed to be part of a wider system supporting people across the whole life course; with decent jobs, pay, homes and education. To make sure the health system can keep helping the population in the way it was intended to, a broader system of support is needed that can help everyone to thrive.

What shapes our health and what can we do?

Prevention is all our business. A focus on prevention enables us to better prepare for the future with policy changes that could lead to better outcomes for islanders, whilst at the same time slowing health expenditure increase.

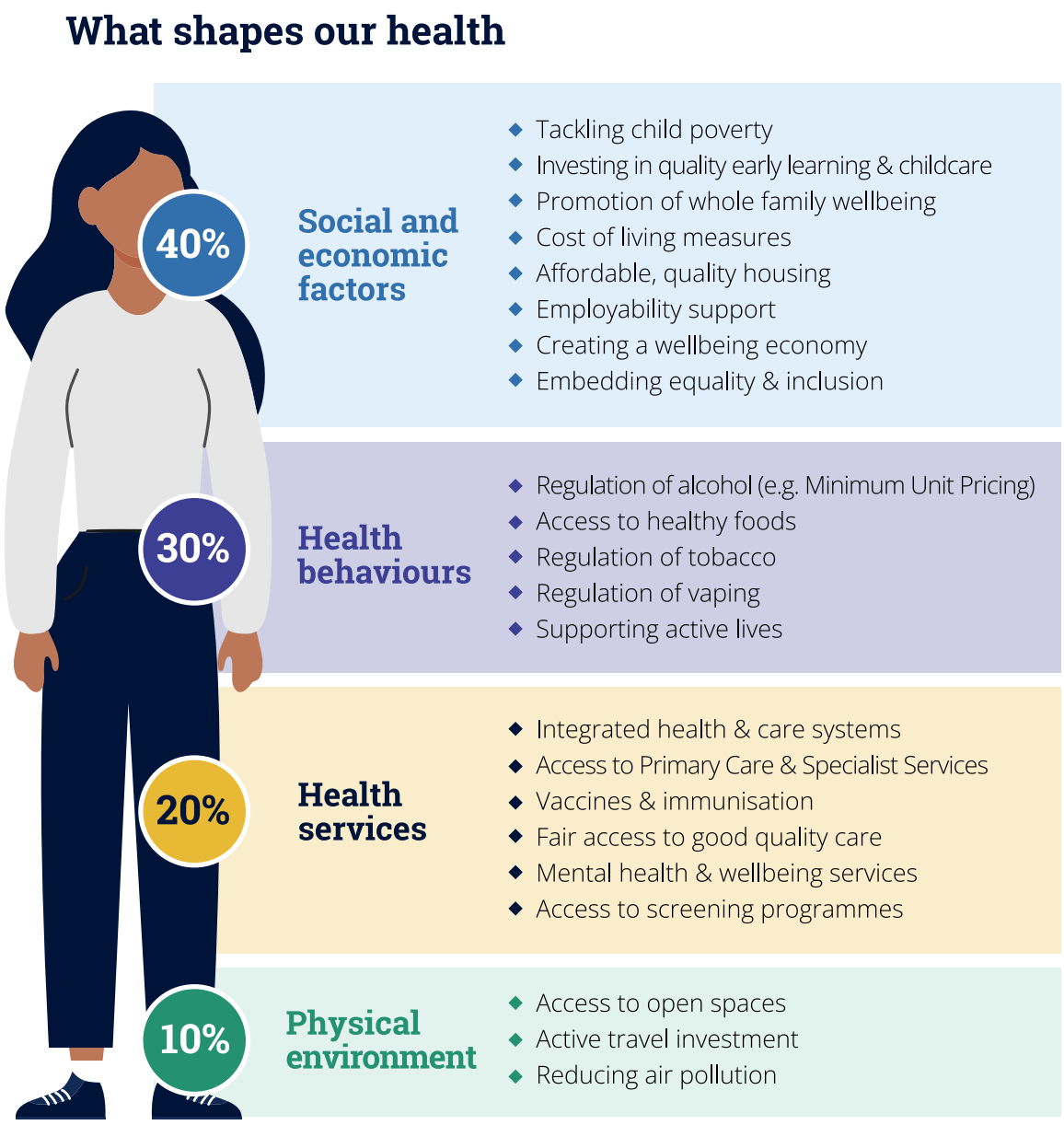
We need to do more than focus on short-term goals, waiting lists and our hospital — there has been insufficient focus on longer term goals and now we are spending more on treating illnesses every year. Our health is shaped by a far broader agenda.

We need to consider specific programmes that can improve the health and wellbeing of islanders before they become acutely ill. As shown in Figure 2 social and economic factors are the most important component. Health behaviours and lifestyles are the second most important factor. These include factors such as smoking, alcohol consumption, diet and physical activity. However, it is important to note that universal approaches to reducing lifestyle risks – which target the whole population and do not require individuals to opt in – are most effective in preventing health harms overall and in reducing health inequalities. These include, for example, regulation of alcohol and tobacco. Furthermore, to achieve optimal efficacy, health and care systems needs to be integrated, as opposed to existing in operational silos.[14]

13 - (The Health Foundation, 2022)

14 - (The King's Fund, 2018)

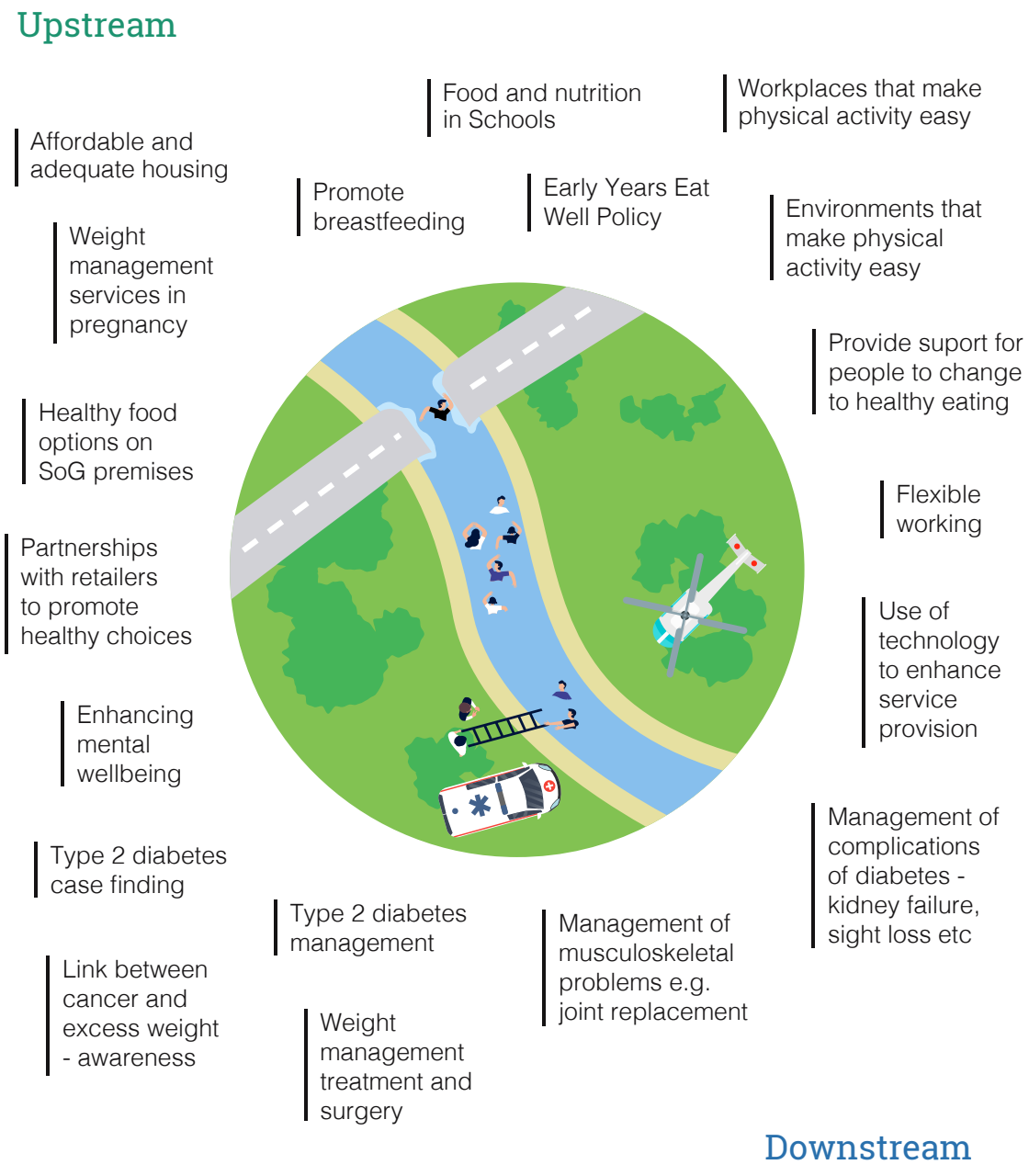
Figure 2: What shapes our health and what can we do? [15]



15 - Adapted from (Public Health Scotland, 2024)

Further examples of specific prevention programmes are illustrated in Figure 3. The breadth of these programmes shows that improving the health and wellbeing of islanders is a shared responsibility across the whole of government, working together with the wider community.

Figure 3: Examples of prevention programmes from upstream to downstream



CHAPTER 2

Status quo - What will happen to our population without further investment in prevention?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&
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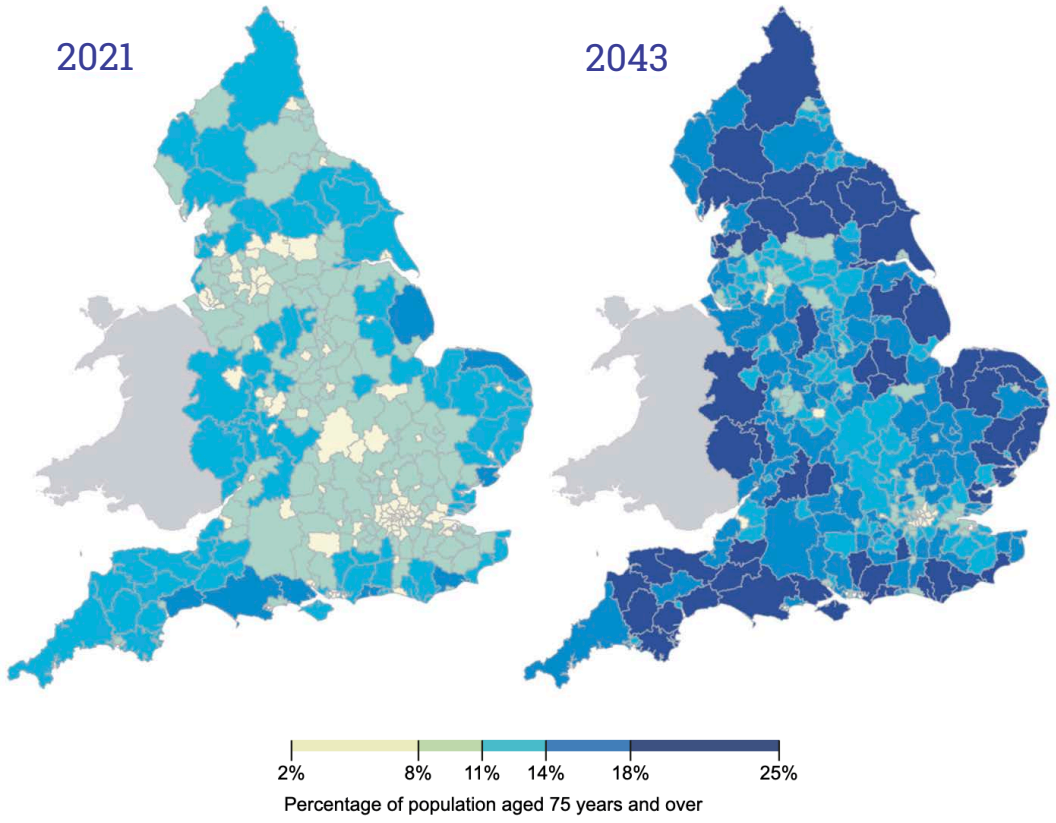
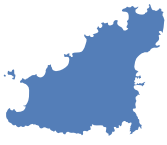
Status quo — what will happen to our population without further investment in prevention?

The proportion of people living in the Bailiwick aged 75 years and over is projected to increase dramatically between 2023 and 2043 from 10 to 17% (Figure 4).

Figure 4: The proportion of the population aged 75+ will increase both in the UK and Guernsey in the next 20 years[16]



Guernsey and Alderney
2023
10% of the population aged 75+



Guernsey and Alderney
2043
17% of the population aged 75+

16 - (Department of Health and Social Care, 2023)

Modelling possible future burden of chronic disease to 2043

A report[17] published in February 2024 by Jersey's Public Health Intelligence team described possible future levels of chronic disease in the Jersey population. This was done by combining data about disease prevalence in Jersey in 2023 with projections of what the Jersey population size and structure could be over the coming decades, under a range of scenarios.

Modelling possible scenarios in this way is useful as it demonstrates the impact on disease prevalence of a population that is ageing (i.e. gaining more older people, relative to younger people) and changing. Illnesses that predominantly affect older people were projected to have the largest increases. For instance, the projected number of people living with dementia in Jersey by 2043 was at a level 52% greater than in 2023.

In Guernsey, we were interested in replicating Jersey's modelling for our own island. Population projections are calculated and were available to us (see www.gov.gg/population) but current prevalence rates for selected chronic diseases were not. Unlike in Jersey, Guernsey has no central general practice server holding disease prevalence data, nor indeed any routine mechanism for sharing population-level health data between primary care practices and those working in Secondary Care/Public Health.

As the best-available solution, we called upon the generosity of our Jersey colleagues to apply the Jersey chronic disease prevalence estimates for 2023 to Guernsey's population projections. In effect, we posed the question, 'If the Guernsey population has the same current prevalence as Jersey for Disease X, what will be the impact on disease case numbers of projected changes to the population over the coming decades?'.

We made the assumptions that:

- For modelling purposes, the Guernsey population had the same profile of disease prevalence as Jersey's population, in 2023;
- Current patterns of disease prevalence will continue unchanged over the modelled timeframe (i.e. no adjustments were made for increases or decreases in disease prevalence over time); and,
- Net migration and fertility rate will continue under one of three scenarios (0 net migration and total fertility rate 1.3; +150 net migration and total fertility rate 1.4; +300 net migration and total fertility rate 1.5[18]).

Results for the population projection scenarios, comparing numbers of disease cases in 2023 and 2043, are shown below in Table 2 and Figure 5.

In summary, the model suggests that, under the central (+150 net migration) projection:

- 10 of 11 modelled chronic diseases would experience an increase in case numbers by 2043;
- The largest percentage increase by 2043 would be for dementia, where there could be a 61% increase in case numbers compared to 2023;

17 - Disease Projection Report 2023 to 2053.pdf [Accessed 15-11-24].

18 - These are the three scenarios used by Guernsey's Data and Analysis Unit in the Annual Guernsey Population Projection Bulletin series. See www.gov.gg/population.

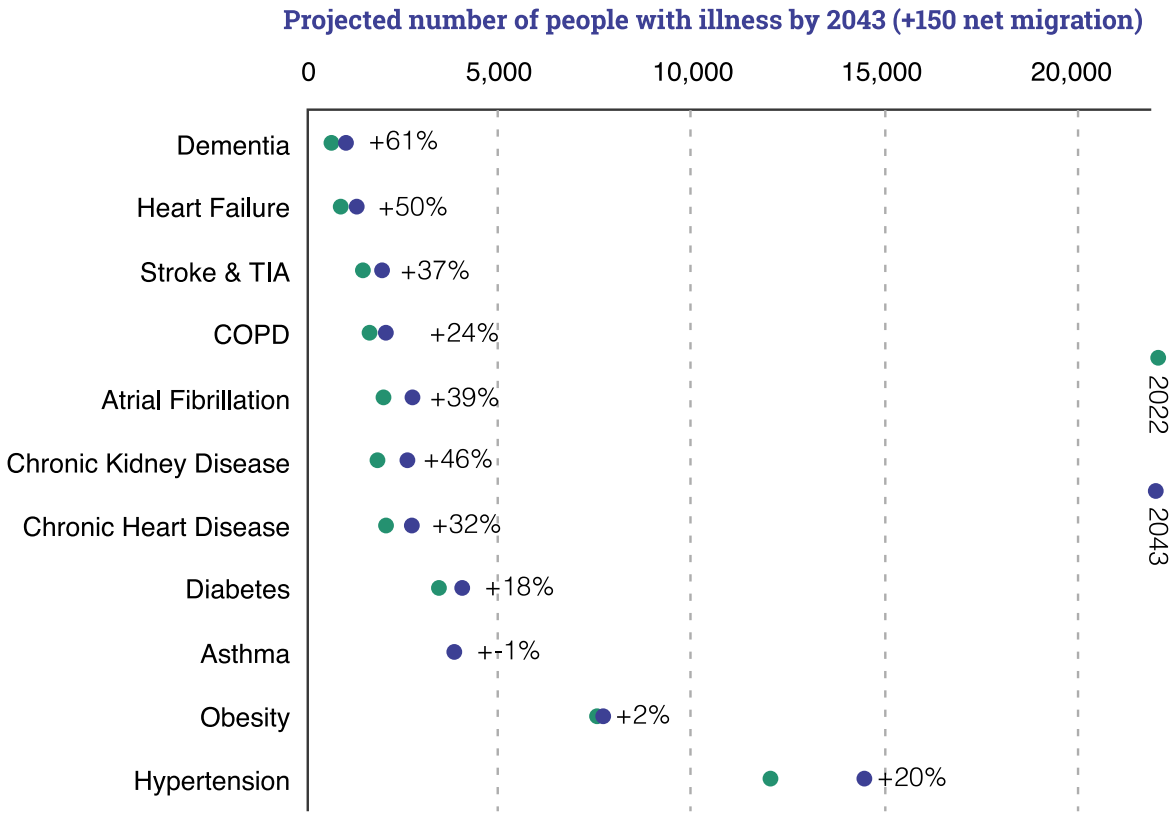
- Case numbers for five conditions (dementia, heart failure, chronic kidney disease, atrial fibrillation, stroke and TIA[19]) would increase by more than one-third, compared to 2023 numbers;
- The largest change in absolute numbers of cases between 2023 and 2043 would be for hypertension where there may be 2,442 more people living with diagnosed high blood pressure by 2043 (although at +20% the projected increase is not one of the highest. Hypertension is much more prevalent to begin with, so each 1% point increase results in many more projected cases than for other conditions);
- Conditions which are more prevalent among older people (e.g. dementia) are modelled to increase because older people will be more numerous in 2043 than they were in 2023; and,
- By contrast, conditions that are less prevalent in older age groups relative to other diseases (e.g. asthma), may decrease slightly overall.

19 - Transient Ischaemic Attack

Table 2: Disease projection 2023 and 2043

Chronic condition	2023	2043			% change between 2023 and 2043 (+150 central projection	Change in number of modelled cases between 2023 and 2043 (+150 central projection)
		0 net migration	150 net migration	300 net migration		
Dementia	581	938	936	934	61%	355
Heart failure	827	1,233	1,238	1,241	50%	411
Chronic kidney failure	1,778	2,580	2,587	2,590	46%	809
Atrial fibrillation	1,971	2,723	2,732	2,740	39%	761
Stroke and TIA	1,397	1,905	1,914	1,920	37%	517
Chronic heart disease	2,026	2,655	2,665	2,673	32%	639
COPD	1,603	1,974	1,989	1,999	24%	386
Hypertension	12,063	14,370	14,505	14,634	20%	2,442
Diabetes	3,409	3,961	4,009	4,062	18%	600
Obesity	7,534	7,395	7,674	7,950	2%	140
Asthma	3,840	3,615	3,811	4,017	-1%	-29

Figure 5: Projected increase in number of people with illness byb 2043



This simple modelling exercise has shown that, under the stated assumptions, the chronic disease burden would increase substantially in the coming decades. Such increases would create need and health service demand across multiple parts of the island's health services.

