
Report of Corporate Management Team

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Purpose of the Report

1. This report asks Cabinet to receive the 2012/13 annual report of the Director of Public Health for County Durham. This is the first annual report produced under the new NHS arrangements which transferred some public health functions to local authorities.

Background

2. Under the Health & Social Care Act 2012, one of the statutory requirements of each Director of Public Health is to produce an annual report about the health of the local population. The relevant local authority has a duty to publish the report. The government has not specified what the annual report might contain and has made it clear that this is a decision for individual Directors of Public Health to determine.
3. It is important to note that most data and information on the health status of the communities in County Durham is detailed in the Joint Strategic Needs Assessment available on the Council's website. Further information on public health programmes can also be found in the public health business plan and the joint health & wellbeing strategy. Detailed information on health protection issues for County Durham residents is contained in a Public Health England report – *Protecting the population of the North East from communicable diseases and other hazards – Annual Report 2012/13*. This is available on request.
4. The 2012/13 annual report focuses on reducing health inequalities and what action needs to be taken by a range of organisations, in the short, medium and long term to tackle the persistent and pervasive health inequalities suffered by some of the communities in the county. Importantly, the report informs commissioning plans, service developments and the assessment of needs. The future direction of early years' services and the integration of public health across council services will be informed by the report.
5. The key messages from the report are detailed in Appendix 2 and include four actions for elected members. These are:
 - Support making every contact count is a key aspect of Durham County Council's work to address health inequalities. The aim of making every contact count is to

use each contact with a member of the community or service user, to offer brief advice about staying healthy. It should be part of a transformative and aspirational agenda of organisational development, engaging key people at all levels to deliver health and wellbeing as part of business as usual.

- Make smoking history. Use your contacts to lobby for plain packaging, know where the stop smoking services are and encourage members of the public to use them. Support firm action to reduce illegal tobacco sales from social housing and the prosecution of shop sellers flouting the age rules on sale of tobacco. Support efforts to ensure children in the looked after system are supported not to take up smoking or to stop.
 - Make use of the change4life campaign in your community to promote all aspects of health and wellbeing. Particularly support the message to be active, support a sustainable and healthy food system, and promote safe alcohol drinking.
 - Work at a grass roots level within constituencies to encourage the take up of health checks opportunities. Create health checks events at a time and place likely to attract those who are vulnerable and aged 40-75 (check4life).
6. The annual report will be uploaded onto the council website and hard copies provided to a range of organisations and individuals including the County Durham clinical commissioning groups, NHS England, third sector organisations, foundation trusts, Public Health England, North of England Commissioning service etc. In addition, copies will be made available to the members library, to individual members (where requested), Cabinet, Overview & Scrutiny Committees and officers.

Recommendations

7. Cabinet is requested to:
- a. Receive the 2012/13 annual report of the Director of Public Health, County Durham and note the key messages
 - b. Note that the report is used to inform commissioning plans, service developments and assessment of need to support a range of funding bids, particularly by third sector organisations

Background Papers

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Appendix 1: Implications

Finance

The publication of the report is funded by the ring fenced public health grant.

Staffing

No impact

Risk

No impact

Equality and Diversity / Public Sector Equality Duty

No impact

Accommodation

No impact

Crime and Disorder

No impact

Human Rights

No impact

Consultation

This is the independent report of the Director of Public Health and is not subject to consultation

Procurement

No impact but should inform council commissioning plans in relation to services that impact on the health of the population

Disability Issues

No impact

Legal Implications

No impact

Appendix 2

KEY MESSAGES

Chapter 1: Measuring health inequalities in County Durham

- Health inequalities exist between County Durham and England.
- The health of County Durham's population has improved significantly over recent years, but still remains worse than the national average.
- Levels of deprivation are higher, and life expectancy is lower, than England. Life expectancy has improved locally over time, but has not caught up with the national average.
- Mortality rates from the major causes of death have fallen significantly over time, in many cases faster than nationally, but they remain significantly higher than England.
- Of the 32 indicators in the 2013 County Durham Health Profile (Association of Public Health Observatories):
 - eight indicators were significantly worse than England and had not improved from the previous reporting period (see table 6).
 - Twelve indicators were significantly worse than the England average and had improved from the previous reporting period.

Chapter 2: Actions that impact in the short term through primary care and clinical commissioning groups

- Population health has always been an important element of primary care. However, there has been the tension in general practice between treating those who are unwell, managing patients who are at a high risk of becoming unwell and giving sufficient attention to the general population to improve their health and wellbeing to prevent them becoming unwell.
- There is a growing consensus around the view that general practice could do more to improve health and wellbeing in its population.
- There is increasing evidence demonstrating the importance of primary health care as the most efficient way of delivering evidence-based, cost-effective programmes that address the leading risk factors for ill health. They can prevent and better manage long-term conditions through lifestyle interventions.
- There are a number of current factors suggesting that the time is right for general practice to take on a greater responsibility for population health.
- General practice can make a significant contribution to addressing health inequalities in a number of different ways. The challenge is to find effective ways of integrating the role of GPs and primary care teams with public health interventions that will make a difference to narrowing health inequalities on a population scale.

Chapter 3: Actions that impact in the medium term through public health commissioning

Alcohol

- To reduce alcohol related harm we need to make it less affordable, less available and restrict how it is advertised.
- Ensure a systematic approach to the delivery of screening and brief interventions to ensure that those who are drinking at harmful levels can be identified early and supported to reduce their levels of drinking. Those people who are possibly dependent need to be able to access treatment.
- Increase the focus on recovery and support to enable people to stay successfully free of alcohol.

