

Cabinet

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Annual Report of the Director of Public Health, County Durham and Director of Public Health, Darlington 2011/12



Report of Corporate Management Team

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Purpose of Report

1. This report presents the joint 2011/12 annual report of the Director of Public Health, County Durham and the Director of Public Health, Darlington. The report is available in the Members library.

Background

2. The annual report for 2011/12 is the final joint report of the Directors of Public Health for County Durham and Darlington.

The theme focuses on both looking backwards and forwards and wherever possible makes reference to the report of the County Medical Officer in 1973, the last time public health was a local authority responsibility. The key messages from each chapter are incorporated into the report.

The reader is directed to the two joint strategic needs assessments, both available on the PCTs' and the local authorities' website. Further information on all public health programmes can be found in the public health business plan.

Former reports included a chapter provided by the Health Protection Agency North East (HPA NE) on local health protection related issues. The HPA NE has changed its reporting method and for 2011/12 has published two north east-wide reports which are available on request. These are "Protecting the population of the north east from communicable diseases and other hazards, annual review 2011" and "Protecting the population of the north east from communicable diseases immunisation report 2011".

The reports and updates highlighted above are available to organisations to inform their commissioning plans, service developments and assessment of need when submitting funding requests.

The independent Director of Public Health annual report is a statutory requirement that will transfer to DCC on 1 April 2013, and the local authority will have a duty to publish the report under the Health and Social Care Act 2012.

As the report is deemed independent, the Director of Public Health has the autonomy to consider any aspect of the population's health that he/she feels warrants highlighting. Issues highlighted by the Director of Public Health should be identified for action in the Joint Health and Wellbeing Strategy published by the Health and Wellbeing Board. The key messages are reflected within the first County Durham Joint Health and Wellbeing Strategy.

Key Challenges identified in each chapter

Chapter 1

The health of people in County Durham and Darlington

The health of the people in County Durham and Darlington has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average.

Chapter 2

The impact our lifestyles have on health

- Following the launch of the Government's alcohol strategy in 2012, Durham County Council and Darlington Borough Council will need to review and update their local strategies and action plans.
- Respond to national consultation documents and lobby for a 50p minimum unit price for alcohol and restriction on alcohol advertising to young people.
- Continue to implement the social norms work.
- Ensure integration with other strategies including sexual violence, teenage pregnancy, violent crime, anti-social behaviour, domestic abuse and reducing reoffending.
- Work with the local safeguarding children's boards to deliver work on the relationship between alcohol, drugs and sexual exploitation.
- Undertake further work to understand drug and alcohol misuse in groups such as gypsies and travellers, people who are homeless, pregnant women, veterans, those with dual diagnosis and lesbian, gay, bisexual and trans (LGBT).
- Ensure a seamless transfer of the commissioning of drug and alcohol services into the local authority.
- Evaluate alcohol screening and delivery of brief advice in primary care and pharmacies.

- Work with clinical commissioning groups to provide increased support for those individuals who are repeatedly admitted to hospital as a result of alcohol.
- Continue to develop the harm reduction services and improve links to mental health services.
- Ensure pathways into, through and out of prison have clear opportunities for those using drugs or alcohol to receive support to overcome their addiction, achieve sustained recovery and live crime free lives.
- Improve links with housing, education and employment to optimise opportunities which enhance and support individuals and communities.
- Continue to raise the profile of smoking and pregnancy across all agencies to ensure pregnant smokers seek access to support. Explore new approaches to engaging with women in order to understand why some pregnant smokers do not make contact with the service, and if they do why a high number do not stop smoking.
- Continue to work with partner agencies to reduce the risk to children of second-hand smoke.
- Continue to commission services that influence tobacco issues at a national, regional and local level.
- Maintain the two tobacco control alliances so they can co-ordinate work to reduce tobacco consumption locally and respond to national initiatives such as the consultation for standardised plain packaging.
- Develop the model already used in Darlington to engage more local communities in activities that will reduce the number of children and adults who smoke.
- Work with County Durham and Darlington NHS Foundation Trust to support people with a planned surgical operation to stop smoking before they are admitted to hospital.
- Deliver consistent healthy lifestyle messages through the change4life social marketing campaign.
- Through awareness raising and joined up service provision, work with partners to reduce the incidence of type 2 diabetes.
- Improve access to weight management services for those who are clinically obese.
- Enhance existing pathways into physical activity from primary care.
- Improve access to healthy food and nutritional advice to those people who are at particular risk from the harms associated with an unhealthy diet, such as people with diabetes, young children and women who are pregnant.
- Lobby for environmental improvements such as limiting the density of fast food outlets via the health and wellbeing boards.

Chapter 3

Improving our mental health and physical health

- The mindfulness programme is a popular choice for clients and the future scale of the service will require review.
- There remains significant work to do to tackle inequalities for those with mental health problems. A partnership approach with service users and carers is essential to address this.