Disease management differs from case to case and from one chronic disease to another. In some scenarios, relatively modest increases in projected case numbers could have a disproportionately high effect on the ability of health services to meet demand. In chronic kidney disease management for example, even a small increase in the number of patients requiring dialysis — an extremely intensive and long-term intervention — could prove unattainable in a setting where resources cannot be scaled up quickly enough to meet developing demand.

Such models, while not a forecast of what will happen in the future, should be evaluated with a view to a) planning services to meet demand under a range of scenarios, or b) taking decisive action to change the current prevalence of chronic disease burden in our population (e.g. through concerted investment in prevention), thereby setting a new course for what chronic disease burden will look like in the future.

Figure 6: Mounting health and care pressures

Age and multimorbidity

We know that age is a driver of health spending, partly due to the fact that the prevalence of multimorbidity (living with multiple ill-health conditions) also rises with age. We also know that the Bailiwick has an ageing demographic. As new treatments become available to treat chronic diseases, this may mean that we can no longer afford to sustain our health and care system. This then leads to the unpalatable conversation of how we ration health and care provision (Figure 6).

CHAPTER 3

Act now, to create an environment where people live healthier for longer

Act now, to create an environment where people live healthier for longer

Recommendation 1: Focus on prevention and early intervention to change the trajectory of an ever-increasing burden of ill-health with six specific preventions goals

The final years before a person dies are a time when need for healthcare (and thus healthcare expenditure) is particularly high. Shortening the time that older people spend in ill health with costly chronic conditions and in need of ongoing care at home, in a residential setting or in hospital, is known as the 'compression of morbidity hypothesis'. This hypothesis states that better health care, an active lifestyle, and greater preventive health behaviour would preserve health even in the face of communities living longer. It also states that there should be a 'repositioning and prioritisation within commissioners that puts the compression of morbidity and maintaining the health of patients central to all policies.'[20]

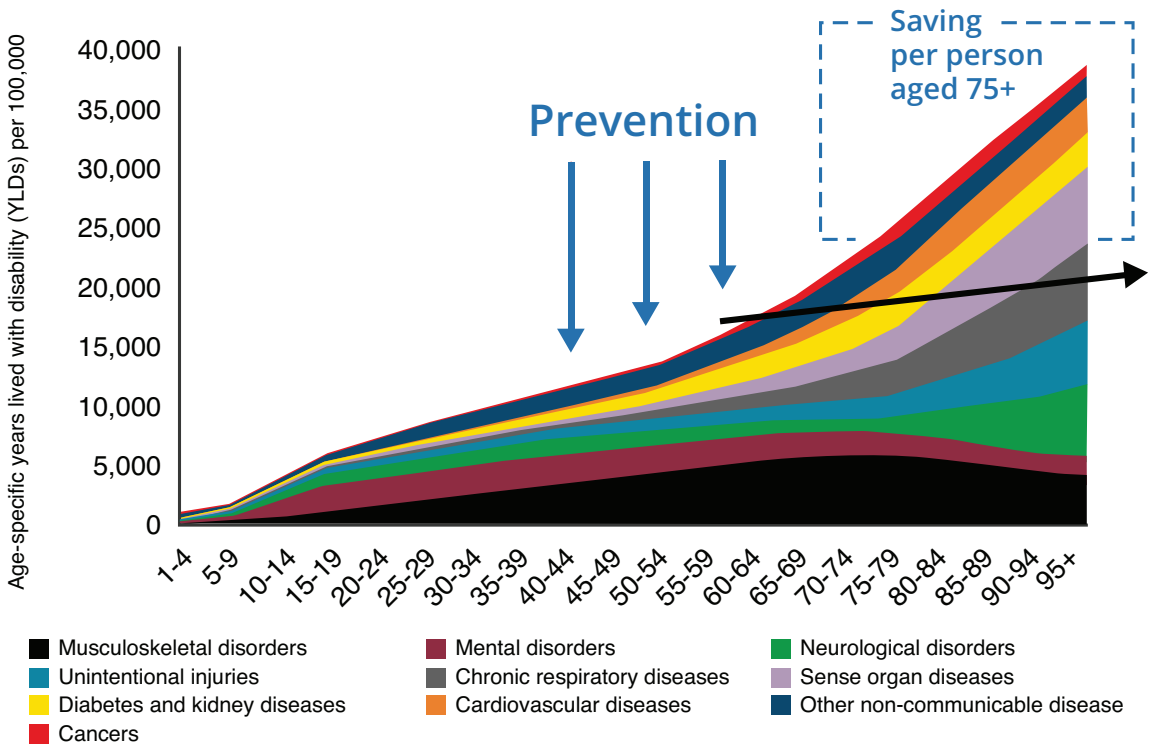
The following six goals, supported by the right policies, could supercharge change locally over the next 5 to 10 years:

1. Halve the smoking rates from a baseline of 9.1%[6] to achieve a smoke-free Bailiwick (defined as a smoking prevalence of 5% or less);
2. Reduce alcohol consumption to less than 20% of people living in the Bailiwick of Guernsey consuming more than 14 units a week on a regular basis;
3. Reduce the number of those aged 16 years and above living with obesity by one third;
4. Help at least 4,000 islanders be more active;
5. Help more children be physically and mentally healthy with a reduction in obesity; and,
6. Help 5,000 people to reduce their risk of cardiovascular disease.

20 - (Pearson-Stuttard & Ezzati, 2019)

‘Flattening the curve of multimorbidity’, as illustrated in Figure 7, may not lead to a saving in healthcare expenditure but would moderate it to a level far beneath what it will otherwise become if prevention were not prioritised.[21]

Figure 7: Flattening the multimorbidity[22]



A prime example of compression of morbidity can be seen with the early detection and management of chronic kidney disease (CKD). If interventions can slow the progress to end stage kidney disease by ten years, people’s quality of life will improve; they will be able to live independently for longer and access to the more costly interventions, for example haemodialysis and transplantation, will be delayed. In itself, type 2 Diabetes is the most important cause of entry into renal replacement therapy programmes (dialysis or transplant) and it is estimated that 40 – 50% of people with type 2 Diabetes develop CKD.[23] Effective management of chronic diseases, with the aim of preventing or delaying the onset of complications, forms an important part of the compression of multimorbidity.

21- (Department of Health and Social Care, 2023)
22- Adapted from: (Department of Health and Social Care,
23- (Thomas, et al., 2016)

How do we flatten the curve of multimorbidity?

Recommendation 2: Value the health and wellbeing of all islanders by implementing a Health in All Policies programme

There needs to be a repositioning and prioritisation that puts the compression of multimorbidity and maintaining the health of patients **central to all government policies**.[23]

A focus on prevention enables us to better prepare for the future, with policy changes that could lead to better outcomes for islanders, whilst at the same time slowing the health expenditure increase.

What outcomes can we expect if we invest in prevention and flatten the curve of morbidity?

An investment in prevention will:

- Reduce the proportion of their lives that people will spend in ill-health (i.e. increase people's 'healthy life expectancy');
- Reduce demands for public services;
- Free up resources for other uses; and,
- Result in the 'least-worst' outcome for future demand on healthcare in the coming decades as baby boomers age.

An investment in prevention is not likely to:

- Lead to a saving in the health and care budget. Rather, it will lead to an increase in spend, which is moderated to a level far beneath what it would otherwise become if prevention were not prioritised.

What is a Healthy life expectancy?

Healthy life expectancy is a measure of the number of years that a person is expected to continue to live in a state of good health. This measure combines average levels of self-rated health with period life expectancy and is calculated separately for men and women.[25]

Data from the Guernsey Mortality Trends 2021 report tells us that:

- Life expectancy at birth for the period 2019 – 2021 was 83.4 years overall and longer for females — 81.2 years for males and 85.5 years for females; but
- Healthy life expectancy at birth for the period 2019 – 2021 was 63.6 years; 64.5 years for males and 63.2 years for females i.e. longer for males.[26]

While islanders are living longer than in the past, about one-quarter of our lives are currently lived in a state of compromised health. Our goal should be to 'focus on how to maximise the independence and minimise the time in ill health between reaching older age and the end of life. Quality, enjoyment, and independence should be the principal aims.'[27] Improving our healthy life expectancy is key to achieving this.

This can be achieved through two broad complementary approaches, namely to:

- Reduce disease, to prevent, delay or minimise disability and frailty; and,
- Change the environment so that people can maintain their independence for longer.[28]

By increasing the average time a person spends in good health at a given age, the cost spent on a person at a given age will fall, whilst at the same time enabling people to remain productive, contribute to society and enjoy a good quality of life.

The economic value and cost of living longer and healthier lives is clearly a complex issue and is difficult to quantify. The cost of an ageing population will be higher if people are living in poor health, however, having a healthy, active post-retirement community is cost-effective and valuable. This group of individuals can, for example add value to the economy due to increased revenues from direct and indirect taxation and contribute to the island economy through volunteering and caring activities (for charities, community services and for elderly relatives and grandchildren).

25 - (Public Health Intelligence Unit, 2023)
26 - (Public Health Intelligence Unit, 2023)
27 - (Department for Health and Social Care, 2023)
28 - (Department for Health and Social Care, 2023)

CHAPTER 4

Is prevention value for money?

Is prevention value for money?

Recommendation 4: Reduce multimorbidity by adequately funding Health & Social Care to deliver secondary prevention programmes

Does prevention save the health service money?

Yes, but not always immediately.

The Bailiwick of Guernsey, as with many other jurisdictions across the world, is faced with a situation where budgets must work harder year on year, inevitably leading to conversations about initiatives that provide the best value for money or even save public money.

As a Bailiwick, we need to understand why investing in prevention is so important in the current financial context of budget reductions and funding gaps. We also need to consider this in the context of the Bailiwick's population demographic.

Preventative activity cannot always guarantee immediate cost savings (or indeed any cost-savings — see below for more details). This investment may not reap a return for a number of years, but it is the right thing to do. Decision makers need to be brave in investing in preventative measures that will not always produce an immediate return. The benefits of prevention extend way beyond the utilisation of health and care services. These can include higher quality of life scores, a reduction in levels of depression or anxiety and a reduction in stress levels. Improving health and wellbeing will improve the health of our economy and our prosperity as a Bailiwick. This can reduce the indirect costs stemming from productivity loss and disability which further exacerbate the economic impact of poor health.

Do public health initiatives provide the best value for money?[29,30]

If adequately funded, yes.

One reason for lack of investment in public health interventions is that they can lack 'high strength' evidence, such as randomised controlled trials (RCTs), about their efficacy. Unfortunately, there will be many situations where we will never have such evidence, but we nevertheless have to use the evidence available to us, including case studies, and epidemiological data and modelling to make predications in order to invest in areas that we know are likely to be cost-effective. For example we are not aware of any large RCTs to produce evidence of the cost-effectiveness of wearing seat belts in motor vehicles — yet the impact on population health has been enormous by any standards.

29 - (UK Health Security Agency, 2016)
30 - (UK Health Security Agency, 2016)

> Public health interventions are **not short-term cost saving measures to our health and care system, but a cost-effective use of society's funds.** A short-term investment focus and chronic underfunding of preventative programmes will impact on the longer-term health and wellbeing of islanders. Globally, there is a growing consensus that a shift in resource allocation to include a focus on prevention is essential to delivering a health service fit for purpose in the 21st century.

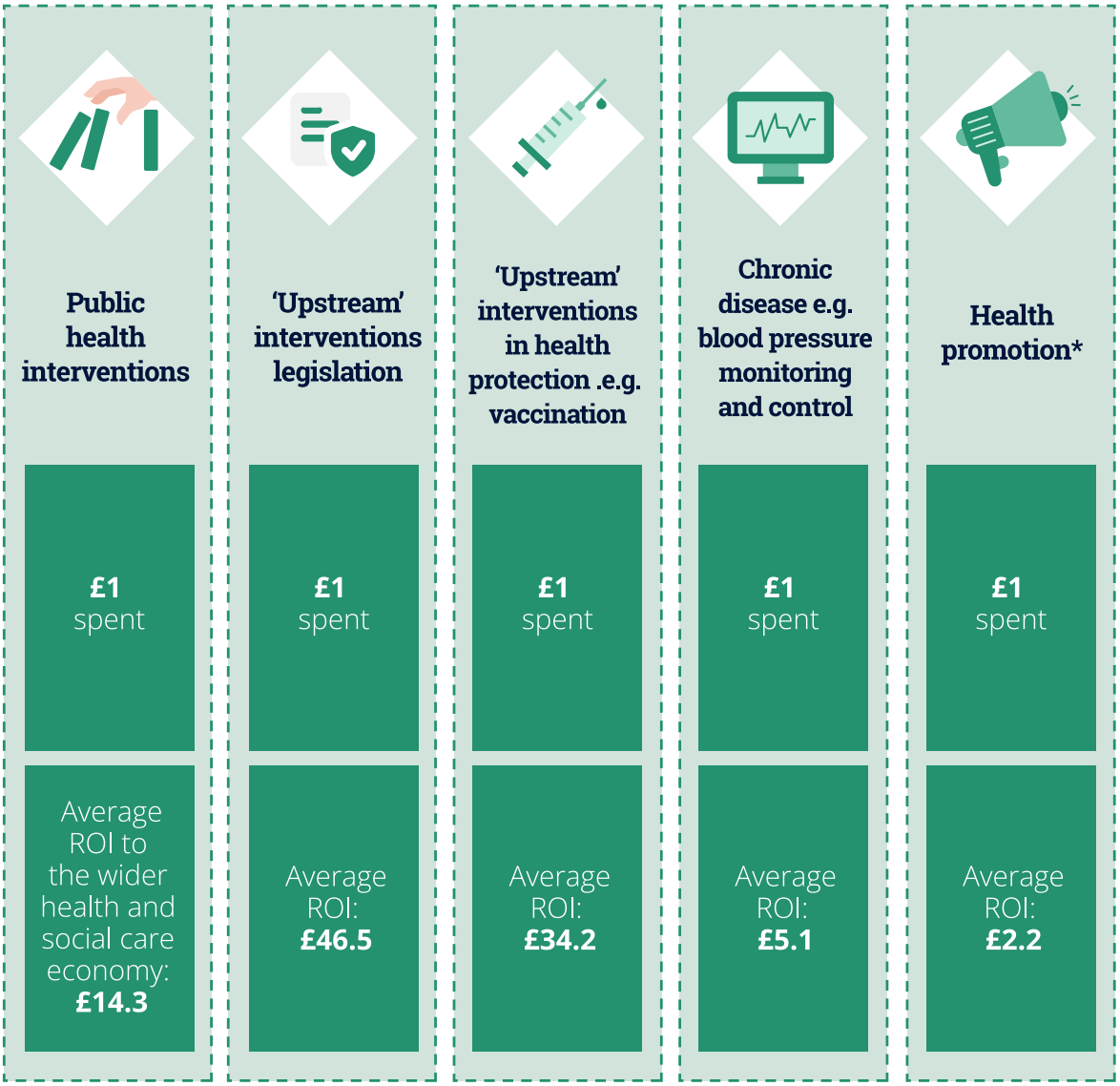
Return on Investment for spending on treatment and prevention

When considering public health interventions, there needs to be a clear differentiation between cost saving and a return on investment (ROI). An ROI is where the financial benefits to the health and care system, as well as other parts of the system, outweigh the initial investment.[31] Data from the UK has estimated that investing in prevention can be 3 – 4 times more cost-effective than investing in treatment, with an extra year of good health costing an estimated £3,800 via means of prevention, compared to £13,500 via treatment.[32]

Some examples of ROI for specific prevention and early intervention initiatives can be seen in Figure 8. Overall, public health interventions provide a substantial return on investment of £14.3 plus the original investment back, for every £1 spent. Of further note is that health protection and legislative interventions generally yielded an even higher return on investment. These are usually delivered at a national level, requiring a one-off intervention. Examples here include vaccination programmes (health protection) and a specific health tax (legislation). In contrast, interventions for chronic diseases and health promotion typically had lower returns, being often more complex, resource-intensive and requiring sustained efforts.[33]

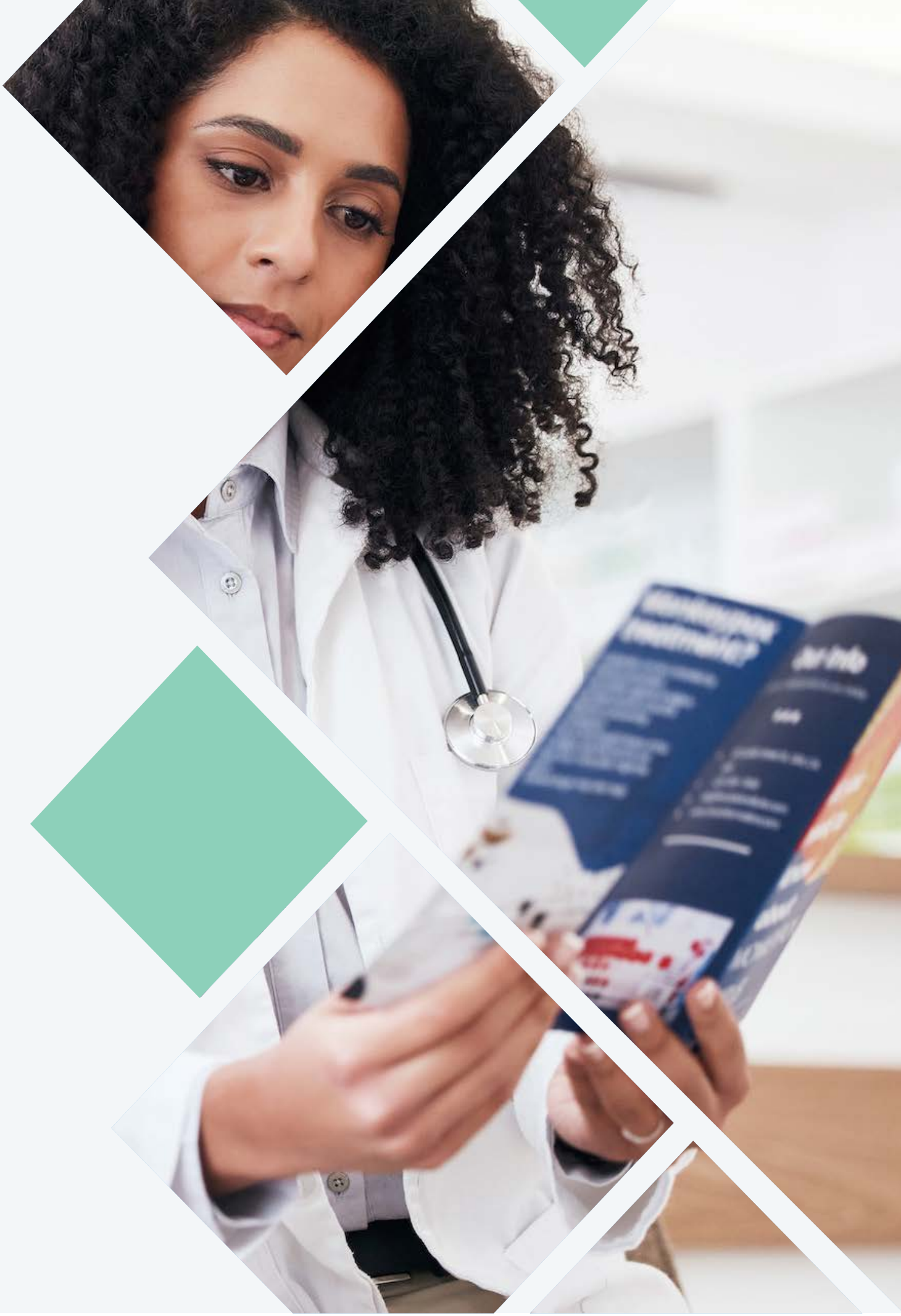
31 - (The King's Fund, 2018)
32 - (Office of Health Economics, 2023)
33 - (Masters, et al., 2017)

Figure 8: Return on Investment for prevention initiatives[34]



*Health promotion and disease prevention programs focus on keeping people healthy. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and other morbidities.[35]

34 - Modified from: (Masters, et al., 2017)
35 - (World Health Organisation, 2016)



CHAPTER 5

What does the Guernsey and Alderney Wellbeing Survey 2023 tell us about prevention?

