

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Committee** held at the County Hall, Durham on **Friday 21 November 2008** at **10.00 p.m.**

COUNCILLOR R Burnip in the Chair.

Durham County Council

Councillors J Armstrong, A Bell, D Burn, J Chaplow, P Stradling, T Taylor and O Temple

Chester le Street District Council

Councillor G Armstrong and R Harrison

Derwentside District Council

Councillor I Agnew and D Lavin

Teesdale District Council

Councillor T Cooke

Co-opted Member

Councillor D Bates

Other Members

Councillors A Cox and M Wilkes

Apologies for absence were received from Councillors R Bell, P Crathorne, A Gray and P Gittins

A1 Declarations of Interest

There were no declarations of interest.

A2 Joint Strategic Needs Assessment

The Committee received a presentation from Mandy Day, Strategic Manager, Adult and Community Services on the Joint Strategic Needs Assessment (for copy of slides see file of Minutes).

The Local Government and Public Involvement in Health Act 2007 placed a legal requirement on local authorities and primary care trusts to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local populations. The JSNA will underpin the Sustainable Communities Strategy and subsequently the priorities and targets set by the Local Area agreement.

Work started on the JSNA in September 2007. A public consultation exercise on the draft document took place in June and July 2008 and an Equality and Diversity Impact Assessment in September 2008. Consultation documents were placed in every County Durham library and three briefing notes were sent

to stakeholders informing them of progress and ways to engage with the process. An article was placed in Countywide which was delivered to all County Durham households. Responses were received from stakeholders and from members of the public. The JSNA has been updated based on the comments received during the consultation exercise.

The County Durham Joint Strategic Needs Assessment (JSNA) contains 170 key messages structured around the seven Local Area Agreement themes: health and wellbeing, safe, achieve, enjoy, economic wellbeing, positive contribution and physical place. The JSNA also contains key messages relating to County Durham's demography along with a closer examination of its communities.

The JSNA does not suggest priorities for organisations in County Durham, nor does it determine commissioning activity or the provision of services but it is intended to inform priority setting and commissioning across County Durham to help ensure that the health and wellbeing of people within the County is being improved.

A final document has been distributed to partners throughout the County for use in their planning and priority setting processes.

Councillor Cooke asked whether Parish Councils were included in the consultation process. Mandy Day advised that a briefing note was sent to all Parish Councils but not all bodies who were contacted responded to the consultation.

Councillor Taylor asked whether the effects of the County's industrial heritage had been taken into account in the preparation of the JSNA. Mandy Day explained that the legacy of previous industrial activities will be reflected in the demographics of the JSNA.

Resolved:

That the presentation be noted.

A3 Director of Public Health's Annual Report

The Committee received a presentation from Anna Lynch, Director of Public Health about the 2007/08 Annual Report of the Director of Public Health (for copy of slides see file of Minutes).

It was explained that the overall health of the population of County Durham is poor compared with the national picture and inequalities in health remain. 31% of Super Output Areas (SOA's) are among the 20% most deprived SOA's in England. For males, the difference in life expectancy between the best and worst wards is 12.2 years; for females, it is 16.7 years. The standardised mortality ratio (SMR) from all causes of death is 114; for cancers 116; for circulatory diseases 117 (all significantly worse than England). The under 18 conception rate in 2006 was 46.1 per 1000 girls aged 15 to 17 years, compared with the England rate of 40.4/1000. In 2007, 42.3% of pupils obtained five GCSE passes (A to C grade, including English and Mathematics), compared with the England rate of 46.8%. The obesity rate among year 6 children (school

year 2006/07) was 19.9%, compared with 17.5% across England. The Health Survey for England estimated that 30% of adults in County Durham smoke compared with 26% of adults in England.

The key messages arising from the annual report are as follows:

There are unacceptable gaps in life expectancy between County Durham and England as a whole, and within County Durham. Narrowing the gap requires effective interventions which must be delivered equitably. This means targeted interventions for those at greatest need in addition to a whole population approach. This includes:

- Primary prevention - interventions to prevent heart disease and cancer, in particular by reducing smoking and obesity and increasing levels of physical activity.
- Proactive risk factor and case finding - early identification of those with risk factors for disease or early signs of disease in particular through cancer screening programmes and through risk factor assessment for heart disease by General Practices/primary care.
- Fair access to effective treatment for established disease (health equity).

Health inequalities are disparities in health between population groups that are systematically associated with socio-economic and cultural factors (such as educational status, social class, ethnicity, place of residence, income). Such disparities in health are potentially avoidable and are therefore considered to be unjust. NHS County Durham will work with partners to produce health inequalities profiles and monitoring strategies for County Durham, building on this report and the joint strategic needs assessments, and linked to the Local Area Agreement.