Breastfeeding

- Breastfeeding is best for the first year of life.
- Investing in supporting women to breastfeed will improve the quality of life for women and their children.
- Low breastfeeding rates lead to an increased incidence of illness that has a significant cost to the health service.

Cancer

The keys for saving potentially 200 lives a year in County Durham are:

- Increasing community knowledge and support
- Engaging primary care and supporting better access to diagnostic tests.
- Speeding up diagnostic services and reporting of test results back to primary care.

Childhood obesity

- One out of every four children at reception age and four out of every ten children at year six in County Durham is either overweight or obese.
- Schools, working in partnership with public health, can influence and support children and their families to promote healthy weight in County Durham.
- Elected members and their communities have a role to play in improving lifestyles in County Durham.

Heart and circulatory (cardiovascular) disease

- The NHS Health Check programme has been taken up by every GP practice in County Durham and has been in place for nearly 5 years.
- The community based Check4Life programme is expanding to reach population groups less likely to attend their GP practice for a health check.
- The wide variation in the number of health checks carried out by GP practices could be contributing to a widening of health inequalities caused by CVD.
- There needs to be a greater emphasis on risk communication and take up of lifestyle interventions as result of a health check.

Mental health and wellbeing

- Positive mental health is central to all other health-related choices. It is a crucial aspect of the county council's new responsibility for wellbeing.
- Mental illness affects a high proportion of the population and is closely related to inequalities.
- Work to promote mental health and wellbeing requires a population wide approach as well as work targeted to those who are most vulnerable.

Physical activity and obesity in adults

- Obesity is considered the most widespread threat to health and wellbeing and can reduce life expectancy on average by nine years, through premature death.
- Diabetes is the condition that is set to increase the most as obesity prevalence increases. Up to 10% of hospital budgets is spent on type 2 diabetes. Drug costs for people with type 2 diabetes is estimated to account for about 7% of the total NHS drugs budget.
- Being physically active has been described as a wonder drug by medical officers and is one of the most important things people of all ages, sizes, and shapes can do to improve their health.

Sexual health

- The general rise in STI diagnoses demonstrates that tackling sexually transmitted infections continues to be a public health priority.
- The diagnostic rate for Chlamydia needs to be monitored in relation to screening criteria and local screening practice.
- A screening pilot for Gonorrhoea will be undertaken to determine population prevalence in the region.
- Raising awareness of HIV and access to services is essential to prevention, early intervention and better health outcomes.

Teenage pregnancy

- The success made in reducing teenage conceptions should be acknowledged, however, County Durham remains significantly worse than the national average.
- The momentum should be maintained and work continued to improve the outcomes for young people within the county that will reduce teenage conception rates.

Tobacco

- Smoking remains the single biggest preventable cause of premature death in the UK today. It is the single biggest cause of inequalities in death rates between the people in the most and least deprived areas. The vision is to make smoking history in County Durham with a focus on the protection of children.
- An ambition to reduce smoking prevalence in County Durham to 5% by 2030 (20.9% 2012).
- Tobacco control should be delivered within an infrastructure that supports national policy and incorporates regional and local delivery, with engagement from a range of key partners.

Unhealthy behaviours and health inequalities: a joined up approach

- Wellness services can provide support to people to live well, by addressing the factors that influence their health and wellbeing. It builds their capacity to be independent, resilient and maintain good health.
- Wellness services could help to achieve public health transformation by moving away from the commissioning of single issue health improvement services to more integrated approaches.
- Diminishing budgets mean that economies of scale need to be found.

Chapter 4: Actions that impact in the longer term through preventative work to address the social determinants of health.

Building on assets

- Communities with greater social capital have greater participation, involvement and control over local issues.
- The asset based approach values the skills, knowledge, capacity, connections and potential of the community.
- Asset based approaches are not intended to replace investment in public services, but rather to complement them.

Capacity building in the community

- Volunteering is a way of engaging people in their local communities and improving social capital.
- Evidence suggests that volunteering can bring a range of health benefits including positive wellbeing.

Capacity building in the workforce

- The move of public health to local government brings opportunities to develop the wider public health workforce.
- Making every contact count puts the prevention of health problems and opportunities for good health at the heart of every local contact.

Housing

- There is a long recognition of the association between housing conditions and physical and mental ill health.
- The relationship between the broad range of specific elements that can affect health outcomes is complex.
- It is difficult to isolate, modify and assess the health impact of housing conditions because they will often coexist with other forms of deprivation.

Income maximisation

- Tackling general inequalities such as poverty is the best means of tackling health inequalities.
- Increasing income of the poorest will lead to improvements in health and life expectancy.
- Increasing the uptake of benefits in entitled groups is one way of achieving this.

Integrated planning: the environment, food and obesity

- Local planning has potential to positively influence the design of neighbourhoods and sustainable communities.
- Integrated planning can lead to positive changes in local council policies that favour health or strike a balance between health and planning.

Integrated planning case study: food outlets

- Research studies have identified socially distressed neighbourhoods with poor access to healthy food as food deserts.
- Residents of poorer areas could particularly benefit from policies which aim to improve availability of healthier food options and better access to shopping facilities.
- Encourage spaces for community food growing. Planners can influence targets within the County Durham plan

Work

- Employment and the working environment have a direct impact on health.
- Steps should be taken to avoid ill health in the workplace.
- During an economic downturn, when employers' resources are stretched, engaging new work places in health programmes can prove a challenge. The support of business partnerships will be crucial in ensuring business achieve the benefits of investing in healthier workplaces.

Worklessness

- Being unemployed is bad for physical and mental health.
- Good work is good for physical and mental wellbeing.
- The longer people are out of the workplace, the harder they find it to return and the greater the impact on their health and wellbeing. Therefore early intervention services in workplaces are key.