What does the Guernsey and Alderney Wellbeing Survey 2023 tell us about prevention?

What we did and why we did it

In 2023, Public Health Services carried out a wellbeing survey for residents of Guernsey and Alderney aged 16 and over. The survey was the eighth of its kind, conducted at five-year intervals since 1988, which aimed to gather information about islanders':

- Current health status;
- Level of knowledge, understanding and practice of factors that contribute to better health; and,
- Use of and access to health services.

Surveys such as this are valuable because they allow health professionals and others to:

- Identify the health needs of the populations and subgroups within them;
- Measure changes over time;
- Evaluate effectiveness of health improvement programmes and other initiatives; and,
- Review and revise public health priorities and the allocation of healthcare resources to better meet the needs of local people.

The Survey was open from mid-September to the end of October and could be completed online or in hard copy, as respondents preferred. We increased our efforts to make the Survey accessible to those with lower proficiency in English by translating the Survey into our two most-commonly-spoken non-English languages, Portuguese and Latvian. We also retained the approach used for the 2018 Survey of visiting Day Centres and some Residential Homes, where survey fieldworkers were on hand to help service users and residents complete the Survey if needed. This was done with the aim of ensuring that representation of all sectors of our populations was as wide as possible. More effort than in past surveys was also made to encourage young people aged 16 – 19 to participate. This was to counteract under-representation from these ages which had been seen in the past.

Over 2,500 survey responses were submitted, and after data completeness/eligibility checks, the total working sample for analysis was 2,316 — a pleasingly high number which means we can be confident (for all but a few age-sex subgroups) that findings from the survey sample will adequately represent experiences in the general population.

We are extremely grateful to all those in the Bailiwick who gave up their time to complete the Survey.

What we found out

The full Survey report runs to more than 200 pages and serves as a comprehensive reference piece which can be referred to by anyone with interest in a particular topic. It presents Bailiwick-wide results, and notes where significant differences occur between subgroups and in comparison, to results from the 2018 Survey.

In this commentary, we aim to investigate selected topic areas in the context of longer-term trends and to compare the Bailiwick results, where possible, to equivalent data from Jersey, Isle of man and England/the UK. We also discuss possible explanations for some of the survey findings.

First, we consider changes and trends in a collection of topic-areas covered many times in previous surveys, namely self-rated health and caregiving; weight status; fruit and vegetable consumption; physical activity; alcohol consumption; smoking and vaping; cannabis use; and sun safety.

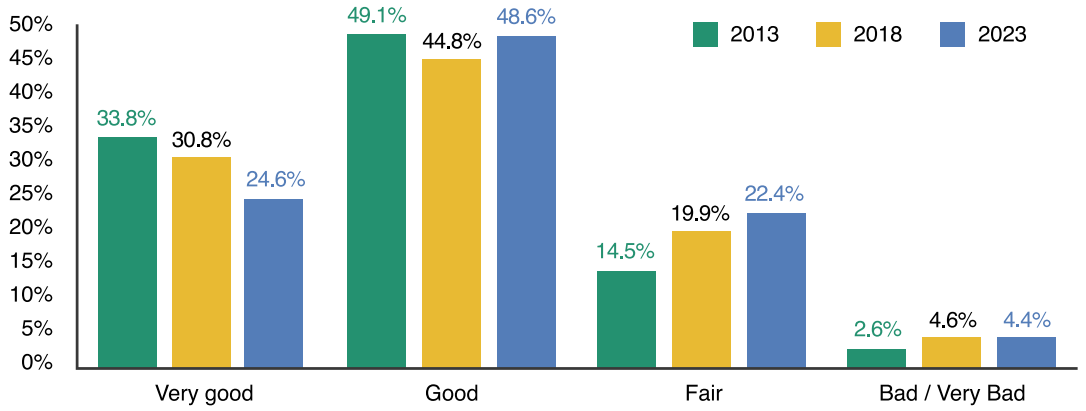
Self-rated health and caregiving

Self-rated health is assessed using the question, 'how is your health in general?' with response options of very good, good, fair, bad and very bad. When we looked at the proportion of respondents reporting poor general health (the sum of bad and very bad health), i.e. the worst possible health, the value was 4.4%, which is not significantly different to the result for 2018 (4.6%). The absence of a deterioration in this measure is certainly welcome.

Nevertheless, when we consider the distribution of responses across the whole scale from very good to very bad, we see a shift over time. Whereas in the past, respondents were more likely to rate their health as very good or good, we now see gradual reductions at this top end of the scale, compensated by increases in good or fair. In 2013, the sum of the proportions rating their health as very good and good was 82.9%, by 2018 it was 75.6% and in 2023 it was 73.2%. From one survey to the next, these changes are not always meeting the threshold for significant change, but over time a declining trend is apparent.

Declines in the health of younger people as reported in the 2023 Wellbeing Survey, in combination with the effect of a naturally ageing population (where older age brings more health challenges), make this a predictable and expected change which will likely continue to be seen in future surveys.

Figure 9: Changes in self-reported health over time. Note the decreases in very good and increases in fair health



Changes over time in the proportion of respondents who said they are carers is likely another reflection of population ageing. The proportion who reported that they care for a family member, partner or friend due to ill-health, disability or age-related problems was 5.7% in 2013, 8.7% in 2018 and 9.6% in 2023. The self-reported health of carers has declined since 2018 and, over the same period, there was a 7.7 percentage point increase in the proportion of carers who reported experiencing a large amount of stress in the 12 months before the Survey (45.0% in 2018, 52.7% in 2023).

Weight status

Excess weight is a measure which did not change significantly between the 2018 and 2023 Wellbeing Surveys, but which has increased locally, as it has in the rest of the western world over the past several decades. Differences in approaches to weighting/not weighting survey data as well as changes to overweight categories over time means that we do not have all the raw data we would need to produce an accurate timeline of change in this measure for Guernsey and Alderney. In England, however, it is known that since 1993 the proportion of adults who live with overweight or obesity has risen by more than 11 percentage points and the proportion who live with obesity has increased by more than 13 percentage points[36]. The scale of change in our own islands is likely to be similar.

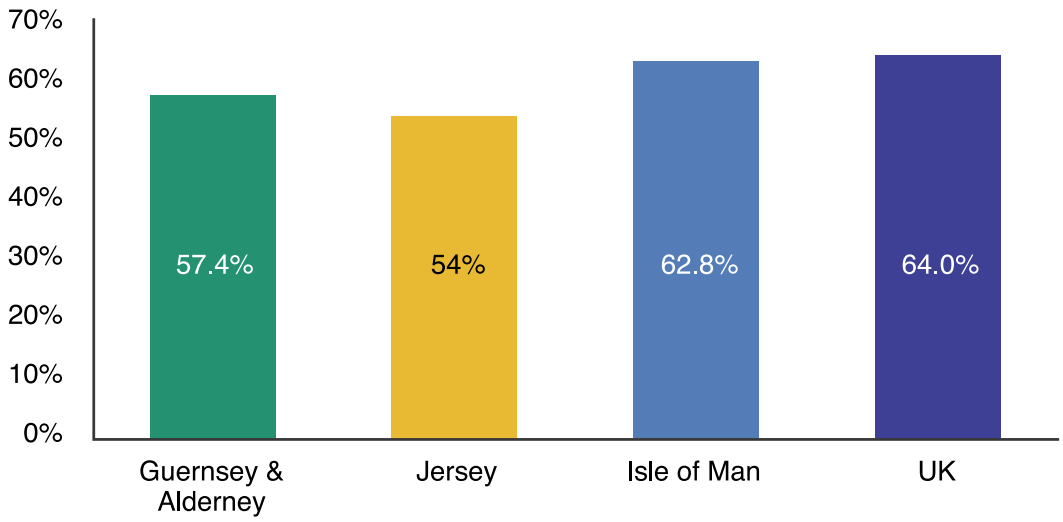
In Guernsey and Alderney in 2023, 57.4% of respondents had a BMI indicating overweight or obesity, comprising 34.0% living with overweight and 23.4% living with obesity.

While female survey respondents were more likely to be living with obesity in 2023, males had higher rates of overweight and combined overweight plus obesity than females. In males aged 55 – 64 where excess weight is at its most prevalent, almost three-in-every-four men (73.1%) have excess weight and having a healthy weight is by far the minority condition.

In comparison to nearby jurisdictions, over-16s in Guernsey and Alderney had an estimated prevalence of excess weight that was in the middle of the range of values seen.

36 - (House of Commons Library, 2023)

Figure 10: Estimated prevalence of overweight plus obesity in the Bailiwick of Guernsey and other jurisdictions.[37]



Living with excess weight has serious health consequences, including increased risk of cardiovascular diseases (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon). These conditions cause premature death and substantial disability[38] which have meaningful impacts for individuals, their families, and the health service.

More must be done to bring more people into the healthy weight range. This includes enacting policies which allow islanders to make healthy choices easily and exploring ways in which more people can benefit from the advantages of new weight loss drugs, used as part of a holistic care package.

Daily fruit and vegetable consumption

In the UK, and therefore locally, it is recommended that people aim to eat at least five portions of fruit and vegetables every day to achieve 400g fruit/veg consumption, which WHO research shows lessens the risk of serious health problems.[39]

In 2018, a change to how we worded the survey question about fruit and vegetable consumption (requesting separately the number of fruit portions and vegetable portions eaten the day before the survey, plus the total) caused a large change in the resulting data. Whereas in 2013, results suggested that 20% of respondents were eating five or more portions of fruit/veg per day, the 2018 Survey results suggested that 50% were — a huge change which was unlikely to reflect a true shift in dietary habits.

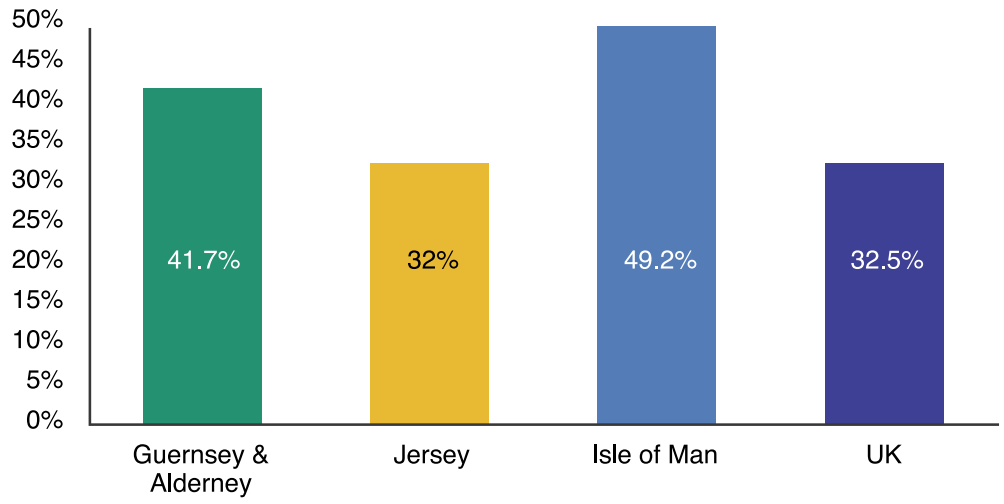
For the 2023 Survey, the question was modified again. This time the fruit/veg portion total was requested first, followed by the breakdown. The result was that 41.7% reported eating five or more portions the previous day. This value falls in the middle of the range of results from recent surveys in Jersey, Isle of Man and the UK (Figure 11).

37 - (Public Health Services, 2025) (Office for Health Improvement and Disparities, 2024) (Public Health Jersey, 2024) (Isle Of Man Department of Health, 2013)

38 - (World Health Organisation, 2024)

39 - (NHS, 2022)

Figure 11: Proportion of survey respondents who report eating 5+ portions of fruit and vegetables per day, Bailiwick of Guernsey and other jurisdictions.[40]



While we can fill many pages pondering the effect of question wording changes on the headline finding, there is an important underlying message which carries across all recent survey rounds: at least half the population, perhaps as much as 60%, are not eating enough of the foods that would lessen their chances of developing heart disease, stroke and some cancers. Younger people, males, those with lower qualification levels, those in affordable housing — were groups all more likely than average to have had a poor diet (defined as less than 2 portions of fruit/veg the previous day), and survey respondents told us that the biggest barrier to healthy eating by a huge margin, was the relatively high cost of healthy foods.

Physical activity

The WHO recommends that adults aged 18–64 years should do at least 150 minutes of moderate-intensity physical activity each week, or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of both. The Guernsey and Alderney Wellbeing Surveys have used a measure of five or more days a week of 30+ minutes of physical activity as a way of assessing the extent to which respondents meet these guidelines. Whilst this does not allow analysis exactly comparable to WHO recommended levels of activity, it does allow comparison to previous surveys which used the same question, and to data from Jersey where the same question format is used in the Jersey Opinion and Lifestyle Survey series.

In 2023, 37.7% of survey respondents told us that they did 30+ minutes of physical activity on five or more days in the previous week — a level similar to 2018 (39.2%) and higher than the most recent estimate for Jersey (25%).[41] Interestingly, in the same survey in Jersey, survey respondents were also asked about the total time spent exercising. By this measure, more than double the proportion of respondents (55%) were estimated to have met or exceeded the 150 minutes per week guideline. This tells us two things: firstly, it is possible that a higher

40 - (Public Health Services, 2025) (Office for Health Improvement and Disparities, 2024) (Public Health Jersey, 2024)

41 - (Statistics Jersey, 2023)

proportion of Guernsey/Alderney than Jersey residents are achieving a spread of 5+ episodes of physical activity per week and secondly, '5+ episodes of physical activity for 30+ minutes' may well be a poor proxy for estimating the extent that Bailiwick residents are meeting current physical activity guidance for adults.

Figure 12: Change over time in proportion of Guernsey/Alderney survey respondents who achieved 5+ episodes of 30+ minutes physical activity in the previous week.

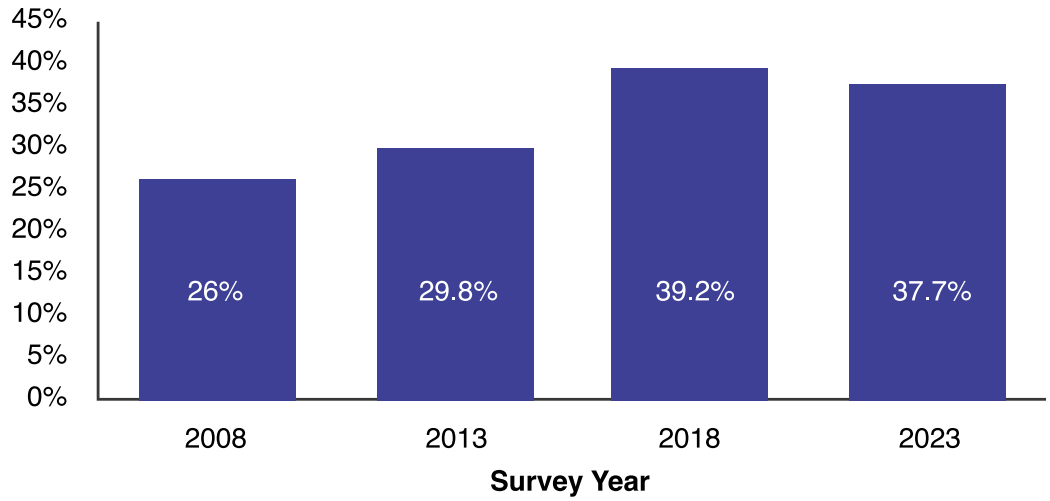
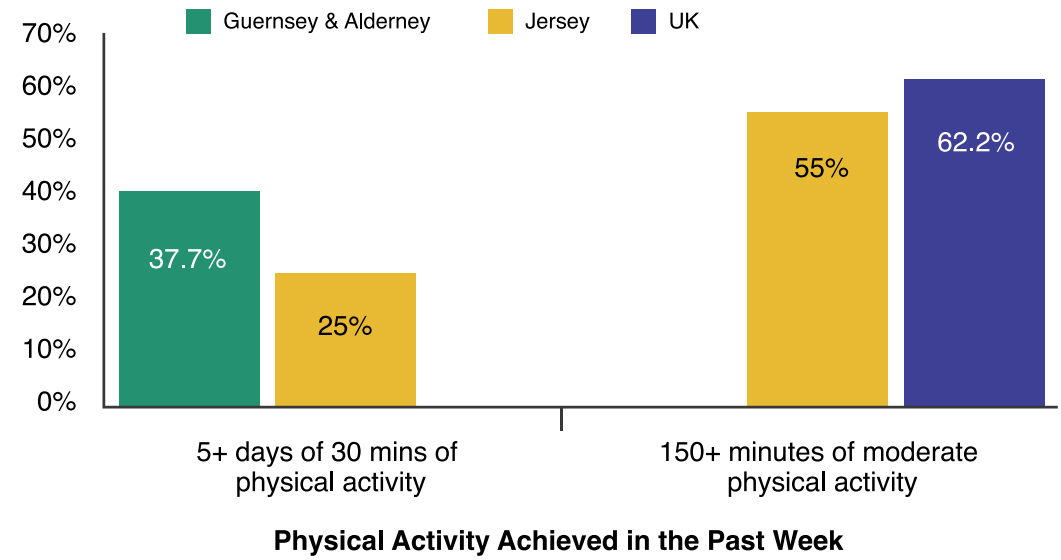


Figure 13: Comparisons of physical activity data, Bailiwick of Guernsey, Jersey and UK.[42]



42 - (Public Health Services, 2025) (Statistics Jersey, 2023) (Sport England, n.d.)

Alcohol

Alcohol is a topic which is covered from several angles in the Wellbeing Survey series. Respondents are asked whether they drink at all, how often and how much they drink, when they drink and where they drink. A validated measure — the Alcohol Use Disorders Identification Test — is also used to assess the level of health risk posed by each person's drinking.

