

REPORT ON PROGRESS BY CENTRAL AND GREATER DERBY PCT'S TOWARDS ACHIEVING THE RECOMMENDATIONS OF THE FINAL REPORT OF THE SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMISSION 'REDUCING HEALTH INEQUALITIES'

Introduction

This report updates the Commission on progress towards achieving the recommendations contained in the 'Reducing Health Inequalities' report for each recommendation a description of key interventions, programmes or developments are highlighted, and where possible, current performance information included.

Recommendation 1

The partner organisation should seek to address the key factors (determinants) linked to ill health in addressing health inequalities

- 1. The commission welcomes the development of a public health strategy jointly by the Environmental Health Division and the Central and Greater Derby PCT's. The Commission recommends that progress on its implementation is presented every 12 months to the Social Care and Health Commission as part of its overview.*

Response: Progress has been made towards targeting the priority areas of the public health strategy. This is detailed later.

Additionally, the recent review and revision of structures within Derby City Partnership (DCP) has provided fresh opportunities to strengthen the performance management of the public health strategy. A public health sub-group of the Health City Executive will draw together director and senior officer representation across the PCT and City Council for the priority areas of the strategy. This group will be tasked with ensuring the delivery of the objectives of the strategy above and beyond existing management reporting structures in both organisations.

- 2. The Sport and Leisure Service has established a physical review strategy for the city and seeks to increase the level of physical activity in the local community in line with national targets*

Response: Derby City Council and Central and Greater Derby PCT's have jointly developed and launched the 'Getting Derby Active Strategy'.

The Getting Derby Active Strategy will be a Community Support Network (CSN) connected to Sport England regional and national structures and will bring

together public, voluntary and private sector organisations in Derby. The Getting Derby Active CSN will take the 'Getting Derby Active' Strategy forward. The key goals for the Getting Derby Active Strategy are:

- To promote the value and benefits of physical activity and sport by increasing awareness and the availability of opportunities to participate.
- To provide physical activity that is affordable for everyone, accessible and available to all.
- To develop and train more people to help us become more active.
- To improve and further develop baseline information to inform decision-making process and assist in the setting and measuring of targets.

Increasing physical activity levels in the City has been included in the second generation Local Public Sector Agreement (LPSA2) for Derby to ensure that resources are attracted to physical activity work and to ensure delivery.

3. *The physical activity strategy should demonstrate targeting of policies on groups least likely to have healthy levels of physical activity such as people from deprived areas and the involvement of people for whom it is intended.*

Response: Currently we are jointly re-developing the Activity Referral Scheme with an initial focus on Area 1, this will then be extended to Normanton/Peartree.

The Healthy Living Project (HeLP) is based in Normanton and will provide a range of healthy lifestyles interventions in this area. We are currently recruiting a Community Development and Health worker to take this forward.

Early indicators from the baseline information for the LPSA2 project suggest that children in more deprived areas are more inactive. The LPSA2 project will increase activity levels in school age children and it is expected that this will mean greater focus on neighbourhood renewal areas.

4. *It is recommended that the LEA needs to:
Encourage and work with schools to achieve the Health Promoting Schools Award.*

Response: The Derby Health Promoting Schools programme has been recognised as one of the top ten programmes in the country. This assessment is based on the very good uptake of the scheme with 101 of Derby's 104 primary and secondary schools involved in the programme. Many factors will contribute to the successful engagement including the dedication of staff and the high level of support from the PCT, Derby City Council and the LEA.

Recommendation 2

The partner organisation should continue to reduce the level of smoking in the City

1. *It is recommended that health bodies consider increasing resources to Fresh Start to enable it to carry out more work with partner organisations such as schools and voluntary bodies to reduce the level of smoking amongst groups most at risk and particularly target children. The campaigns to reduce smoking could emphasise the amount of money people could save by stopping smoking.*

Response: Central and Greater Derby PCT's again met targets set by the Department of Health for the number of smokers quitting in Derby using the stop smoking service. In the last year 2934 smokers in Derby used the service and 1980 quit smoking. In addition to the resources put into the work of Fresh Start and the core stop smoking services additional resources have been targeted on specific areas and groups in the community. This includes extra staff time for smoking and resources for a full time worker to provide relapse prevention work and increase the number of people who stay quit at 52 weeks.

For this year 06/07 smoking has been recognised as a priority area for additional funding through 'Choosing health' monies. The priorities for this spending, as determined by the Fresh Start steering group are the enhancement of work with pharmacies; development of a campaign using social marketing techniques and the enhancement of work in the hospital setting.

The recent review of progress on Tobacco Control by PCT's nationally, undertaken by the Healthcare Commission, rated progress by the two Derby PCT's as 'excellent'.

2. *It is important that Fresh Start undertake a specific campaign to rise the level of awareness of smoking amongst South Asians and increase the proportion of quitters to at least reflect the make up of the local community.*

Response: A drop-in service has been developed in Normanton and the service at Peartree Clinic is one of the busiest. The Healthy Living Project (HeLP) will have smoking as a priority.

We will continue to promote Fresh Start services to diverse groups.

Recommendation 3

The partner organisations need to target intervention measures at the groups considered to be most at risk of developing health problems.

1. *The PCT's should continue to focus on infant mortality in line with national priority, address dental health problems and promote MMR vaccination, particularly targeting groups where the take up is low.*

Response: MMR vaccination coverage in Derby remains above the national average with 90% of two year olds are vaccinated in Central Derby PCT and 91% in Greater Derby PCT.