- Develop and improve social prescribing opportunities. Improve the range of social prescribing options available and develop local evidence and pathways to enable social prescribing to become part of the mainstream offer to our communities.
- Clinical commissioning groups will be supported to become involved in the work to prevent people taking their own lives.
- There is a worrying trend, with some evidence, that the CVD mortality rate in younger adults in England and Wales is levelling off. Levels of smoking in young people, particularly among young women; rising levels of obesity and the earlier development of type 2 diabetes are contributing to this. To maintain the reduction of CVD mortality rates and reduce the health inequalities caused by these conditions there needs to be a change of emphasis. Therapeutic interventions such as revascularisation and thrombolysis will make only a modest impact.
- The biggest impact will come from population-wide changes in lifestyle and diet. The impact of all the efforts on tobacco control has resulted in dramatic falls in smoking rates but this must be maintained, especially toward preventing young people taking up smoking. Fresh – the North East regional tobacco control office – has led the way in developing integrated policies across the region resulting in the biggest fall in smoking rates in England. The same effort must be given to encourage and support changes in people’s diet and to promote more exercise.
- Engage with clinical commissioning groups, health and wellbeing boards and local authorities on the cancer agenda, particularly on earlier diagnosis.
- Promote cancer screening uptake through social marketing activities and monitoring rates, aiming to improve uptake rates to be among the best in England.
- Push for accurate staging data from foundation trusts (hospitals).
- Reduce cancer services waiting times and ensure excellent performance.
- Undertake regular oral health needs assessment of children to determine their levels of dental disease. A survey²² of 12 year old children’s oral health in 2008/09 showed that 27% of 12 year old children in County Durham and 33% in Darlington had active dental decay. It is disappointing that despite good uptake of care for children in this age group, particularly in Darlington where over 70% of children had seen a dentist in the last 12 months, levels of active disease remain high.
- Ensure all areas have adequate access to dental care. Utilisation of NHS dental services is only at or above the English average of 56% in 16 out of 135 wards in County Durham, and 4 out of 24 wards in Darlington. In County Durham in 2010/11, 48% of the population of County Durham attended an NHS dentist. In Darlington 50% of the population had attended a dentist in the North East²³. There is still work to be done to secure access to dental care for all residents.
- The transfer of public health to the local authorities of County Durham and Darlington provides the opportunity to effectively reach children and families in the more socially excluded and hard to reach sections of our community who have the highest levels of dental disease. We know that in both County Durham and Darlington, as nationally, when the level of deprivation in a community increases, the use of dental services decreases.

Chapter 4

The impact of social and economic factors on health

- Health literacy should be included in any emerging Lifelong Learning strategy.
- The work on community learning and inclusion has shown that early work needs greater understanding and embedding in any life learning strategy or plan.
- The concept of scaling up innovative interventions that are shown to work is also critical.
- During an economic downturn, when employers' resources are stretched, engaging new workplaces in health programmes can prove a challenge. The support of strategic and business partnerships will be crucial in ensuring businesses achieve the benefits of investing in workplace health.
- The mental health first aid accredited trainers need to be maintained and supported to ensure mental health first aid is available in our communities.
- There is still stigma attached to mental health issues so campaigning and education within communities, schools, workplaces and within our own services must continue.
- As the new public health system develops in our local authorities, there will be more opportunities to engage with a wider workforce who have direct contact with local people and who can have a positive impact on individual health and wellbeing.
- Explore opportunities to link the health trainer programme to the work of the 14 area action partnerships and health networks in County Durham and the strategic partnership in Darlington.
- Link to local authority anti-poverty strategies to consolidate and provide a more focused approach to income, debt and welfare provision, regeneration and financial inclusion.
- Integrate the services that provide transport to hospitals in County Durham and Darlington.
- Evaluate the schemes trying to reduce excess winter deaths to see if they are targeting those who most need the service and to assess what impact the service has had on their health and wellbeing.
- Evaluate what effect the investment in building social capital has had on local communities.

Chapter 5

Working with people in communities

- Commission children's and young people's obesity reduction programmes based on evidence of effectiveness.
- Provide public health support to health visitor services post-2013 when they will be commissioned by the NHS Commissioning Board.
- Review the range of commissioned sexual health services, including teenage pregnancy.
- Ensure an effective handover of commissioning responsibility for antenatal screening programmes to the NHS Commissioning Board.
- Develop the public health role of school nurses.

- Health and wellbeing boards should be aware of the needs and co-ordinate service provision for military health.
- Increase awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel and particularly of the need for priority treatment for health care needs arising from their service.
- Primary care services and hospital trusts should take steps to improve awareness of veteran's mental health issues among health workers generally, including appropriate training and supervision.
- Some groups within the ex-service community may need special attention, including prisoners and early service leavers (those who leave the service after less than four years).

Recommendations

Cabinet is requested to:

- receive the annual report of the Director of Public Health, County Durham and the Director of Public Health, Darlington
- note this is the final joint report of the Directors of Public Health for County Durham and Darlington
- note that additional reports published by HPA NE are available on request

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Appendix 1 - Implications

Finance

No implications directly from the report but potential implications related to commissioning in response to identified health needs.

Staffing

No implications from the report.

Risk

Independent DPH annual report will be a statutory responsibility for all local authorities.

Equality and Diversity / Public Sector Equality Duty

DPH annual report provides evidence that whole population health needs are assessed and considered.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

No need for consultation. DPH annual report is independent and based on health needs identified by the DPH.

Procurement

No implications unless report outcomes lead to commissioning changes.

Disability Discrimination Act

No implications.

Legal Implications

No implications.