Results from the 2023 Survey show two positive changes relative to the 2018 results, but also much evidence as to why alcohol use poses an ongoing problem in our islands. However, there are positive changes:

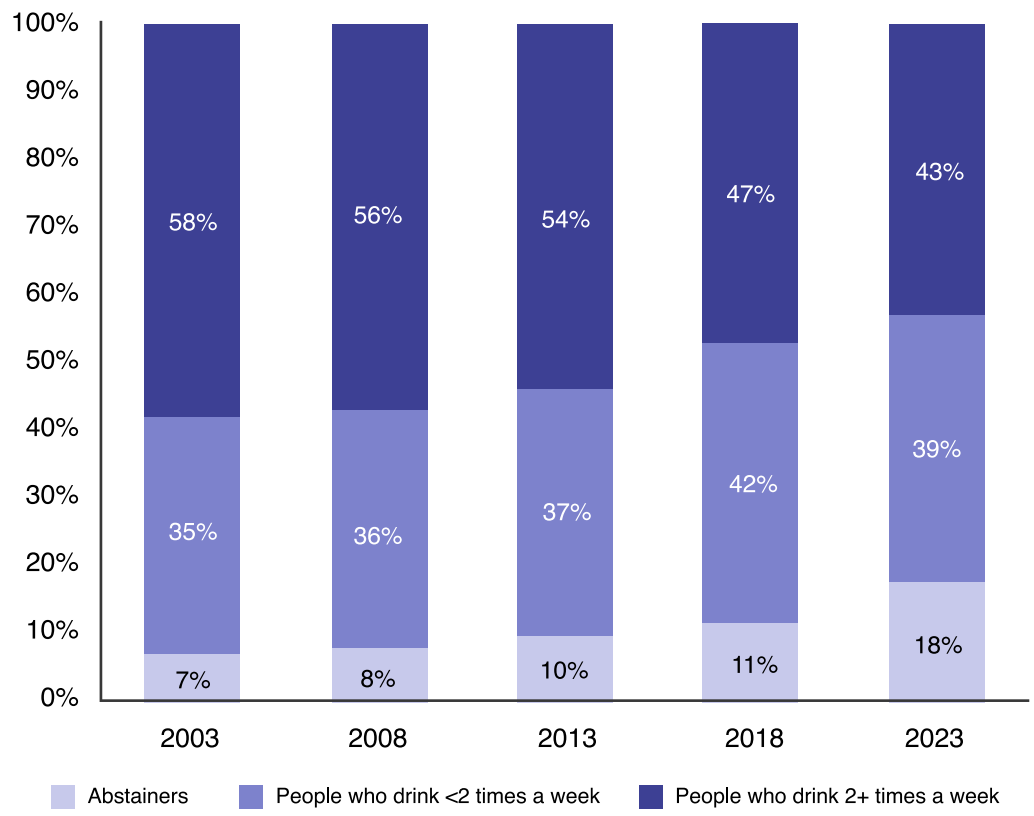
Abstinence

Examining the frequency at which respondents told us they drink alcohol, there was a 6.3 percentage point increase in the proportion of people who never drink, i.e. who abstain totally from alcohol. Most of this change has probably occurred among those aged 25–44, and in males[43]. Abstinence, of course, carries no risk of health harm from personal alcohol use, and is therefore a welcome finding from a public health stance.

43 - (Noting some uncertainty in the results for 25-34 year-olds due to lower survey response numbers.)

44 - N.B. 2003 and 2008 data are unweighted, data from 2013 onwards are weighted,

Figure 14: Change in the proportion with each drinking frequency in the 20 years to 2023, Guernsey and Alderney.[44]



Binge Drinking

Binge drinking is drinking heavily over a short space of time or drinking to get drunk.[45] Bingeing alcohol is associated with a range or short-term and longer-term harms, from accidents and injuries, to misjudgement of risky situations, to alcohol poisoning, increased risk of becoming dependent on alcohol and increased risk of developing alcohol-linked cancers and heart disease.[46] In the local Wellbeing Surveys, we have defined binge drinking as having five or more drinks in a drinking session. By this definition, the proportion of respondents who reported binge drinking decreased between 2018 (when 18.2% had 5+ drinks in a typical session) and 2023 (when the equivalent figure was 15.8%) — again, a welcome finding.

Harmful alcohol consumption

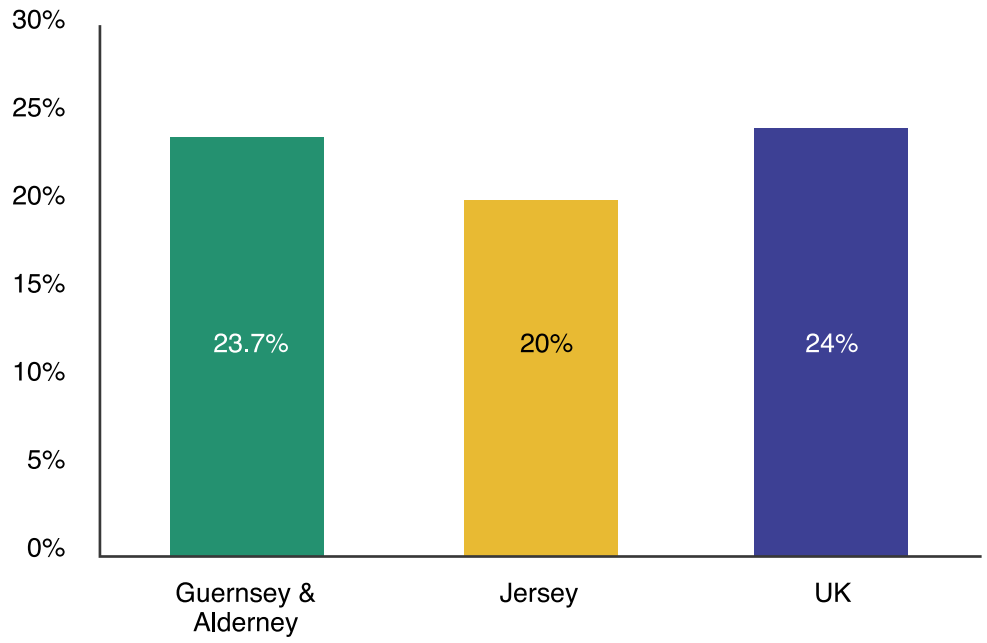
Despite the positive changes noted above, harmful alcohol consumption remains a key public health issue for the Bailiwick. It is one that causes much personal suffering to individuals and families and imposes huge costs on our health service through the demand for treatment of alcohol-linked disease and ill health.

In particular:

- 23.7% of all survey respondents in our 2023 Wellbeing Survey, and 35.2% of respondents who drink alcohol, had consumed more than 14 units in the week before the 2023 Survey — 14 being the number specified by the UK's Chief Medical Officer which people should keep below in order to minimise the negative health consequences of alcohol;
- 24.1% of respondents were calculated to have risky or high-risk drinking behaviour, including possible alcohol dependence, with men far more likely to be hitting these highest risk levels than women;
- Approximately ten deaths per year in Guernsey and Alderney were shown in the last Guernsey Mortality Trends 2021 report[47] to be alcohol-specific deaths. Many more will be indirectly related to alcohol use; and,
- Around 21 new head and neck cancers are diagnosed locally each year, the main risk factors for which are smoking and excessive alcohol use, especially in combination. This comes from the most recent report on cancer incidence and mortality for the Bailiwick[48] where the age-standardised incidence rate for head and neck cancer was 31.5 per 100,000 for Guernsey, and 32.7 per 100,000 for Jersey, compared to 25.9 per 100,000 for England.

45 - (Drink Aware, n.d.)
46 - (Drink Aware, n.d.)
47 - (Public Health Intelligence Unit, 2023)
48 - (NHS England, 2024)

Figure 15: Proportion of survey respondents who typically / in the week before the survey drank more than 14 units of alcohol, Bailiwick of Guernsey and other jurisdictions.[49]



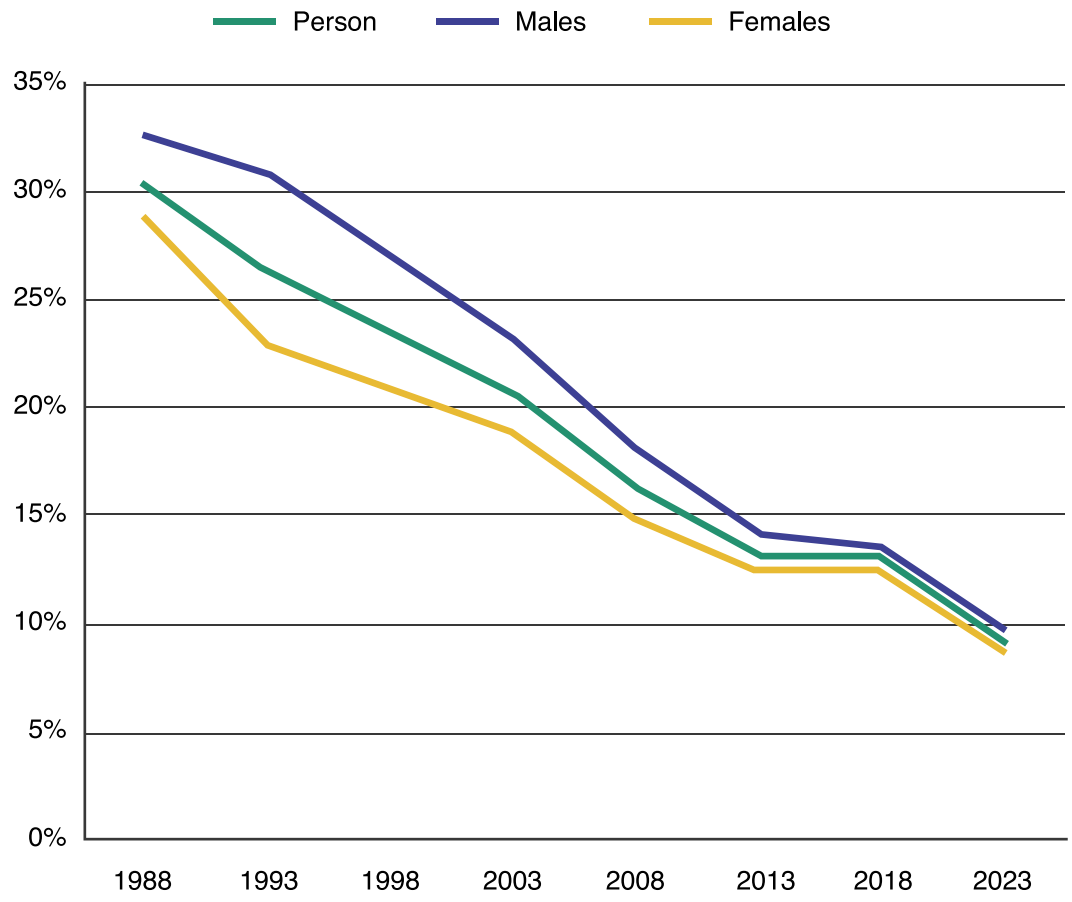
At population level, alcohol consumption is known to be responsive to changes in pricing and taxation. Such mechanisms, for instance Minimum Unit Pricing, along with robust policies to regulate the availability and ease of access to alcohol (for example reducing the density of alcohol retail outlets, restricting multi-buy promotions, strict enforcement of minimum purchase age), must be explored thoroughly and with a level of seriousness of intent to change drinking behaviour that is commensurate with the health harms caused.

Smoking and vaping

A very positive result from the 2023 Wellbeing Survey was that tobacco smoking is down to its lowest level since the start of the survey series. In 2023, 9.1% of respondents were current smokers (3.5% who smoke on some days and 5.6% who smoke every day) — a decrease of 4 percentage points from 13.1% in 2018 and a tremendous 21.3 percentage point reduction since the first survey in 1988 where an estimated 30.4% smoked[50]. Such reductions are without doubt the result of several decades of concerted effort to publicise the health harms of smoking and implement robust, consistent taxation regimes and control policies to counter the aggressive marketing tactics of transnational tobacco companies. In 2024, a change to legislation in the Bailiwick made it a criminal offence for an adult to smoke in a vehicle carrying a child. This sensible health-protecting provision, which acknowledges the detrimental effect of passive exposure to tobacco smoke even during short car journeys, brings Guernsey into line with the rest of the British Isles.

49 - (Government of Jersey, 2023) (Drink Aware, n.d.)
50 - (Health & Social Services Department, 2014)

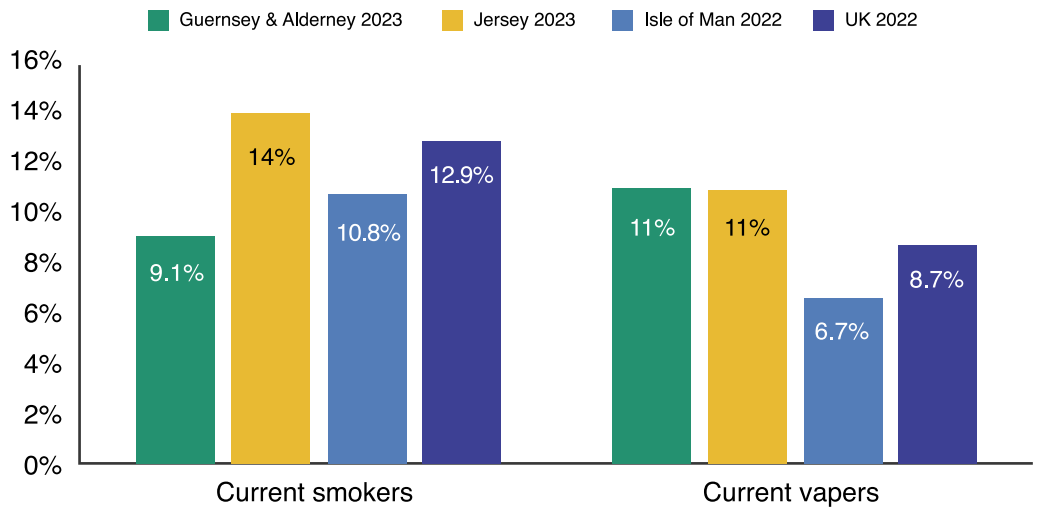
Figure 16: Change in proportion of current tobacco smokers in the 35 years to 2023, Bailiwick of Guernsey.



In 2023, smoking at population level was revealed to be roughly equal in female and males (8.8% females, 9.7% males), but the association with younger age seen in the past few surveys, persists. Younger people are those most likely to smoke tobacco and smoking among 16–24-year-old females, for example, remains at 16.5%. This shows us clearly where further efforts must now be targeted so that all young people feel empowered to choose never to smoke, or to quit smoking successfully if they have already started.

In contrast to tobacco smoking, vaping (use of e-cigarettes) has markedly increased since the 2018 Survey. 11% were current vapers in 2023 (3.9% some days plus 7.0% every day), compared to just 5.8% in 2018. As with tobacco smoking, vaping is more prevalent in younger age groups and is again notably high in 16–24-year-old females: more than 1 in every 3 girls and young women aged 16–24 (38%) reported that they regularly vape.

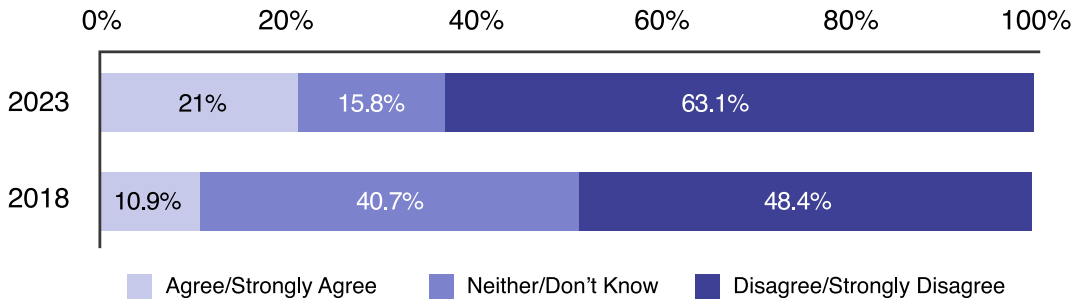
Figure 17: Comparison of estimates for current smoking and vaping, Bailiwick of Guernsey, Jersey and UK[51]



Data from the Wellbeing Survey 2023 showed that current smokers and current vapers had similar levels of self-reported health to one another (accepting that some individuals smoke and vape). Both groups had lower proportions in very good health and higher proportions in bad/very bad health, compared to non-smokers and non-vapers.

Perceptions of the health harms of vaping are changing. We investigated opinions on this by asking people about how much they agreed with the phrase, 'e-cigarettes are harmless to health'. Compared to 2018, fewer people were unsure (which is to say more people had made up their mind one way or other), but overall, more people tended to disagree rather than agree with the statement, compared to five years earlier.

Figure 18: Proportions agreeing or disagreeing with the statement 'e-cigarettes are harmless to health', 2023 and 2018



51 - (Office for National Statistics, 2023)(Statistics Jersey, 2024) (Isle of Man Government, 2022)

A second phrase was posed: 'e-cigarettes are as harmful to health as normal cigarettes'. Again, people were less likely to say they were unsure compared to five years ago, and overall, people were far more likely to now agree with the statement. In 2023, 52.3% agreed or strongly agreed that 'e-cigarettes are as harmful to health as normal cigarettes', compared to 24.2% who agreed or strongly agreed in 2018.

These attitude shifts were seen in current smokers and vapers as well as in non-smokers/non-vapers. Taken together, one might reasonably surmise that these results reflect lived experience, i.e. that current vapers know how vaping affects their health and that it is not without side-effects.

Vaping among people who have never smoked tobacco has increased since 2018. In 2023, 17.3% of people who vape had never smoked tobacco, whereas the equivalent figure in 2018 was 9.0%. This reflects a general shift from vapes as a quit-smoking tool to vaping for its own sake. The timing of this change coincides with the introduction of disposable vapes in 2020/2021 and a very rapid diversification of vaping products brought to market at and since that time[52]. Vaping increases have been largest in young people locally, as is the case in the UK.

Based on current evidence, legal e-cigarettes are less harmful to health than tobacco smoking. This is because they do not contain cancer-causing tobacco, and most of the toxic chemicals found in cigarettes are not in e-cigarettes[52]. Nevertheless, we do not fully understand the long-term health effects of vaping and some short-term side effects including throat and mouth irritation, cough, nausea and headache have been reported. Vaping does still expose users to toxicants (albeit fewer than smoking would) and to the bind of a highly addictive nicotine habit[53].

For those who would otherwise have smoked, taking up vaping will represent a better option, but for those who would not have taken up smoking, vaping is worse than the alternative. A total of 16.7% of respondents were smokers and/or vapers in 2023 and this is higher than the combined level of smoking/vaping seen in 2013 (the lowest achieved level of tobacco smoking in the early-vaping era). This suggests that we now have people vaping who wouldn't otherwise have smoked and who are therefore increasing their health risk.

Fortunately the Committee *for* Health & Social Care has, this political term, been proactive in their plans to restrict the sale of and access to vapes in the Bailiwick. The Vaping Products (Enabling Provisions) (Guernsey) Law, 2024, was published and approved by the Guernsey Government in November 2024. Once the Ordinance has been developed and enacted it will give effect to decisions including:

- Introducing a ban on the sale and supply of vapes to individuals under 18 years old by making it a criminal offence;
- Prohibiting the advertisement of vapes in or on premises where they are sold or supplied by making it a criminal offence;
- Introducing a licence scheme for vape sellers that is similar to the licence scheme for tobacco products; and,
- Prohibiting the importation, sale and supply, including the free supply, of disposable vapes by making it a criminal offence.

52 - (Jackson, et al., 2024)
53 - (Cancer Research UK, 2023)

These changes are positive and as our new data shows — much-needed steps to combat the rapid recent increases in vaping in our islands.

Drug use

Use of cannabis (excluding CBD-only products) was at a similar level to the last survey, with 11.9% reporting cannabis use in the 12 months prior to the 2023 Survey, compared to 11.3% over the same timeframe in 2018. As previously, use of cannabis was reported as more prevalent in males compared to females and in younger people compared to older people. However comparing 2023 to five years previously, there was higher use among 35–54s and relatively lower use in 16–24s (noting limitation of small numbers for this age group).

