

## EXTRAORDINARY BOARD MEETING

19 June 2008  
 Item No 08/06/19/08

### Narrowing the gap in coronary heart disease and cancers in County Durham and Darlington

### Annual Report of the Director of Public Health 2007/08

#### 1. Introduction

This report\* considers in detail the two conditions (coronary heart disease (CHD) and cancers) which together account for more than 50% of the gap in life expectancy between our population and England as a whole and actions that need to be taken to narrow the gap.

*\*previously circulated to Board members, copies available to other interested parties on request from [hazel.dodds@cdpct.nhs.uk](mailto:hazel.dodds@cdpct.nhs.uk)*

#### 2. Implications and Risks

<i>Will there be a significant impact on patients or patient care?</i>	<i>Yes, the aim is to improve health and reduce inequalities in health</i>
<i>Are there any financial implications to implementing this item?</i>	<i>Yes, these have been partially addressed in the Annual Operating Plan 2008/09 and further requirements will be taken forward through planning arrangements for 2009/10</i>
<i>Will there be an impact on Equality, Diversity or Human Rights?</i>	<i>Yes, in terms of health inequalities</i>
<i>Does this item form an essential part of quality or performance standards e.g. Healthcare Commission, NHS Litigation Authority?</i>	<i>Healthcare Commission core standards C22, 23 and 24. Other targets as highlighted in the report.</i>

#### 3. Recommendation

- The Board is asked to receive the *Annual Report of the Director of Public Health 2007/2008*.
- The Board is asked to agree the next steps outlined in the paper.

**4. Submitted by**

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**Date:** June 2008

**5. Purpose of the Paper**

Information sharing       Development/discussion       Decision/action ✓

# **Narrowing the gap in coronary heart disease and cancers in County Durham and Darlington**

## **Annual Report of the Director of Public Health 2007/08**

### **1 Aim of the report**

- 1.1 Last year's annual report set the scene for tackling inequalities in health in County Durham and in Darlington. It highlighted the need for action on the wider determinants of health, lifestyle choices and fair access to services. This year's report considers in detail the two conditions (coronary heart disease (CHD) and cancers) which together account for more than 50% of the gap in life expectancy between our population and England as a whole.

### **2 Key messages**

- 2.1 The key messages are highlighted on pages 5 and 6 of the report and are attached.
- 2.2 In summary, to narrow the gap requires targeted interventions for those at greatest need in addition to a whole population approach:
- 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).

### **3 Risks to the PCT**

- 3.1 The report highlights the relevant Public Service Agreement targets, Local Area Agreement targets and the new NHS targets (vital signs). Actions to address the key issues highlighted in the report are crucial to the delivery of these targets.
- 3.2 The report provides evidence of ongoing compliance with Healthcare Commission core standards C22, 23 and 24.
- 3.3 A significant investment (£3.3 million) has been made available in the 2008/09 Annual Operating Plan to start "narrowing the gap" and to deliver

measurable improvements in health and wellbeing for the people of County Durham and Darlington.

#### 4 Next steps

- 4.1 The two Joint Strategic Needs Assessments will be published over the summer. These will provide a more detailed profiling of the needs of the populations of Darlington and of County Durham.
- 4.2 The PCTs will work with partners to produce health inequalities profiles and monitoring strategies for Darlington and for County Durham, building on this report and the Joint Strategic Needs Assessments, and linked to the two Local Area Agreements.
- 4.2 Detailed reports will be provided to the two Boards during 2008/09 to provide assurance on progress in relation to the key areas (table 1). Additional reports will be made by the Locality Directors of Public Health to the respective Boards on key areas of partnership working with the local authorities

**Table 1: Providing Assurance to the Boards (2008/2009)**

<b>Topic</b>	<b>Date</b>
<i>Update on alcohol services in County Durham and Darlington</i>	<i>April 2008</i>
<i>Reducing health inequalities through effective tobacco control</i>	<i>April 2008</i>
<i>Annual Report of the Lead Infection Control Nurse for County Durham and Darlington Primary Care Trusts 2007-2008</i>	<i>May 2008</i>
Annual Report of the Director of Public Health 2007/08	June 2008
Emergency planning update	July 2008
Joint Strategic Needs Assessment, County Durham	TBC
Joint Strategic Needs Assessment, Darlington	TBC
Sexual health	September 2008
CHD progress review	October 2008
HCAI mid year report	October 2008
Obesity	November 2008
Mental health promotion	December 2008
Cancer progress review	January 2009
Health inequalities profile and monitoring strategy, Darlington	February 2009
Health inequalities profile and monitoring strategy, County Durham	February 2009

## **5 Recommendations**

- 5.1 The Board is asked to receive the *Annual Report of the Director of Public Health 2007/2008*.
- 5.2 The Board is asked to agree the next steps outlined above.

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June 2008

## Key Messages

**There are unacceptable gaps in life expectancy between the PCTs and England as a whole and within Darlington and 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:

- 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 socioeconomic 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.** The PCTs will work with partners to produce health inequalities profiles and monitoring strategies for County Durham and for Darlington, building on this report and the joint strategic needs assessments, and linked to the two Local Area Agreements.

**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 the two PCTs and England and within the PCTs will remain.** Key requirements are: increasing the capacity and targeting of primary prevention (smoking, obesity, physical activity, 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 populations of the two PCTs and England and within the PCTs 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.

**Darlington Borough Council has a crucial role in improving health and reducing health inequalities, particularly in relation to the wider determinants of health.** The Darlington Partnership (LSP) will deliver the safer communities strategy (*One Darlington, Perfectly Placed*). The Health Policy Group (*Healthy Darlington*) will drive actions to tackle health inequalities through the LAA 2008-2011.

**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 should seize the opportunity presented by local government review 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 and Darlington. Reducing smoking is the most important step in narrowing the gap in life expectancy within County Durham and Darlington and with 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 and Darlington are among the worst in England.** The two children's trusts need to update the tackling obesity strategy, developing *Preventing Obesity, Promoting Physical Activity* strategies for children and young people in Darlington and 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 two PCTs 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 is everybody's business and 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 and Darlington health economy.