Narrowing the gap requires a step change in our approach to coronary heart disease (CHD). Without this new approach, the life expectancy gaps between the populations of County Durham and England and within County Durham will remain. Key requirements are: increasing the capacity and targeting of primary prevention (smoking, obesity, physical activity, and alcohol); the implementation of the cardiovascular disease risk factor assessment and intervention programme; improving equity of access to treatment services for people who have CHD.

Narrowing the gap requires a step change in our approach to cancer. Without this new approach, the life expectancy gaps between the population of County Durham and England and within County Durham will remain. Strategic and targeted action plans will be developed and implemented to tackle inequalities, reduce the risks of cancer, detect it earlier, provide world class treatment and support people living with and beyond cancer.

Local authorities in County Durham have a crucial role in improving health and reducing health inequalities, particularly in relation to the wider determinants of health. It is important that the excellent health improvement initiatives delivered by the seven districts and County Council are continued during the transition to the new Unitary Authority and that partnership work continues to be effective during this period. The new Unitary Authority has the opportunity presented by local government reorganisation to strengthen its role in improving health and reducing health inequalities.

Smoking remains the major cause of the lower life expectancy and higher heart disease and cancer rates in County Durham. Reducing smoking is the most important step in narrowing the gap in life expectancy within County Durham and within England as a whole. Tobacco Alliances should be supported to implement their action plans; the smoking cessation service will continue to offer a high quality, effective service which will be standardised via commissioning processes; focus will continue on supporting pregnant smokers and manual workers to stop smoking.

Obesity poses a major public health challenge and risk to future health, well being and life expectancy. Levels of obesity in children and in adults in County Durham are among the worst in England. The children's trust needs to update the tackling obesity strategy, developing *Preventing Obesity, Promoting Physical Activity* strategies for children and young people in County Durham. The intervention pathway for children needs to be finalised and implemented. For adults, the main priorities are implementing revised physical activity strategies and increasing the capacity of community based and surgical interventions.

Universal and targeted approaches are needed to ensure individuals, communities and vulnerable groups are provided with accurate information on risk taking behaviours and given support both to improve their lifestyle choices and to gain access to services. Reducing levels of harmful drinking and improving the capacity of alcohol treatment services is a key priority across the local NHS and all the Crime and Disorder Reduction partnerships. An additional investment in public health priorities of £3.3million has been secured through the Annual Operating Plan process across the PCT for 2008/09 and this will support increased capacity and the development of new services in the areas of alcohol, sexual health, mental health, worklessness, domestic violence and oral health.

Health protection risks do not affect all parts of our communities equally. Some individuals and communities are disproportionately affected by particular health threats resulting in poorer health and a greater likelihood of illness and disease. All partners need to continue to work together to ensure that individuals and communities who are at particular risk are encouraged to access appropriate prevention advice, support and care. Keeping a strong focus on immunisation programmes and on planning to respond to the health effects of an influenza pandemic remain key overarching priorities.

Healthcare acquired infection (HCAI) has become a key issue for public confidence in the NHS. Preventing HCAI cannot be left to clinical staff alone - senior management commitment, local infrastructure and systems are also vital. Cleanliness and HCAI is a key target area and sustainable reduction in MRSA bacteraemia and Clostridium difficile, along with all other avoidable HCAI, is a shared high level priority across the County Durham health economy.

Members drew attention to the sale of cheap alcohol. Anna Lynch advised that alcohol is recognised as being responsible for much crime and disorder. The government is currently being lobbied to tackle the issue of cheap alcohol and its easy availability.

Councillor Wilkes asked what is being done to prevent children from leaving

school at lunchtime. It was explained that this is an issue for individual schools to decide. Work is ongoing under the healthy schools umbrella. The PCT has officers who are working on the healthy schools standard and every school has to work toward this standard and this includes work on school meals.

In response to Councillor Temple's question in relation to effective interventions Anna Lynch explained that the National Institute for Clinical Excellence (NICE) examines what are the best clinical interventions. A predecessor organisation, the Health Development Agency developed an evidence base for healthcare interventions and preventions. If there is no evidence base NHS County Durham bases decisions on best practice.

Councillor Cooke drew attention to the difficulty that young people from rural areas have in accessing services in nearby towns. Anna Lynch explained that transport issues are always examined when considering interventions or programmes for young people. The County Councils Integrated Transport Unit works with NHS County Durham on possible solutions including community transport and volunteer driver schemes. Councillor Cooke also advised that physical education seems to be limited at schools. Anna Lynch advised that school sports co-ordinators employed by the County Council work across all schools and NHS County Durham physical activity teams work with them. The healthy schools standard does deal with physical activity and every school should provide two hours of physical education per week.

Jeremy Brock informed the Committee that the NHS commissioning intentions are being consulted upon at the present time and this will be discussed at the next meeting on 5 January 2009.

Resolved:

That the presentation be noted.