In the time that has elapsed since the 2018 Survey, it has become legal to obtain cannabis-based medicinal products via prescription. For that reason, the 2023 Survey included new questions for cannabis users who were asked how they usually use cannabis; whether it was prescribed to them; and whether or not it was medical grade. Most significantly of the responses given:

- Of those who used cannabis in the last year, 21.2% had it prescribed to them, while 78.8% did not have it prescribed to them;
- Nevertheless, of those who did not have the cannabis they used prescribed to them, around two-thirds (66.9%) reported that it was medical grade cannabis that they had used.

This could imply that up to two-thirds of cannabis used where it was not prescribed to the user, may have comprised illegally diverted medicinal cannabis, in the year to Autumn 2023.

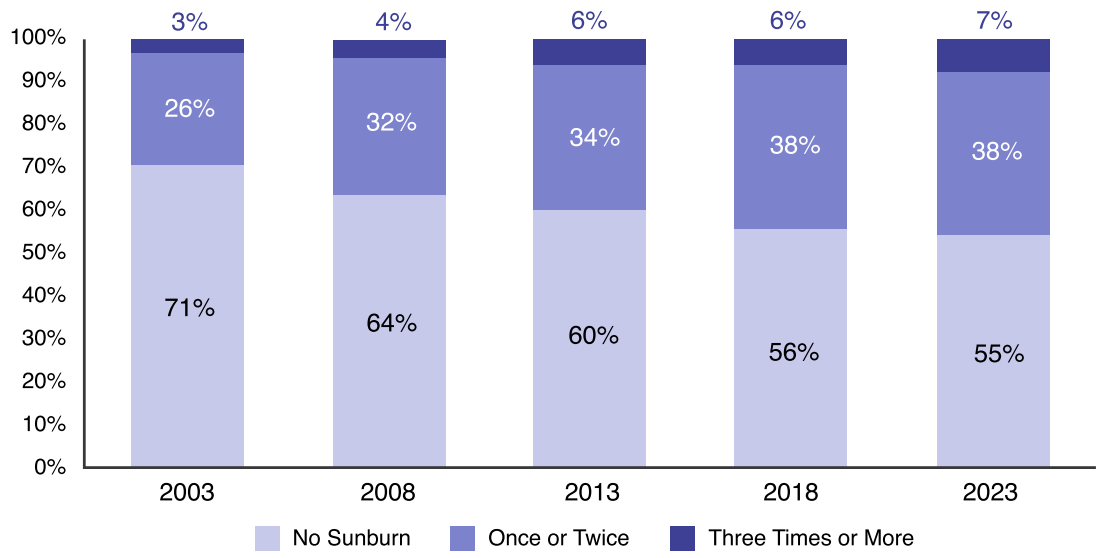
Use of other non-cannabis illegal drugs was at a similar level to 2018 (3.5% used in last 12 months in 2018; 2% used in the last 12 months in 2023) and, as previously, was likely more prevalent in males (noting some uncertainty due to small response numbers) and younger people.

Sun safety

Results from the 2023 Survey showed that the vast majority of respondents use one or more measure to protect themselves from the sun, with just 6.5% of respondents not using any measures (8.1% in 2018). The results also show us some gender- and age-related preferences in sun protection measures used. For example, applying sunscreen and wearing sunglasses were favoured more by women and hat-wearing was more common in men, while staying out of the sun at the hottest times and hat-wearing were more common in older people than younger people.

Overall, men and those in two age groups (16–24s and those aged 75+) were more likely than average to use no sun protection measures regularly, but of these groups, the one that really stands out is the 16–24s, where 29.9% took no regular sun protection measures. This is reflected in the likelihood of having experienced sunburn in the last year which was highest among 16–24s, at 73.3%. Overall, when we compare the 2023 Survey findings for sunburn to results from previous surveys, sunburn frequency has increased over time.

Figure 19: Change in frequency of 'sunburn episodes in the past 12 months', 2003 - 2023, Bailiwick of Guernsey



Awareness of signs of skin cancer in 2023 had reduced since the 2018 Survey (17.7% hadn't heard of any of the signs of skin cancer) and awareness was lowest in the same groups who most often take no regular sun protection measures (16–24s and 75+). Our population has high sun exposure, and cancer data released this year shows that incidence rates for skin cancers (both melanoma and non-melanoma types) are significantly higher among Guernsey residents than they are in England residents.[54] In this context, it is essential that there is good population awareness of skin cancer signs and the 2023 Survey results have highlighted an area for immediate action to reverse the trend of declining awareness.

In the pages that follow, we look at a number of new topic-areas, covered for the first time in the 2023 Survey, namely active travel and use of green space; expressing identity and sense of belonging; discrimination; safety walking alone after dark; and food insecurity.

Active travel/use of green space

Any type of travel to get from place to place which uses physical activity is 'active travel'. This contrasts with passive travel, e.g. travelling by car, where no activity is required. We asked survey respondents about how much of the two main types of active travel, walking and cycling, they had used for transport over the past 12 months.

77.7% of respondents had used either walking or cycling for transport in the 12 months before completing the survey, and 71.6% had used either walking or cycling in the one month before the survey. Where comparisons are possible, these levels of engagement with active travel seem to far exceed the most recent estimates for both Jersey and England and hold true for both walking and cycling individually:

54 - (NHS England, 2024)

- In Guernsey and Alderney, the proportion of respondents who walked or cycled for transport in the 12 months before the 2023 Wellbeing Survey was 77.7%. In England, the proportion who used active travel in the last 12 months was 56.9%.[55] The proportions who cycled in the last 12 months were 37.5% (Guernsey and Alderney) and 12% (England); and,

- In Guernsey and Alderney, the proportion of respondents who walked or cycled for transport in the month before the 2023 Wellbeing Survey was 71.6%. In Jersey, the proportion who used active travel in the month before the Jersey Opinions and Lifestyle Survey 2023 was 56%.[56]

Some interesting variation in walking for transport was noted by parish of residence. The proportion who had used walking for transport in the last four weeks ranged from 44.4% among St Peters residents, to 80.7% among St Peter Port residents. The proportions who cycled for travel did not show as much variation by parish, ranging from 22.6% (this time among St Peter Port residents who, we have seen, use walking as the preferred active travel method) to 43.6% (among Forest residents).

Active travel has many co-benefits for the environment as well as for health, and it is hugely encouraging to see evidence that active travel is already a feasible choice for many in our islands.

Our data shed light on differences in active travel participation by household income. Both walking and cycling, but particularly cycling, were more common in households with higher incomes. This sort of information is also important as it will prompt further questions about barriers to active travel and how to remove them.

The importance, for physical and mental health, of spending time in green and natural spaces has gained recognition in recent years. For this reason, we included a new question on this topic in our 2023 Wellbeing Survey, matching the wording used in Natural England's People and Nature Survey ('How many times, if at all, did you visit green and natural spaces in the last 14 days?'[57]). Again, results from Guernsey and Alderney respondents compared well to the latest available data for England and are worth celebrating:

- The proportion with any number of visits to green and natural spaces in the last 14 days was higher locally than in England (Guernsey/Alderney 86.3%, England 67%[58]).

- The proportion with zero visits was lower locally than in England (Guernsey/Alderney 13.7%, England 22%).

Almost nine in every ten people surveyed (89%) in England in the year from April 2023 to March 2024 agreed that spending time outdoors was good for their mental health. We explored the relationships between mental wellbeing and visits to green and natural spaces from our 2023 survey data, and found the following associations:

- Those with high mental wellbeing used natural spaces more regularly than those with moderate mental wellbeing, who in turn used natural spaces more regularly than those with low mental wellbeing;

55 - (Sports England, n.d.)
56 - (Statistics Jersey, 2024)
57 - Respondents were instructed to include 'visits of any duration to parks, farmland, woodland, breach, cliffs and activities in the open sea' and to exclude 'outside spaces visited as part of your work, or gardens'
58 - (Natural England, 2024)

- Of those with high mental wellbeing, 10.4% had not been to a green/natural space in the last 14 days, compared to 20.6% of those with low mental wellbeing; and,

- Of those with high mental wellbeing 39.6% had used green/natural spaces ten times or more in the last 14 days, compared to 29.1% with moderate and 14.0% with low mental wellbeing.

These data provide a strong reminder that we are gifted with beautiful surroundings, which have the potential to contribute hugely to maintaining or rehabilitating our mental and physical health.

Expressing identity and sense of belonging

The 2023 Wellbeing Survey featured a new set of five questions under the banner 'You and Your Community'. The first of these was, 'how easy do you find expressing your identity (being yourself) in Guernsey?' 73.2% said they found it easy or very easy to express their identity, 19.3% found it sometimes easy, sometimes hard and 7.5% found it difficult or very difficult. Ease of expressing one's identity was strongly age-related — the proportion who found it difficult or very difficult was highest in the youngest age group (16–24) and declined steadily with increasing age.

The second question asked respondents to rate their agreement with the statement 'I have a sense of belonging to the Bailiwick of Guernsey'. 67.2% strongly agreed or agreed that they have a sense of belonging, 23.3% neither agreed nor disagreed and 9.5% disagreed i.e. felt no sense of belonging to the Bailiwick of Guernsey. An increased sense of belonging was found to be associated with older age, a longer duration of time lived in the Bailiwick and having been born in Guernsey or UK/Republic of Ireland/Jersey.

Discrimination

The third 'You and Your Community' question was 'have you experienced any discrimination in the last year?', where discrimination was defined as 'when someone treats you less favourably than they would treat others because of a certain characteristic'. 76.2% of respondents said they had not experienced any discrimination in the last year, while 15.3% said they had. By age, discrimination experience peaked in the middle adult ages (25–54) with lower levels experienced at ages outside of this range. By gender, females reported experiencing more discrimination than males, and differences were especially marked in 25–34s where the proportion answering 'yes' to having experienced discrimination were 28.0% among females, compared to 15.4% among males.

Discrimination was reported at a higher level among those who said they had a longstanding illness, disability or infirmity, compared to those without (experienced by 20.4% of those with compared to 12.4% of those without). Having been born in a non-Bailiwick of Guernsey, non-UK country was also associated with higher reported discrimination (only 53.0% of those born in a non-Guernsey, non-UK country said they had not experienced discrimination in the last year).

This was a topic where people were keen to write about what types of discrimination they had experienced, so this section yielded a high number of written comments. Themes of sexism, workplace discrimination, ageism and racism/xenophobia each had 30 or more mentions, while discrimination on the grounds of disability and gender both had between 10 and 20 mentions.

From October 2023, islanders gained greater protections against discrimination than ever before, as this was when the Prevention of Discrimination (Guernsey) Ordinance, 2022 came into effect. It is interesting to consider then, that while people have legal recourse against discrimination on multiple grounds (disability, race, carer status, sexual orientation, religion/belief as well as sex, marital status, gender reassignment, maternity), the lived experience of local people as reported in the 2023 Wellbeing Survey, is that discrimination does occur and is by no means a rare occurrence.

Having a say in what government does

To gauge islanders' sense of how they could influence decisions that affected them in the islands, respondents were asked to rate the extent of their agreement with the statement, 'I have a say in what the government does'. 10.3% agreed/strongly agreed that they have a say in what government does, while 59.9% disagreed/strongly disagreed. Particularly low levels of agreement with the statement were recorded amongst 16–24s (4.5% agreed/strongly agreed) and females were more likely to disagree with the statement (indicating feelings of not having a say in what government does), than males. Those born in Guernsey and those who had always lived or spent high proportions of their life living in the Bailiwick, also registered lower-than-average agreement with the statement.

A similar sentiment of lack of confidence in government was gleaned from the Jersey population as detailed in the report of the 2023 Jersey Opinions and Lifestyle Survey, albeit using a different set of validated questions. For instance, three-in-five Jersey residents (61%) disagreed with the statement 'I trust the government to make fair decisions', and less than a third (29%) of adults surveyed in Jersey reported they trusted the government to listen to people's views before taking decisions.

Safety walking alone after dark

In the last question of the 'You and Your Community' section, respondents were asked 'how safe have you felt walking alone after dark in the last 12 months?'. 74.6% reported feeling fairly or very safe when walking after dark in the last 12 months, whereas 10.3% felt fairly unsafe or very unsafe. The age group with the highest perceived level of safety for both females and males was 35–64, with individuals of younger and older ages having had lower perceived safety. Feeling fairly or very unsafe to walk alone after dark was more than six times higher in females than males (16.9% of females, 2.6% of males). The females who felt the most safe (females aged 55–64, 70.5% of whom felt very safe or fairly safe) was more than ten percentage points lower than the males who felt least safe (males aged 16–24, 80.9% of whom felt very safe/fairly safe) — a statistic which casts the magnitude of the difference for women and men into sharp relief.

Interestingly, perceived safety walking after dark varied significantly by time spent in Guernsey. Those who had lived most of their life elsewhere were the least likely to report feeling fairly/very unsafe and those who had lived all their life in the Bailiwick were most likely to feel fairly/very unsafe. Might this reflect a sense of perspective, gained from living in places less safe than the Bailiwick, of how safe one actually is when walking alone after dark locally?

Food insecurity

For the first time in the 2023 Wellbeing Survey, we posed a set of questions which would allow us to gauge the extent to which respondents experienced food insecurity in the month and six months before the survey. Definitions of food insecurity vary somewhat but tend to describe a state where the food someone has access to is insufficient in overall amount, or in quality, or variety. We used the Food Foundation's three-item question where any answer of 'yes' is taken as an indicator of food insecurity:

Have you/anyone in your household?

- Had smaller meals than usual or skipped meals because you couldn't afford to get access to food?
- Ever been hungry but not eaten because you couldn't afford to get access to food?
- Not eaten for a whole day because you couldn't afford or get access to food?

(Response options: No; Yes, in the last six months; Yes, in the last month)

Responses indicate that food insecurity is overall low, but not absent, in our islands. On average, 13.9% had experienced one or more indicators of food insecurity in the six months before the survey, while 5.7% had done so in the month before the survey, but these averages mask some fairly high levels in certain groups which are diluted by very low levels in others.

Significant associations were observed between food insecurity and several factors including age, household income, housing type and whether or not there were children in the household, and we wish to highlight in particular variation of food insecurity experience by:

- Age — food insecurity is an issue affecting younger people to a much greater extent than older people. While just 2.9% of over-75s experienced food insecurity in the six months before the survey, 25–34s experienced a level which was 10-fold higher than this, where more than one in four (27.9%) were affected; and,
- Household composition — those with children in the household also reported far higher levels of food insecurity than those without (23.0% with children were affected in the last six months compared to 10.9% without) and households with children aged 4 and under experienced a higher level (28.1%) than households with older children.

The reported levels of food insecurity for Guernsey and Alderney appear low in comparison to estimates taken at a similar time point for the UK.[59] In the month to June 2023, for instance, a YouGov poll found that 17.0% of UK survey respondents experienced food insecurity, whereas our equivalent estimate was 5.7%. Notwithstanding the difference in the scale of the issue, however, a review of UK data does confirm some of the same associations that we have noted locally. In both places, for example, food insecurity is a younger people's issue and, in both places, families with children are particularly hard-hit.[60]

59 - (The Food Foundation, n.d.) Round 13 Data based on a YouGov poll of 6,000 UK respondents aged 18+

60 - (The Trussel Trust, 2023)

Many in Guernsey will be surprised to know that there are households where, today, tomorrow and any given day, an adult is going without a meal while they juggle food provision for themselves and their children.

Concluding remarks

The Guernsey and Alderney Wellbeing Survey 2023 has provided an enormous amount of new data on a wide variety of health-related topics. We hope that this will prove interesting and useful to members of the public, charities, providers of health services, and those involved in setting policy for our islands. Predictably, the survey findings include a mix of positive findings of which we can be very pleased (declines in tobacco smoking, evidence that many people are choosing active travel and making use of our green and natural spaces), along with areas that stand out as concerning or where immediate action is warranted (rise in vaping, discrimination experience, reductions in sun-safe behaviours and awareness, food insecurity).

As was the case with the 2018 Survey, particular groups within the populations who shared their experiences with us, stand out for having worse-than-average outcomes across a number of areas. This time, our attention was drawn to:

- Those living in affordable housing;
- Younger people, especially those aged 16–24;
- Those with the lowest incomes;
- Females; and,
- Those with children under-16 in the household.

More detail is included in Table 3. When resources permit, the Public Health team will certainly wish to return to these groups to understand and address their experiences in greater detail.

Table 3: Sub-groups of survey respondents who showed the most extreme values where significant differences were detected in health outcomes.

	Attribute / Demographic factor				
	Occupant of affordable housing	**Age 16 to 24**	**Income <£20,000**	**Female**	**Children under-16 in household**
Poor general health	✚		✚		
Excess weight	✚				
Poor diet	✚	✚			
Food insecurity in last month	✚	✚	✚		✚
Low physical activity	✚		✚	✚	
Low mental wellbeing	✚	✚	✚	✚	
High loneliness	✚	✚	✚		
Discrimination				✚	
Feeling unsafe to walk alone after dark		✚		✚	
Binge drinking	✚	✚			
Daily smoking	✚				
Daily vaping	✚	✚			✚
At risk/problem gambling	✚				
Inability to keep warm last winter	✚				✚
Total number of health outcomes	**12**	**7**	**5**	**4**	**3**

CHAPTER 6

Final thoughts

Final thoughts

> **Prevention needs to be prioritised today**

The case for prevention has never been stronger — we need to look further than the next year or two and take bold steps to shape the health and wellbeing of islanders in decades to come. Failing to do so will mean that we leave a larger burden of ill health for future generations — this is neither fair, nor ethical.

We need to:

- Focus on prevention and early intervention with policy changes supporting better outcomes for islanders through a shared responsibility across all sectors of government;
- Value the health and wellbeing of all islanders by implementing a Health in All Policies programme;
- Support groups of islanders who are reporting poorer health and wellbeing; and,
- Adequately fund Health & Social Care to reduce multimorbidity by delivering secondary prevention programmes.

The Guernsey and Alderney Wellbeing Survey 2023 has provided an enormous amount of new data about islanders on a wide variety of health-related topics. Importantly, it gave us information on islanders experiencing worse-than-average outcomes across a number of areas, including those living in affordable housing, younger people (especially those aged 16–24), those with the lowest incomes, females and those with children under-16 in the household.

We know that age is a driver of health spending, partly due to the fact that the prevalence of multimorbidity (living with multiple ill-health conditions) also rises with age. We know that the Bailiwick has an ageing demographic. However, it is likely that it is not age per se, but time-to-death, particularly the final year of life, which is a stronger driver of healthcare expenditures.

Shortening the time that people in older age spend in ill health with costly chronic conditions and in need of ongoing care at home, in a residential setting or in hospital, is known as the 'compression of morbidity hypothesis'. This hypothesis states that better health care, an active lifestyle, and greater preventive health behaviour would preserve health even in the face of communities living longer.

A focus on prevention enables the Bailiwick to better prepare for the future with changes that

will lead to better outcomes for islanders, whilst at the same time slowing health expenditure increase.

However, we need to consider:

- That the health and care crisis cannot be solved by the health and care system alone;
- That there is a need for political and strategic leadership across the States of Guernsey investing in prevention in all settings;
- That there needs to be a focus on local actions based on local evidence;
- The need to flatten the curve of multimorbidity by better managing chronic conditions more effectively (e.g. type 2 diabetes, hypertension); and,
- The need for persistent advocacy for health in all policies across the political, civil service and wider community spectrum.

The simple question is 'why should we invest in prevention'? The answer is equally simple: if we don't…

- Costs will continue to spiral;
- Tax revenue will decrease;
- We will need to ration healthcare;
- Waiting times will increase significantly;
- People will suffer the consequences of not getting the medication and care they need at the right time;
- Society will become more unequal; and,
- There will not be enough hospital bed days to serve islanders by 2043 or sooner.