The dental health of young children in Central Derby PCT was in 2001 the third worst of the 28 PCT's in the East Midlands but, based upon the results of the recently conducted survey of the dental health of 5 year old children, there are signs that the situation may be improving in that part of the City, in relation to the proportion of children affected, but progress is slow. Wide variations between the deprived and more affluent areas of the City remain.

A range of oral health promotion programmes are provided locally, which are targeted at areas and population groups in greatest need. These include targeting of programmes for young children through links with Sure Start / Children's Centres and oral health training for carers of a range of population groups with special needs. PCT's became responsible for the commissioning of NHS dental services in April 2006. Contracts have been secured with 33 of the 36 dental practices in the City.

Infant mortality in Derby remains at a level which, if current progress is maintained, we are unlikely to reach the 2010 target for a reduction of infant mortality of 10% compared to the national average.

2. *Areas of deprivation*

The commission reaffirms the principle that partnership bodies need to take account of the make up of the local communities and develop strategies to meet specific needs rather than adopt blanket policies for all areas.

Response: Public health activity, across a range of lifestyle measures, is targeted on those geographic areas that are most 'deprived' where we know that health status will be poorer than the more affluent areas of Derby. For instance, the REVIVE healthy living project delivers community health initiatives in a relatively deprived part of Derby. The public health directorate is currently developing a new structure and way of working they will see lead officers tasked with working, alongside community development support in six priority neighbourhood. Essentially, they will be working in deprived areas developing 'local health action plans'. It is envisaged that this will work closely with the area and neighbourhood management structure of the City Council.

The PCT's undertake equity audits to assess whether its services are equitable across the City. A recent audit of the Derby Smoking Cessation Service showed that it is appropriately weighed towards the residents of deprived areas. In the next year, the PCT will be undertaking a planned programme of equity audits to systematically assess its services.

3. *The PCT's should seek to improve the take up of screening programmes and flu vaccinations*

Response: The PCT's continue to meet the national targets for flu vaccinations coverage (70%) in the over 65s and other priority groups. In Central Derby 76.8% of over 65s received seasonal flu vaccinations as did 78.9% of over 65s in Greater Derby. A comprehensive campaign through media, posters in surgeries

and engagement with GPs helps keep uptake levels high. Additionally, the PCT encourages uptake of the pneumococcal vaccine through communication with both professionals and public.

Coverage of screening programme remains high with cervical screening coverage in both Central Derby (82%) and Greater Derby (86%) being above the national target of 80%. Additionally, Derbyshire, including Derby City, has made a successful bid to be in the first wave site in the country to introduce bowel cancer screening for men and women aged 60 – 69 in 2007.

The Community Health Education (CHE) programme has a city wide brief (through Neighbourhood Renewal Areas) to support the PCT's in tackling health inequalities, improving access to services for marginalised communities and enabling local people to participate in health improvement.

The CHE programme develops courses that introduce local people to health within a community development context and develops community health initiatives to improve health. One of the programmes within the CHE work is that of working in our most deprived communities, particularly with BME groups, to raise awareness and understanding about cervical and breast cancer screening programmes. This is multi-agency, multi-disciplinary approach is shown to be highly successful in engaging communities in deprived areas.

New technologies are being introduced into cervical screening. The introduction of liquid based cytology will further improve the service reducing the 'failure' rate of smears.

Recommendation 4

The Primary Care Trusts should prioritise tackling health problems associated with CHD, cancer and diabetes in line with national priorities

1. *The partnership bodies led by the PCT's should:
Establish a strategy to increase public awareness of the causes and prevention of heart disease in areas and communities with high levels of deprivation*

Response: The Southern Derbyshire Local Implementation Team and the Derby City CHD group have developed, and are implementing, action plans to deliver the requirements of National Service Framework for Coronary Heart Disease. Standards 1 and 2 of the NSF, focussing on prevention, are taken forward by the work described earlier on smoking and tobacco control, physical activity, food and obesity.

The PCT delivers a range of activities designed to increase awareness of the risks of high blood pressure in specific communities and sectors of population. Forthcoming events include roadshow (in support of the Blood Pressure Association's 'know your numbers' campaign) to be held in Peartree Clinic on September.

2. *Encourage greater level of participation in physical activities including where appropriate offering exercise on prescription*

Response: This is being taken forward as described earlier by the 'Getting Derby Active' strategy.

- 3. The PCT's should ensure groups most at risk from developing cancer are targeted with screening programme, particularly on those where take up is low and undertake a publicity campaign to raise awareness to reduce the risk of developing certain cancers.*

Response: As described previously the coverage of cancer screening programme in Derby remains above the national target with Derbyshire successful in bidding to be in the first wave bowel cancer screening sites. The PCT's deliver the Health Education programme (again as described above) with a focus on improving cancer screening uptake in our most deprived neighbourhoods.

- 4. The PCT's should develop strategies and ensure services are available to reduce the risk of developing diabetes particularly amongst groups that are most at risk.*

Response: The risk factors include obesity and physical activity. Therefore, the actions already detailed under physical activity (such as the Getting Derby Active strategy) will address the underlying causes. Additionally, the PCT's are currently awaiting recommendations from the National Screening Committee's (NSC) on the early detection of diabetes. There are expected before the end of the year.

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