We need to consider the economic benefits of healthy ageing which include that as people age, they can contribute to the islands' economy through volunteering and caring activities (for charities, community services and for elderly relatives and grandchildren). There is also a greater chance of people staying healthy and in work with the rising of the States of Guernsey pensionable age.

We also need to acknowledge the fact that creating a healthier nation with better healthy life expectancy needs a collaboration between islanders, the health and care services, and businesses, as well as government. We need to respect and value the contribution to islanders' health and wellbeing from outside of government, for example through our partners in the Third Sector and businesses. There are naturally things that only government can and must do but above all, we need to make the case for better health and wellbeing of all islanders and empower all parts of society to work to make it happen. We need to work together to co-create healthier islands, with healthier food, workplaces and transport, creating healthier lives for us and our children, and better health in the places where it is worst.[61]

We need to change the narrative of health as an expenditure, to good health being an investment for the future and an economic enabler. We need to prioritise human and planetary health — this is key for our economy to thrive over the next 20 years. Failing to do so will set us on a pathway of ever-increasing demands on our health and care services with the consequent impact on our economic sustainability.

61 - (The King's Fund, 2023)

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APPENDIX 1

Vital statistics

Vital Statistics

Population

At the end of December 2022, the population estimate for Guernsey was 64,037. On the same date, the Alderney population was estimated as 2,171.[62]

The population pyramids for both Guernsey and Alderney are illustrated in Figures 20 and 21. A comparison of the two illustrates the older age profile of Alderney compared to Guernsey.

The median age in England at the time of the 2022 census was 41 years[63], whereas in Guernsey and Alderney on 31st December 2022 the median ages were 43 and 56 years, respectively.

Overall, England had the highest population density of the four countries of the UK in mid-2022. However, this includes a wide variation within the English regions, with London having a population density of 5,640 people per square kilometre and the Southwest 242 people per square kilometre. Whilst considerably lower than London, Guernsey has a higher population density than Jersey and England as a whole.

62 - (States of Guernsey Data and Analysis, n.d.)
63- (Office for National Statistics, 2022)
64 - (States of Guernsey Data and Analysis, n.d.)

Figure 20: Guernsey & Alderney population on 31 December 2022.[64]

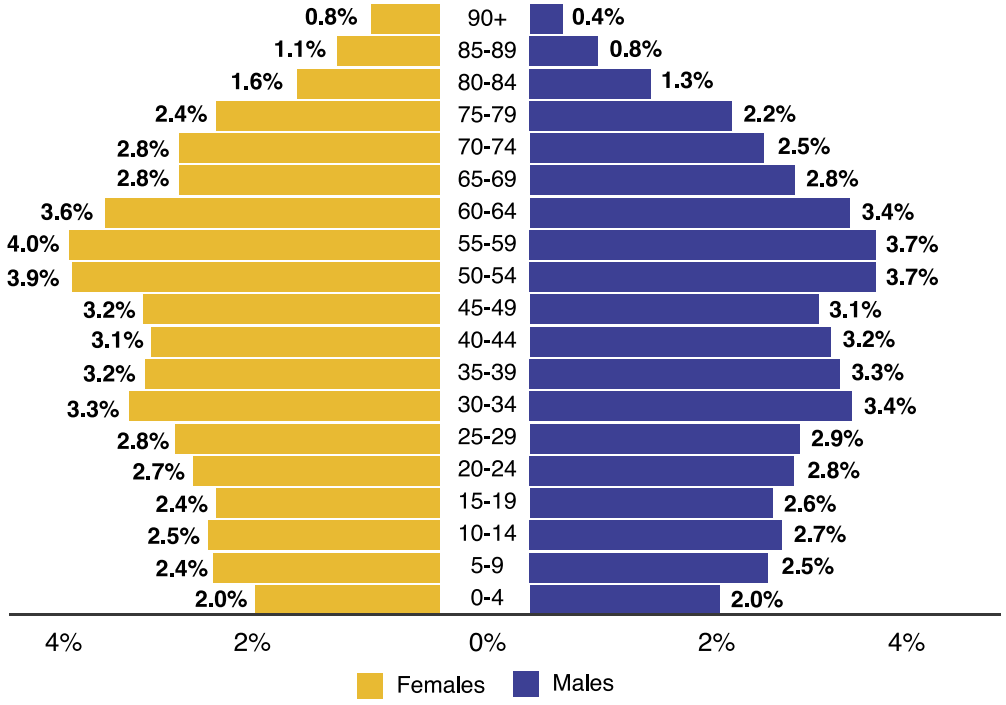


Figure 21: Alderney population on 31 December 2022.[65]

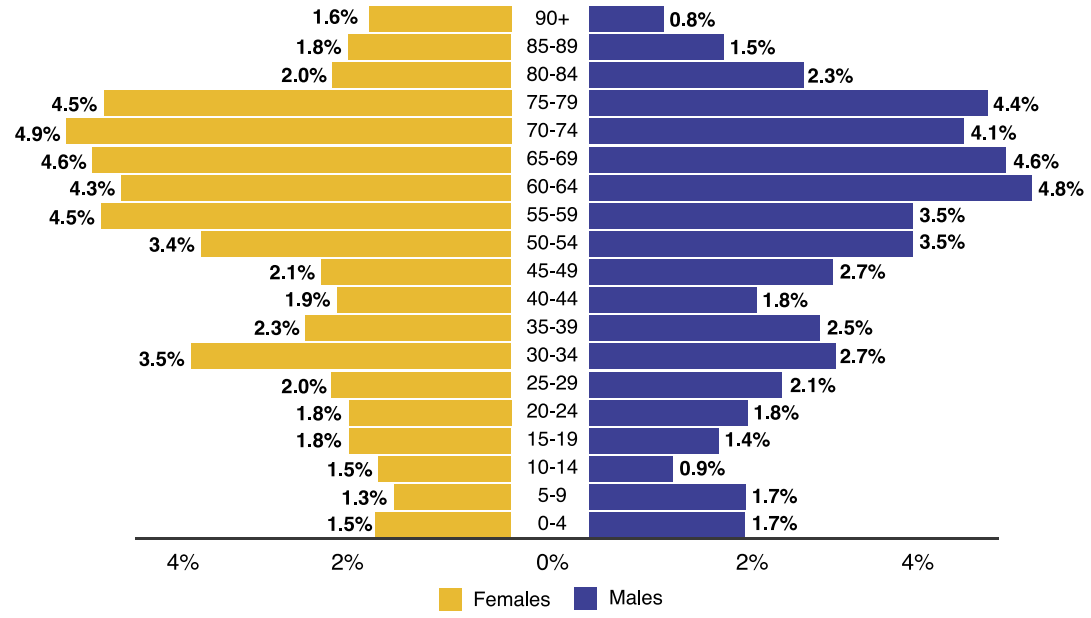
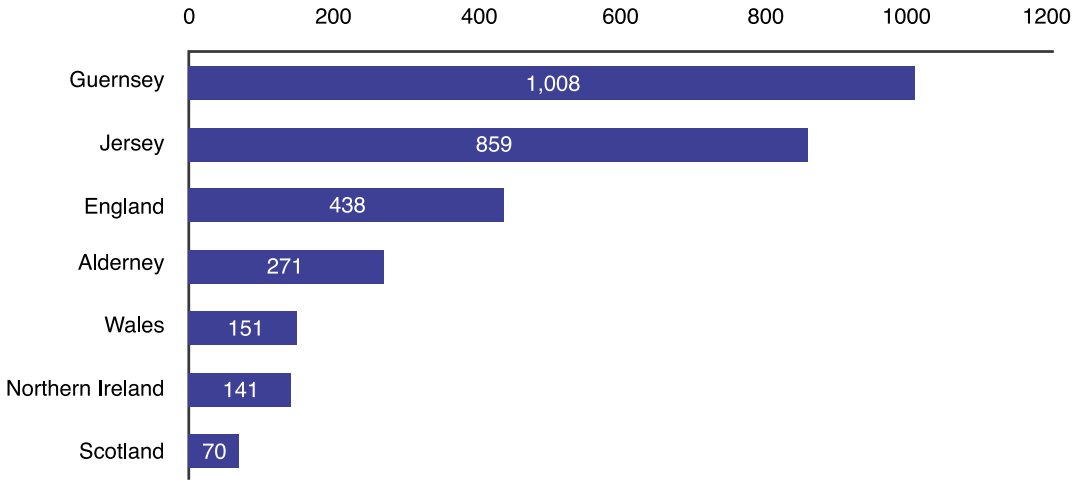


Figure 22: Population density for Guernsey, 2022, compared to other jurisdiction[66]

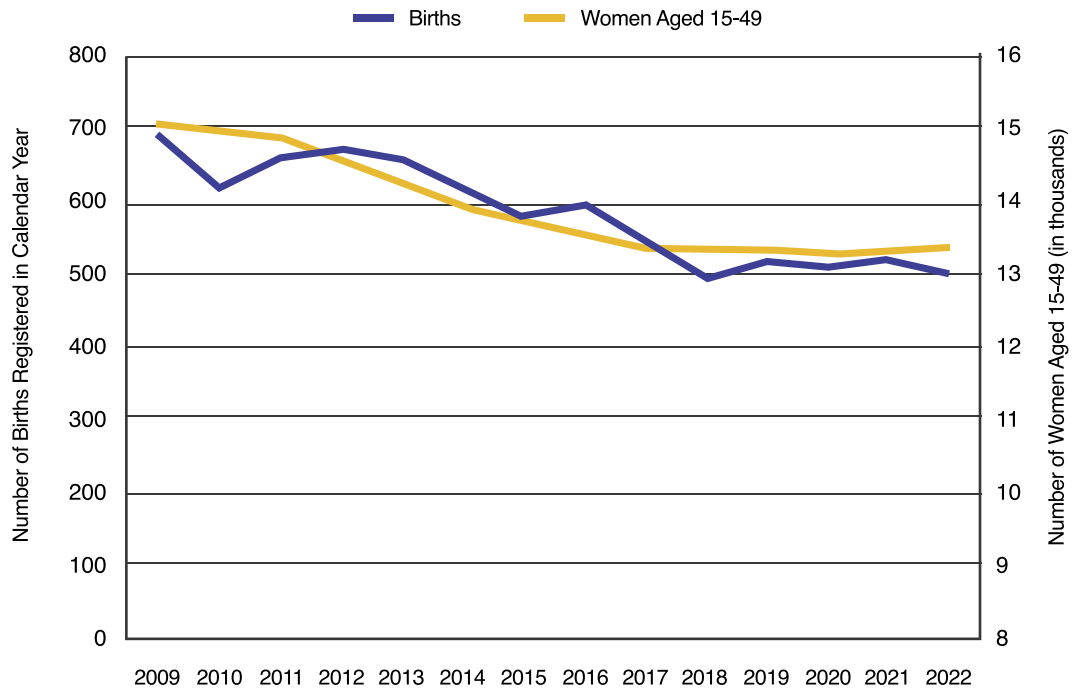


65 - (States of Guernsey Data and Analysis, n.d.)
66 - (States of Guernsey Data and Analysis, n.d.)

Births

Figure 23 illustrates that the number of live births registered each year in Guernsey has fallen over time, in line with the decline in the number of women of reproductive age. The three-year average number of live births registered each year during 2021–23 was 495.[67]

Figure 23: Annual number of births registered in Guernsey from 2009 to 2022, compared to number of women in Guernsey aged 15 to 49.[68]



Deaths

There were 1,842 deaths (excluding stillbirths) registered in Guernsey and Alderney between 2020 and 2022; an average of 614 per year. Figure 24 shows the annual death counts over the last 20 years. Prior to 2022, the deaths have been broadly at the same level as 20 years ago with some expected fluctuation over time. The number of deaths for 2022 sit at a higher level (680 deaths) than the previous 19 years (maximum of 633 deaths in 2017). This increase will be considered in more detail when the next in our series of Mortality Trends reports is published in 2025.

67 - (Public Health Intelligence Unit, 2023)
68 - (Public Health Intelligence Unit, 2023)

Figure 24: Annual number of deaths registered in Guernsey & Alderney, 2003 to 2022.[69]

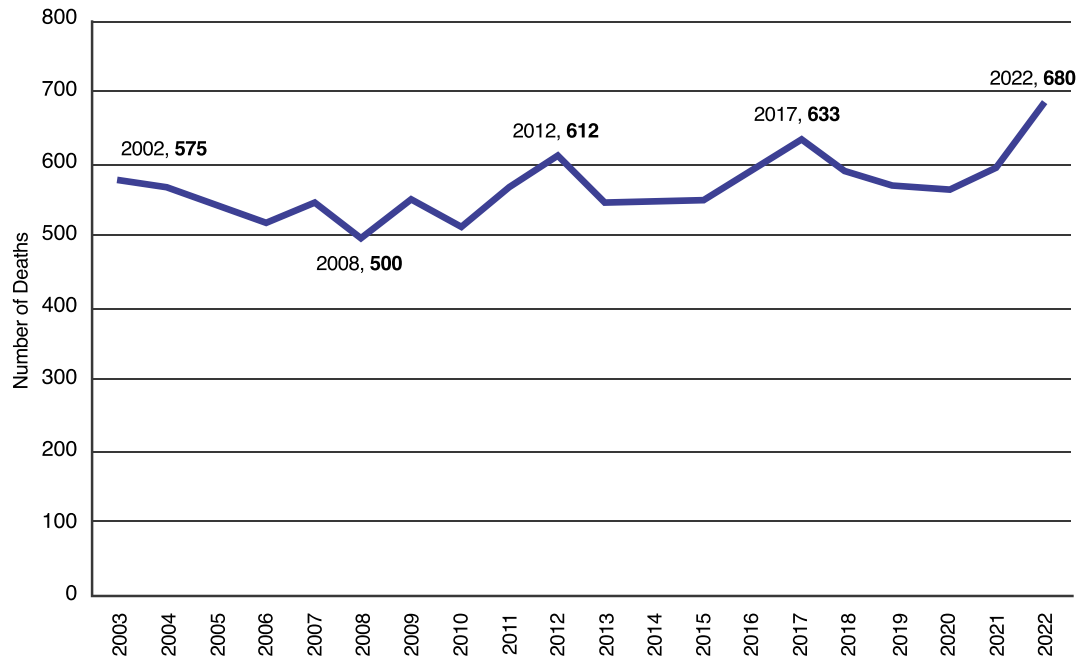
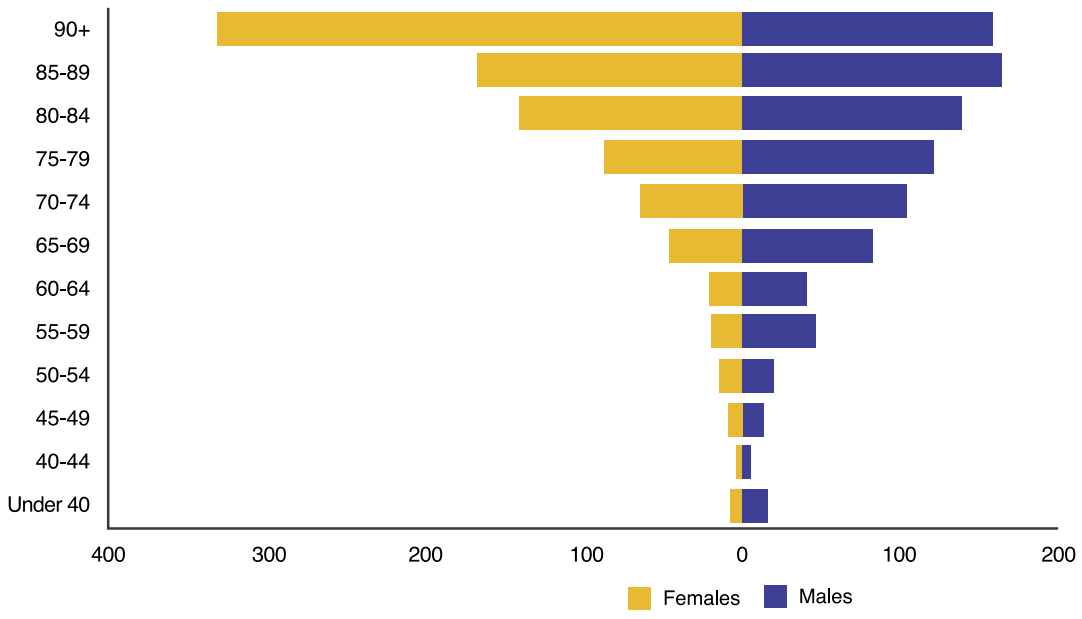


Figure 25: Number of deaths registered in Guernsey & Alderney, 2020 to 2022, by age and sex.



69 - (Public Health Intelligence Unit, 2023)

APPENDIX 2

Public Health Services Annual Report 2023/24

Contents

Who are we?

Public Health Services work across the whole government as well as the wider community, both within and outside of health and care services.

The Public Health team is managed centrally by the Director of Public Health/Medical Officer of Health (DPH/MOH), together with a small senior management team, as part of The Office of the Committee *for* Health & Social Care. The DPH/MOH is accountable to the Chief Strategy and Policy Officer who sits in central government.

There are 86 members of the Public Health team, spread over eight teams and five sites. These include clinical, scientific and specialist staff, supported by a range of non-clinical and administrative staff, both full and part-time. Details on the structure of the Public Health Department can be seen in Figure 27.

The Public Health workforce manages operational, strategic, and advisory functions across the following areas:

Health Improvement — including the promotion of healthy lifestyles such as the Wellbeing Walks programme and coordinating the Mental Health and Wellbeing Strategy in collaboration with our partners in Primary and Secondary Care and in the Third Sector. Public Health is also responsible for the Substance Use (which includes drugs, alcohol and tobacco) and Healthier Weight strategies in collaboration with our Third Sector partner, the Health Improvement Commission. The Sexual Health Strategy also forms part of the Public Health portfolio.

Health Protection — including infectious disease control, pandemic preparedness, coordinating population screening such as cervical and bowel screening, and monitoring chemical and radiation hazards.

Healthcare Public Health — including health needs assessments and rapid reviews of services. Recent examples include a rapid review of renal services. Public Health supports the Bailiwick Social Prescribing scheme, including the governance framework of this programme together with data analysis.

Our Purpose, Vision and Mision

PURPOSE

To protect and improve the health and wellbeing of all Islanders and to reduce health inequalities through strong partnerships with individuals, communities and key public, private and voluntary organisations.

VISION

For all Islanders to be supported to be as healthy as they can be. This includes a consideration of the wider determinants of health (social, environmental and economic factors which influence health and wellbeing) and a focus on reducing inequalities.

MISSION

To work effectively to protect, promote and improve the health and wellbeing of all Islanders focusing on key strategic areas, taking into account the wider determinants of health and reducing inequalities

OBJECTIVES

To prioritise prevention and early intervention measures that will achieve change for the greatest number of people at an affordable cost.

To champion approaches that remove barriers to optimising the health and wellbeing of islanders.

To ensure people have the necessary skills and knowledge to make healthier choices.

To work with partners across government, non-government and private sectors to integrate public health into all policies. This includes a focus on lived-in environments (e.g., built,social, fiscal) and communities where healthier choices are easier choices.

To prioritise measures linked to the government priorities and public health need to re-set our public health priorities annually.

Figure 27: Structure of Guernsey Public Health Services activities

	Health Improvement	Health Protection / Preventative Programmes	Healthcare Public Health
	Improving the health and wellbeing of individuals or communities through enabling and encouraging healthy lifestyle choices as well as addressing wider determinants of health	Protecting individuals, groups and populations from single cases of infectious disease to outbreaks, as well as non-infectious environmental hazards	Improving health related outcomes through design, access, utilisation and evaluation of effective and efficient healthcare interventions and pathways of care
	Health Intelligence		
Strategy, Data and Policy	• Combined Substance Use (drugs, alcohol and tobacco), including chairing the Strategy Technical Team • Healthier Weight, including chairing the Strategy Technical Team • Mental Health and Wellbeing (MHWB), including coordinating the Strategy Technical Team • Wellbeing Survey • Sexual Health Strategy, including the Under-21 contraception programme • Healthy Child Programme 0–19; Universal, Targeted and Specialist • Contribution to different pan-States Programmes, including the Children and Young People's Plan (CYPP)	• Contribution to Emergency Planning, including pandemic planning and disaster response • Immunisation Strategy • Infectious Disease Plan, including Notifiable Infectious Diseases and Vaccination and Immunisation Plan • Screening Strategy and oversight, including bowel cancer (oversight and monitoring); cervical screening (oversight, monitoring and operational commissioning); diabetic health check (strategy, monitoring and commissioning); diabetic retinopathy screening (strategy, monitoring and commissioning), breast cancer (oversight and monitoring) • Evaluating nuclear risks, including joint commissioning of a review of nuclear risks together with the Government of Jersey and the Channel Islands Emergency Planning Lead	• Joint Strategic Needs Assessments, Health Needs Assessments and Rapid Reviews, including Renal Review • Rolling reviews of service delivery • Social Prescribing Governance

Operational	• Cancer prevention • Healthy Minds • Personal Social Health Citizenship Education (PSHE) support • Wellbeing Walks • Quitline Stop Smoking Service • The Orchard Centre (sexual health) • Health Visiting, School Nursing and Children's Community Nursing Teams and associated specialist nurses	• Contribution to emergency response, including pandemic preparedness exercises and outbreak responses • Coordination and delivery of the Immunisation Programme in partnership with Primary Care • States Analytical Laboratory Services • Cervical Screening • Coordination of Diabetic Health Checks • Diabetic Retinopathy Screening • Newborn Hearing Screening • Newborn Blood Sport Screening • Controlled drugs licencing • States Analytical Laboratory Services	• Individual funding requests
	In partnership with: The Health Improvement Commission; Choices; Bailiwick Social Prescribing; Guernsey Mind; and, Social Care and Community Care providers.	**In partnership with:** Primary Care Practices across Guernsey and Alderney; Secondary Care Services, including those provided by the Medical Specialist Group and Health & Social Care; Community Service; and, Charities, for example Bowel Cancer Guernsey, Bright Tights, Pink Ladies and Diabetes Guernsey.	**In partnership with:** Bailiwick Social Prescribing; Primary Care Practices across Guernsey and Alderney; Secondary Care Services, including those provided by the Medical Specialist Group, Health & Social Care and the Off Island Team; and, Social Care and Community Care providers.

Strategies, Reviews and Health Needs Assessments

In 2019, the first Public Health Business Plan was produced, which set out and prioritised Public Health programmes and activities. One has been produced each subsequent year and it enables a coordinated approach, ensuring that progress across strategic and operational activity is monitored. Summarised below are some of our highlights from 2023/24.

In 2023, Public Health Services developed and published the Mental Health and Wellbeing Strategy 2023–2029, in collaboration with a multidisciplinary technical team. This team, consisting of Primary Care, Specialist Mental Health Services, Primary Care Mental Health and Wellbeing Services (Healthy Minds), the Third Sector (Guernsey Mind), Education, Law Enforcement and Public Health, together with political representation, was responsible for the development of the Strategy. In July 2024, a short form annual report was published providing a baseline for further statistics to be published in future annual reports.[70,71]

The Sexual and Reproductive Health Strategy for Guernsey and Alderney is currently being updated, again with support and input from a multidisciplinary technical team. This has taken into consideration a rising rate of sexually transmitted infections globally, in the UK and locally; changes in the way sexual health services are accessed and delivered; and rapidly changing sexual behaviours and trends. We are focussing on providing a service that is truly life-course-orientated, with a strong focus on prevention and education, excellent sexual and reproductive health services and sexual health intelligence to underpin decision-making and planning.

The 2024 Combined Substance Use Annual Report was published in June 2024.[72] Two substantive policy pieces have also been agreed in 2024. The first is to ban smoking in cars carrying children, the finalisation of which has brought Guernsey in line with other jurisdictions such as the UK and Jersey where this is already an offense. The second is agreement in principle to regulate vaping products, with a draft enabling law presented to the States in November 2024, and vaping premises regulations expected to be in place before June 2025.

The Healthy Weight Strategy was refreshed in 2023 and published in November 2023 as the Healthier Weight Strategy. The change of name focused on the improvements in health that can be achieved in individuals who achieve a reduction in weight, even where this is not the end point of the individual's weight loss journey. The pillars of the Strategy include a range of evidence-based actions which aim to contribute to a whole system approach, with a strong focus on prevention of excess weight through the creation of healthier environments as well as improving access to effective weight management services.[73]

70 - (States of Guernsey, 2023)
71 - (States of Guernsey, 2024)
72 - (States of Guernsey Public Health Services, 2024)
73 - (States of Guernsey Public Health Services, 2023)

The Review of Secondary Care Renal Services in Guernsey and Alderney was completed in 2023. It highlighted the need for more of a prevention-oriented approach, not only in dealing with renal disease, but recognising the close relationships of renal disease with diabetes, hypertension, cardiovascular disease and obesity. Across health services and government, there is increasing recognition of the need to prevent these common illnesses and to facilitate people's ability to live healthier lives, more sustainably.

In 2024, The Health Improvement Commission, supported by Public Health, produced an evaluation of Bailiwick Social Prescribing (BSP), which has been run as a pilot scheme since its inception five years ago. The evaluation presented a strong case for continuation of BSP beyond the pilot period as the scheme makes important and unique contributions to a prevention-oriented and sustainable local healthcare system, to people's health and wellbeing, and to addressing the non-medical social factors that influence health. In addition, it was strongly endorsed by stakeholders and GPs with the plan that BSP will be embedded into the local healthcare offer.[74]

Public Health has also overseen a refresh of the Breastfeeding Welcome scheme across the States of Guernsey, showing its commitment to make those feeding their children welcome in public spaces.

74 - (The Health Improvement Commission, 2024)

Health Intelligence

Within Public Health, the Health Intelligence team leads, oversees and manages projects which aim to monitor and report trends and variations in health indicators and outcomes to support evidence-based decision-making in our team and beyond.

Our business-as-usual work includes data analysis about a wide variety of topics, including:

- Screening (e.g. How many people are being invited for and attending different screening programmes?);
- Immunisation (what levels of coverage are achieved for different immunisations? How many people decline immunisation and why?);
- The control and prevention of infectious disease (which infectious diseases have been reported locally in the last three months? Which, if any, infectious diseases in other parts of the world pose a risk to Bailiwick residents?); and,
- Population Mortality (what are the rates of death from different causes locally? Which causes of death are increasing, and which are decreasing, over time?).

In 2023, the team completed their business-as-usual work and, in addition:

- Trialled a new monthly meeting to review, discuss and, when needed, action alerts about emerging or unexpected public health events as communicated to us by the World Health Organisation via the International Health Regulations National Focus Point. In simple terms, this is a meeting where we bring together interested parties to review information about outbreaks of new or rare diseases or incidents elsewhere in the world and consider their relevance to our islands. These meetings continued throughout 2023 and now form a regular and ongoing aspect of our Health Protection work. We are joined in these meetings by a Public Health representative from Jersey, making this a pan-island review of potential risks;
- Carried out Winter Respiratory Surveillance through winter 2022/23 and 2023/24. This work involves collating and reporting on a weekly basis, data about numbers of influenza-like-illnesses diagnosed clinically by GPs and via laboratory or self-administered tests. This gives a picture which we are able to share with clinical and Public Health colleagues, of the real-time and evolving burden of respiratory viruses (including COVID-19, Flu, and RSV) in our islands throughout the winter period;
- Published an updated Guernsey Mortality Trends report, including data up to 2021, which explored in depth the number, type and place at which deaths occurred in Guernsey and Alderney, as well as examining deaths linked to smoking, alcohol, COVID-19, suicide and more; and,
- Launched the Guernsey and Alderney Wellbeing Survey 2023 — the eighth in a longitudinal series of surveys carried out every five years since 1988. Our analysis of survey data, which has been done entirely in-house for the first time, continued through 2024 and some key findings are discussed in Chapter 5 of this report.

Healthy Minds

The Healthy Minds Service continues to be in high demand. While the referral rate is on a par with 2023, the service continues to see an increase in the level of complexity and clinical risk in the service users accessing the service.

In 2023, the Mental Health and Wellbeing Strategy Group alongside the Committee *for* Health & Social Care agreed to an expansion of the Healthy Minds service to include those with developmental trauma in a 20-session model. This expansion would partly fill one service gap identified in the Mental Health reviews undertaken in previous years. As a response to the agreed expansion of the service, one current qualified Psychological Wellbeing Practitioner (PWP) was recruited into a Trainee Cognitive Behavioural Therapist (CBT) role and was accepted onto the one-year University of Southampton High Intensity CBT training course, which began in September 2024. One additional Trainee Psychological Wellbeing Practitioner post was also created and recruited to and they started the one-year PWP training at the University of Exeter in September 2024. This increase in staffing and skill level will enable the implementation of the 20-session model to take place in Q3 2025, once training has been completed. In the meantime, a slight extension to clinical sessions has taken place. The vacancy saving made during the recruitment of these posts has been utilised by the use of an online qualified therapist (via agency), therefore saving on relocation costs and alleviating pressure of accommodation. All other staff in Healthy Minds have been retained this year.

Healthy Minds continue active engagement with the Mental Health and Wellbeing Strategy Group and have this year joined the newly formed ACES trauma informed care working group.

Health Protection

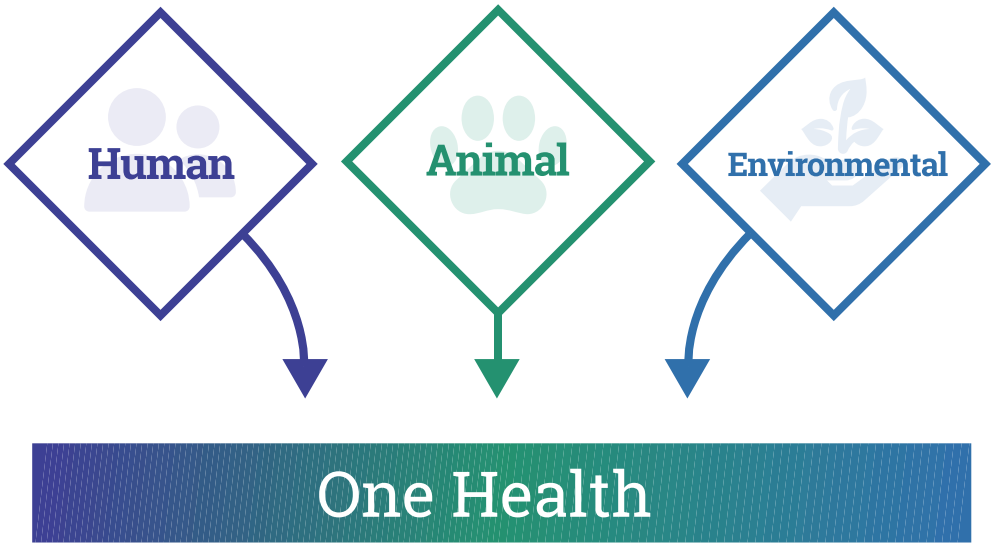
Following the COVID-19 pandemic, Public Health Services' workstreams have been progressively more focused on the One Health concept, which is a collaborative approach that recognises the interconnectedness of human, animal and environmental health (Figure 28). This facilitates enhanced surveillance and improved outbreak preparedness, response and recovery, whilst fostering collaboration between agencies, aiming to protect the health of humans and animals.

Health Protection Forum

The Health Protection Forum was established in 2018 and has proven to be an effective multidisciplinary platform for discussing local health protection issues within the Bailiwick, whilst also assessing potential local, national and international risks and their possible impact on public health. Representation in this group includes Public Health, Primary Care, Secondary Care, Acute Services, Community Services, Environmental Health, Microbiology, Emergency Planning and the States Veterinary Officer.

In 2024, with the agreement of members, the frequency of these meetings was increased to quarterly to enhance knowledge-sharing on public health threats and improve cross-sector coordination, allowing for continuous health risk monitoring. This facilitates the timely implementation of preventive measures, ensures regular evaluation of ongoing programs, and strengthens collaboration among stakeholders. Ultimately, this leads to better preparedness and response, and more effective public health outcomes.

Figure 28: A One Health approach



After wide consultation, the Infectious Disease Plan was approved,[75] and a newly developed Pandemic Framework for the Bailiwick has been completed.

The risk from a nuclear incident in the proximity of the Bailiwicks of Guernsey was last considered in 1997. Working in collaboration with the Jersey Government, an updated report was completed in 2024. The following risks were considered:

- The risk arising from the nuclear waste processing plant at Orano la Hague;
- The risk arising from the two pressurised water reactors and single European Pressurised Reactor at the Flammanville Nuclear Power Station;
- The risks associated with the historic disposal of radioactive waste in the sea northwest of Guernsey (the Hurd Deep site); and,
- The risk associated with the marine transport of nuclear waste adjacent or through the territorial waters of the Bailiwicks of Guernsey and Jersey.

This report was important in assessing our risk of, and response to, a nuclear accident. The scenario examined mapped a 'worst-case scenario' which indicated that a nuclear accident was extremely unlikely to happen and that the most important risk reduction for us was to 'shelter in place' if this were to happen. We are very grateful to the UK Health Security Agency (UKHSA) for conducting this review as this now forms a critical part of our future emergency planning response.[76]

Infectious diseases

Measles outbreaks detected in the UK over this period through established surveillance systems triggered additional preventive measures locally, such as information provision to both the public and healthcare professionals.

Following this increase[77] and two cases of measles being confirmed in Jersey during 2024, additional effort was put in place by Public Health, Primary Care colleagues and the Child Health Team to ensure that the MMR vaccine coverage is kept at a level that supports herd immunity. Herd immunity means that enough people in the Bailiwick have protection against the measles virus (mainly though vaccination in children) to make it very difficult for the virus to spread locally. At the time of writing, Guernsey has had no confirmed cases of measles in the past eight years.

The Public Health Protection team have also been monitoring the ongoing Mpox epidemic in Central Africa and supported healthcare colleagues across Primary and Secondary Care in planning for the possibility of detecting and managing cases locally. Vaccination of at-risk individuals was conducted at the Orchard Centre. There have been no confirmed cases locally to date.

As WHO declared in May 2023 that COVID-19 is no longer a global health emergency, Public Health efforts have shifted towards

75 - (States of Guernsey Public Health, 2023)
76 - (UK Health Security Agency, 2024)
77 - (UK Health Security Agency, 2024)

living responsibly with the virus. This involves maintaining ongoing surveillance and ensuring equitable access to vaccines and treatments. Advocating for preventive measures such as vaccination, hand and respiratory hygiene, and avoiding contact with others when ill, remain the focus of our work in this area. Additionally, Public Health are focusing on developing strategies to prepare for the next pandemic and mitigate its impact across the islands.

Operationally, the post-pandemic COVID-19 vaccination provision has shifted to Primary Care, and we are grateful for the ongoing support from our GP practices. Co-administration with compatible vaccines, such as seasonal influenza, ensures delivery efficiency is preserved.

A small administrative team remains in place to support the operational delivery of the programme. This team liaises with UKHSA through a presence at UK and Crown Dependencies meetings and regularly updates Primary Care in respect of vaccines availability, guidance and safe delivery to the islands. The team also oversees vaccination recording processes and monitors vaccine take-up during each new programme, providing timely feedback to Primary Care colleagues. Through a referral process, the team operates a community vaccination service to ensure that those who are eligible for vaccination but who are unable to get to their surgery due to ill health or disability, receive a booster in the comfort of their home or hospital ward.

In addition, a new vaccine was included in the routine programme for pregnant individuals and those aged over 75 years. Respiratory Syncytial Virus (RSV) is one of the common viruses that cause coughs and colds in winter. While most RSV infections usually cause mild illness, there is a significant burden of RSV illness in those aged under six months and those aged 75 and older. Protection of those aged under six months of age is provided by the administration of the vaccine to a pregnant service user, allowing cross-placental passage of antibodies against RSV, providing the infant with protection against RSV from birth to six months of age.

The provision of an RSV vaccine for the recommended cohorts commenced on 1 September 2024, with vaccine for older adults administered in Primary Care and the antenatal programme administered by the Midwifery team.

In this way, by remaining flexible through ever-changing circumstances and by addressing inequalities and the needs of all islanders, Public Health Services continue to enable access to vaccination programmes, in line with recommendations from the UK's Joint Committee for Vaccination and Immunisation.

Screening Programmes

Cervical Screening

The 2024 Cervical Screening Annual Report was the first Cervical Screening report to include outcome data. This report showed that coverage has increased to 74.1% for the 25–49-year age group (an increase of 4.5 percentage points from 2023) and is currently at 81.9% in the 50–63-year age group (which exceeds the national target of 80%). The report also showed that the number of samples testing positive for HPV in the 25–49-year age group is declining, which is likely due to our excellent HPV vaccination coverage.

Cervical cancer is preventable and curable as long as it is detected early and treated effectively. The Bailiwick is working towards eliminating cervical cancer as a public health problem, in line with the World Health Organisation (WHO) 2030 target. The elimination of cervical cancer is defined by the WHO as a jurisdiction achieving:

- **Vaccination:** 90% of girls to be fully vaccinated with the HPV vaccine by age 15.
- **Screening:** 70% of women to be screened using a high-performance test by age 35 and again by age 45.
- **Treatment:** 90% of women with pre-cancer are to be treated and 90% of women with invasive cancer are to be managed.[78]

While we are achieving the Vaccination and Screening prongs of this definition, one future aim for the cervical screening programme report is to include accessing colposcopy data so that we can find out if we are also achieving the treatment aspect of the definition.

Pathways and processes have been refined and improved in 2023/24. This includes streamlining the recording of critical data in sample taking, improving the colposcopy referral process, and mapping of the individual pathways used by sample-takers to work towards standardisation of process.

Bowel Screening

The Bowel Cancer Screening programme was paused in 2022 because symptomatic patients needed to take priority for colonoscopy appointments post-pandemic. A waiting list initiative cleared a substantial number of patients from the symptomatic list and allowed for the re-start of the bowel screening programme, and the first invitations were sent out by June 2023.

Colonoscopy provision for the programme was initially procured from an off-island team but, from March 2024, a Health and Social Care Nurse Endoscopist was recruited and trained to carry out colonoscopies for the screening programme. The on-island provision of colonoscopy has allowed the programme to send out screening kits to the entire 2024 cohort of eligible bowel screening participants.

78 - (World Health Organisation, n.d.)

Raising awareness is very important and this has been done via media coverage and awareness campaigns throughout the year, in partnership with the charity Bowel Cancer Guernsey.

The first Bowel Screening Report will be produced in 2025 after a full year of data has been collected.

Diabetes Annual Health Check

People with diabetes continue to be offered free 30-minute appointments with specialist nurses in Primary Care.

Diabetes is an area of growing concern. In 2021/22 in the UK, over £6 billion was spent treating diabetes-related complications which are mostly preventable (from a total of £14 billion spent on diabetes care). The aim of the Diabetes Annual Health Check is to reduce preventable complications and improve personal management of diabetes.

The first Diabetes Annual Health Check report will be released in 2025. During 2023 and 2024, we focussed on increasing invitations to the service, providing training for the nurses carrying out the checks and using behavioural science techniques to improve the invitation process.

Diabetic Retinopathy Eye Screening Programme

The new Diabetic Retinopathy Eye Screening Programme started in January 2024. This programme aims to offer a standardised and quality-assured screening programme to all people over the age of 12 years who have had a diagnosis of diabetes (type 1 and type 2). Screening is carried out in most local optometric practices and a participant can choose their screening practice.

The new programme has the following:

- A call/recall process: each provider invites eligible people on their register annually for screening;
- A standardised grading protocol, which means all those carrying out screening and grading, report their findings to Primary Care and Ophthalmology in a standardised way;
- A standardised reporting process: eye screening reports are sent to a patient's GP and the diabetes specialist team;
- Data collection: each service provider carrying out screening and grading provides a monthly data sheet to Public Health so that the programme can be monitored;
- A referral process: Primary Care can now refer people to the programme electronically;
- Quality assurance: all graders are required to complete monthly grading test sets and achieve nationally comparable standards in grading; and,
- Patient communication leaflets explaining the Diabetic Retinopathy Eye Screening process.

Breast Screening

The Breast Screening programme has worked to reduce the backlog from five months to five weeks. Programme pathways and procedures have been formalised with the help of the Breast Screening Manager. Operational developments include:

- An easy-read leaflet; and,
- Additional leaflets added to the GOV.GG website for people invited to breast screening.

The first Breast Screening report will be produced in 2025 and will show coverage and uptake for the programme.

Screening Symposium

Public Health Services held a Screening Symposium in April 2024, where representatives from the UK National Screening Committee, the English Bowel Screening Programme and a Senior Epidemiologist from the English Cervical Screening programme presented to local clinicians and health professionals from HSC, Primary Care, and associates in Jersey.

Topics included:

- Self-sampling for cervical screening;
- Primary HPV testing and interval extension in the cervical screening programme;
- Symptomatic and Screening FIT[79] pathways and procedures; and,
- Informed decision-making for breast cancer screening.

Prostate Screening

Guernsey established links with the national TRANSFORM trial which has recruited participants for an extensive prostate screening trial in Winter 2024. After consultation with the Secondary Care Consultant Urologist, it was decided that Guernsey does not currently have sufficient resources to be part of the trial but will continue to monitor trial progress closely and remain part of the TRANSFORM mailing and update group. This will enable informed decision-making for any local programme.

Lung Cancer Screening Programme

Scoping for the Lung Cancer Screening Programme has continued during 2024 and an outline proposal detailing the requirements for a Bailiwick Lung Cancer Screening Programme is near completion. Progress is slower that we would have preferred due to limited resources supporting the screening programmes.

Newborn Hearing Screening Programme (NHSP)

The NHSP team continued to provide a high standard of flexible and holistic care to new families throughout 2024. The service consistently met the KPIs set for the service in 2024. The team worked collaboratively with the MSG to resolve the issue around onward referrals for eligible infants when there was a period of unexpected sickness within the audiology services, to ensure those infants were able to access diagnostic testing in another setting.

79 - FIT (Faecal Immunochemical Test) is a test that looks for blood in a sample of stool which could be a sign of cancer.

The service was included as part of the external review of audiology services and received a positive report from the reviewing team. The reviewers concluded that "the service continues to have dedicated, high-performing employees who have worked hard on an individual basis to deliver an exemplary service".

Newborn Blood Spot Screening (NBS)

The NBS screen enables the identification, referral and treatment of babies with nine rare but serious conditions. Blood is collected by a simple heel-prick procedure, usually undertaken on day five after birth. Blood samples are taken by the Maternity Team and quality assurance is overseen in Public Health.

Throughout 2024, samples were taken and transported to an external laboratory in a timely manner; high levels were achieved against national standards for quality of the sample obtained and data supplied to facilitate sample processing within the laboratory.

Advisory Groups

Each screening programme is supported by an active multidisciplinary Advisory Group which meet a minimum of twice per year. The groups provide expert advice, for the continued improvement and monitoring of the programmes.

Sexual Health and Reproductive Services

Sexual Health Services are provided by our community partners, Choices and Primary Care and also by the States of Guernsey through the Orchard Centre. During 2024 the Sexual Health Strategy 2017–2023 has been updated to take into account new developments and emerging trends in sexual and reproductive health.

Key achievements from the first Sexual Health Strategy include:

- A reduction in under-18 conceptions, with Guernsey and Alderney now having the lowest conception rates in the British Isles;
- A focus on prevention with the rollout of a service for pre-exposure prophylaxis (PrEP) for the prevention of HIV and a focus on prevention through education;
- Free cervical screening made available for all women and people with a cervix, aligning the availability of this important screening programme at no cost to the service user with our other population-based screening programmes (for example bowel and breast screening). Cervical screening, together with our HPV (Human Papilloma Virus) vaccination programme, will help to achieve our goal of elimination of cervical cancer in Guernsey and Alderney;
- The modernisation of our abortion law; and,
- A focus on delivering services in different settings. The latter was enabled by the appointment of a Sexual Health Outreach Nurse.

The updated Strategy will continue to provide a non-judgemental attitude to sexual and reproductive health, with a focus on removing the stigma associated with sexual health issues alongside the provision of education, information and services. We have focused on continuing to deliver high quality sexual health services, but also on improving and increasing training and awareness of health and care professionals, together with other providers across our islands. In line with the principles of Health in All Policies, and alongside the Partnership of Purpose, the focus is on prevention, early intervention and user-centred care.

A focus on enhancing client choice in the Orchard Centre has continued with the:

- Introduction of remote consultations allowing for a more flexible and accessible service with links to a UK-based consultant;
- The development of a nurse-led PrEP service to prevent new HIV infections; and,
- The appointment of a Sexual Health Outreach Nurse.

A focus on on-going education has remained important, with an additional nurse within the clinic successfully attaining the Faculty of Sexual and Reproductive Health (FSRH) diploma, enhancing the team's ability to provide specialised sexual and reproductive healthcare.

Public Health Nursing

Health Improvement Specialist Nurse

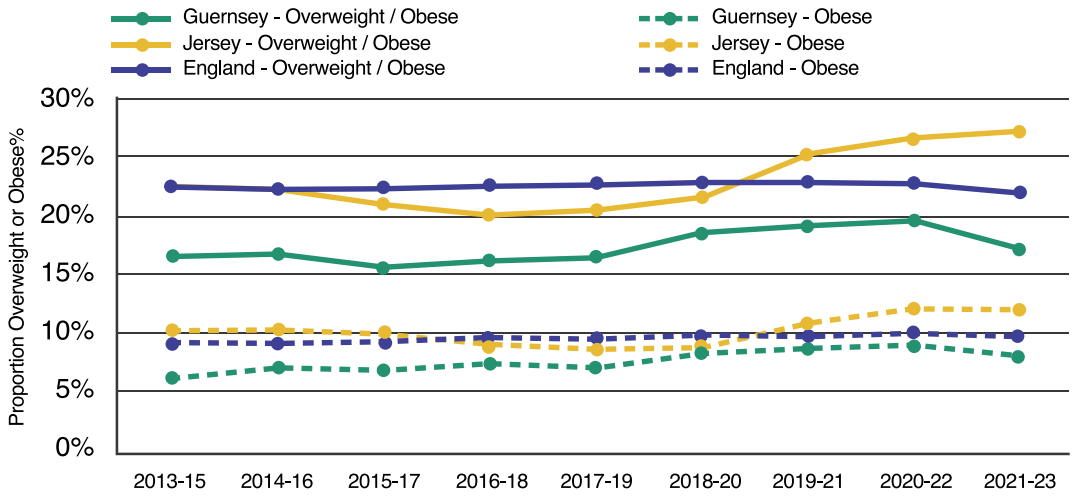
The Health Improvement Specialist Nurse — a post that is jointly supported by Public Health Services and the Health Improvement Commission — supports the delivery part of the Healthy Weight pillar of the Healthier Weight Strategy, focusing on one-to-one work with families to improve their relationship with food and to promote a healthy lifestyle. The Health Improvement Specialist Nurse also works with Public Health Intelligence and other Public Health Practitioners to deliver the Guernsey Child Measurement Programme (GCMP).

Comparison with the latest available results for England and Jersey are for children measured in the academic year 2022/23[80,81]. Differences between reporting years, as well as the different measurement year groups, mean that exact like-for-like comparisons cannot be drawn between these figures and the results from the GCMP. What can be said is that the two sets of results show that excess weight in childhood is a problem locally, as it is in England and Jersey. A comparison of Guernsey's three-year averages against Jersey and England figures is shown below (Figure 29 and 30). Results for England have been combined into three-year averages to increase comparability.

It is encouraging to note that, in Guernsey, whilst there is not currently strong statistical evidence for any directional change in the levels of excess weight among children in Year 1, there is moderate-to-strong evidence for a reduction in the levels of excess weight among children in Year 5, with the proportion of children overweight or obese lower than both Jersey and England.

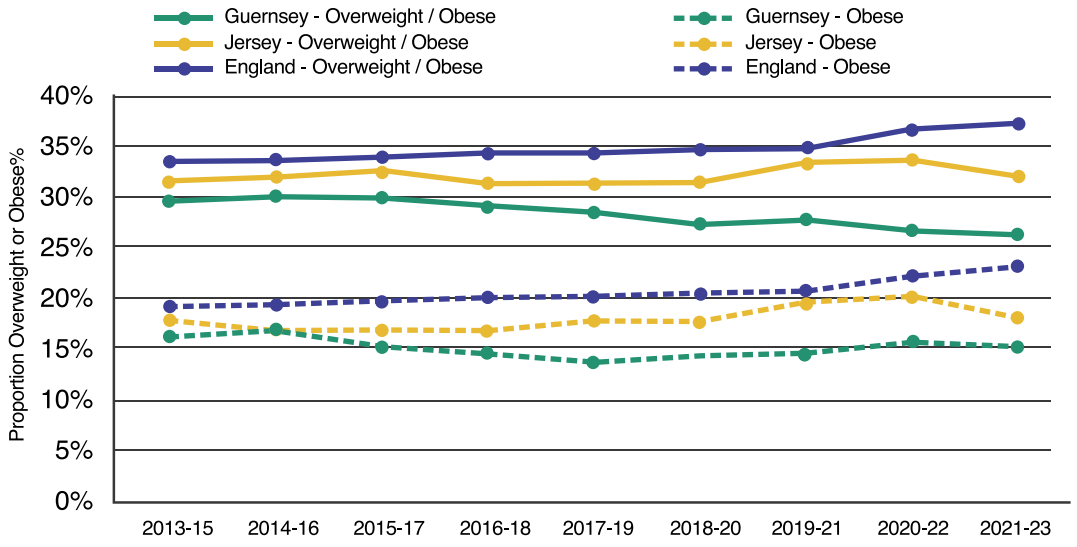
80 - (NHS Digital, 2023)
81 - (Public Health Jersey, 2023)

Figure 29: Year 1 Comparison of results - Guernsey, Jersey and England



*No figures for 2021. Data points for England have been determined as three-year averages excluding reporting year 2020/21 for comparability with the Guernsey figure.

Figure 30: Year 5 Comparison of results - Guernsey, Jersey and England.



*No figures for 2021. Data points for England have been determined as three-year averages excluding reporting year 2020/21 for comparability with the Guernsey figure.

The Health Improvement Specialist Nurse also co-ordinates the facilitation of HENRY (Health, Exercise and Nutrition for the Really Young) groups. This programme recognises the importance of the early years in a child's life and helps families create happier and healthier home environments. The programme is currently focusing on those families with a child under the age of five years, however the principles it is based on can be utilised across the ages. There has also been work to introduce and embed an Early Years Eat Well policy in all pre-school settings.

Specialist Community Public Health Nursing – School Nursing

The School Nursing and Health Visiting teams are part of Public Health Services and offer a proportionate universal service to all children across the Bailiwick. This means that all children are assessed and receive routine services, but children who are found to require a little more support receive a personalised targeted offer to enable them to reach their full potential. The teams work at both a community and individual level to offer both preventative work and intervention when needed, and also work closely with other agencies to ensure that children in particular (but also vulnerable adults) are safeguarded from abuse.

Workforce and service resilience remain fundamental to supporting this provision. The team have recently been able to recruit a further SCPHN qualified School Nurse, and have therefore managed to introduce two of the three health reviews recommended by the Healthy Child Programme for Years Reception and 6.[82] The final review would target pupils in post-16 education, and it is hoped this will be implemented in the next year. The team have implemented workshops around emotional health and wellbeing, toileting, and behaviour. Drop-in sessions have also been commenced in

82 - (Office for Health Improvement and Disparities, 2023)

secondary schools, and cards with a QR code are available in secondary schools for pupils to contact the School Nursing service directly.

Specialist Community Public Health Nursing – Health Visiting

Despite experiencing recruitment problems, the Healthy Child Programme has continued to be delivered postnatally throughout the Bailiwick. The team is also now offering community drop-in Well Baby clinics for parents to be able to attend, have their babies weighed and seek advice as required. Targeted workshops for toileting have been developed with plans to expand these to include behaviour and sleep.

Three post-natal group sessions continue to be offered to support parents to feel confident in the rare instance where an infant requires emergency resuscitation. They also cover care of poorly babies (in conjunction with cardiac action group), infant massage and introduction of solid foods.

Specialist Community Public Health Nursing – Child in Care Nurse

The Child in Care Nurse supports children in care, as we know that this group of children tend to have poorer health outcomes. Part of the role is co-ordination of the routine health checks that are carried out with these young people and also to work with school-aged children who are in care with the States, to support any health issues they may have and support them to transition to accessing this independently as they become an adult.

Immunisation services

The Immunisation Co-ordinator has worked with other Public Health staff to digitise the consent forms for the school-based immunisation programmes. Our Public Health Nurses continue to deliver the immunisations in schools and to children around the age of 3 years 4 months, as recommended by the UK's Joint Committee for Vaccination and Immunisation. The routine vaccination programme for infants up to and including one year of age is administered in Primary Care. The Co-ordinator and other staff work with families and young people who are reluctant to take up vaccinations through fear or lack of understanding, to encourage a good uptake and ensure herd immunity across the Bailiwick.

Quitline Stop Smoking Services

During 2023 and 2024, the Quitline Stop Smoking service welcomed a new Co-ordinator — an experienced hospital-based nurse who has worked to increase referrals from in-patient settings. A recent meeting with senior nursing staff from Princess Elizabeth Hospital will hopefully see this further increase, with the 'opt-out' referral system to the service introduced for all smokers who are admitted to hospital.

The outreach clinics established in 2022 have continued, and the service is currently working with the Health Improvement Commission to survey smokers. Quitline staff plan to establish clinics in areas of the island, at times of day that would make the service more accessible.

Les Nicolles Prison has a dedicated weekly Quitline clinic which has helped to increase referrals for those prisoners who wish to quit smoking/vaping.

Quitline has continued to experience staffing issues as we have mainly bank staff who — despite bringing a wealth of valuable experience to the team — are not always available, making it harder to increase the regular clinics on offer.

States Analytical Laboratory

The Laboratory has continued to provide its core services throughout 2023 and 2024, supporting States Committees, private business clients and members of the public with their chemical, microbiological, crop biological and molecular biological testing requirements. The last two years have seen an increase in workload across all areas of the Laboratory.

The States Analytical Laboratory is a United Kingdom Accreditation Service (UKAS) accredited testing laboratory, with much of its work meeting the requirements of BS EN ISO/IEC 17025:2017. During 2024, the Laboratory underwent a reassessment visit by UKAS, which happens once in every four-year cycle of accreditation. This assessed the Laboratory's continued compliance with the requirements of the standard, as well as on-going competency in the test methods listed on the current schedule of accreditation. UKAS observed activities and reviewed records, and subsequently confirmed renewal of accreditation.

In line with the strategic aim of increasing on-island testing capabilities where it is cost effective to do so, the Laboratory procured a triple quadrupole Liquid Chromatography-Mass Spectrometer (LC-MS/MS). This will enable per- and polyfluoroalkyl substances (PFAS) regulatory water analysis to now be undertaken on-island. PFAS compounds — which include the compound Perfluorooctanesulphonic acid (PFOS) — are environmental pollutants and are known as 'forever chemicals' due to their extreme stability within the environment. Guernsey therefore monitors its ground water and drinking waters for PFAS. Validation of the instrument has commenced, and the Laboratory plans to add PFAS testing to its UKAS schedule of accreditation in due course. The LC-MS/MS instrument has various testing capabilities and could in the future be used to test for many other compounds of interest, such as pesticides and biotoxins.

The Laboratory also validated all current metal analyses on its new Inductively Coupled Plasma-Mass Spectrometer (ICP-MS) instrument, ahead of submitting an application to UKAS for an extension to the scope of accreditation. The ICP-MS replaced the existing Atomic Absorption Spectrophotometer (AAS) for which parts were becoming increasingly difficult to source. The newer ICP-MS:

- Offers better precision, with much lower limits of detection (giving greater certainty to customer's regulatory needs);
- Covers a wider range of analytes, saving on sending samples off-island, whilst also opening potential new workstreams; and,
- Runs on inert gas (argon), which is more environmentally friendly and safer than the acetylene gas used by the outgoing AAS.

The Laboratory continued to collaborate with other States of Guernsey colleagues, assisting in the surveillance for the non-native invasive Asian Tiger Mosquito (Aedes albopictus). The Asian Tiger Mosquito (ATM) is a vector for a number of viruses including Chikungunya, Zika and Dengue fever. ATM is currently spreading internationally as climate change creates favourable conditions, and it is now becoming established in northern France. Between June and October, mosquito ovitraps were placed in the most likely introductory routes into the Bailiwick. These were checked regularly for evidence of ATM, initially morphologically, using a microscope and if suspect eggs, larvae, or adults were found, quantitative Polymerase Chain Reaction (qPCR) and genetic sequencing were used to provide definitive identification. To date, no evidence of ATM activity has been found in the Bailiwick.

The States Analyst has been working, together with the Law Officers, on a major review of controlled substances contained in the Misuse of Drugs (Bailiwick of Guernsey) Law, including considering novel substances of developing concern.

Controlled Drugs Licencing Team

The Controlled Drugs Licencing team are responsible for creating the import and export licences for prescribed controlled drugs from receipt of original documents. This includes medicinal cannabis imported into the island and controlled drugs imported for local pharmacies. They also collect and record key metrics ensuring the reporting standards are being met. Until the summer of 2024, the number of medicinal cannabis import licences averaged 100 per month; but, in August, one of the larger clinics stopped prescribing to individuals in Guernsey and Alderney. This resulted in a drop in the need for importation licences but has freed up time for the staff to provide further support to the Chief Pharmacist in the field of controlled drugs.

Ramblers Wellbeing Walks

Public Health continued to provide support for the Ramblers Wellbeing Walks. This consists of 30-minute walks held on each weekday in Guernsey and on Sundays in Alderney, at various locations around the island. The programme is part of the UK Ramblers Walking Programme and abides by their policies and procedures.

There are currently 27 volunteer walk leaders in Guernsey and three in Alderney, with between two and five volunteer walk leaders per walk. There are usually an average of six to ten walkers each day — though the Sausmarez Park walks can have between 20 and 30 walkers in good weather. Each walk ends at a café for tea or coffee and a time to socialise, and this part of the walk is as valuable as the exercise beforehand.

In 2023, several walk leaders retired due to ill-health and it has proved difficult to find others to take their place, so Public Health is very grateful to all the volunteers who continue to give their time — sometimes several times a week — to ensure the programme can keep running. Another training course was held in November 2024.

We remain grateful to our volunteers and our Third Sector partners for their ongoing support of Public Health Services.