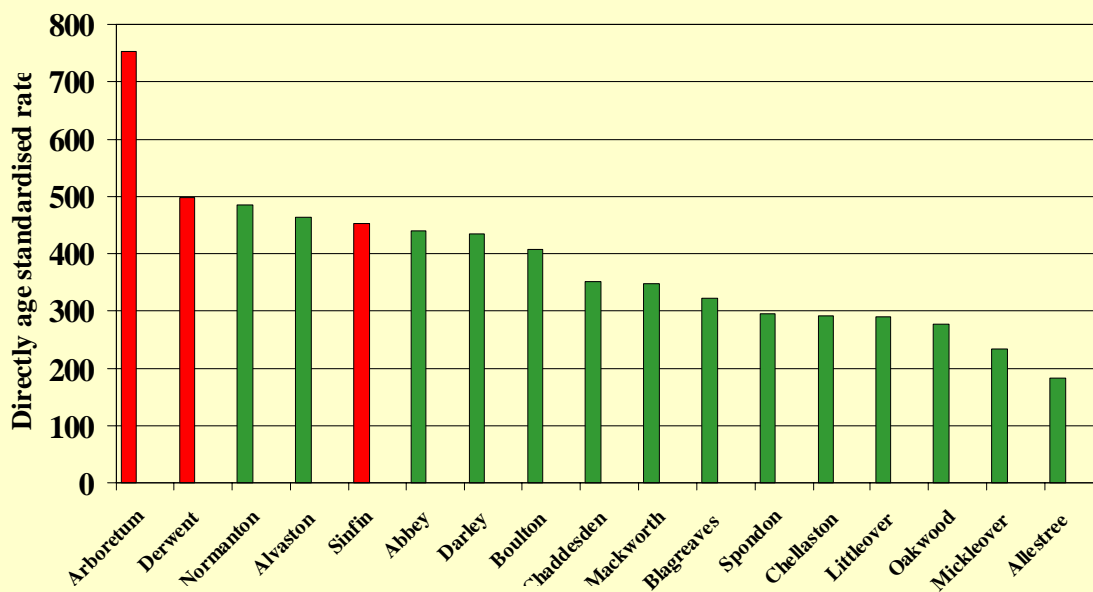




DERBY CITY COUNCIL

Reducing Health Inequalities

Death Rates in Derby for all causes for people aged under 75 (2000-2002)



Courtesy of the Central and Greater Derby Primary Care Trusts

Summary Report of the Social Care and Health Overview and Scrutiny Commission

July 2004

Reducing Health Inequalities

1. Executive Summary and Recommendations

- 1.1 There are significant differences in health between different sections of the community. People living in some of the most deprived neighbourhoods of the city have higher death rates from cancer, coronary heart disease and generally have a shorter life expectancy than those living in the more affluent areas. There are also health inequalities amongst other groups such as minority ethnic communities, people with learning disabilities as well as between gender.
- 1.2 Local authorities with social services responsibilities have been given new powers under the Health and Social Care Act 2001 to scrutinise NHS health services. The Social Care and Health Overview and Scrutiny Commission, the local body charged with the responsibility for scrutinising the health function in the city, considered a number of local strategies to determine its topic for detailed investigation before resolving to review health inequalities based around three areas of the city, namely, Derwent New Deal for Communities, Normanton Neighbourhood Renewal Fund and Osmaston /Allenton Neighbourhood Renewal Fund areas. The areas were selected on the basis of them having high levels of deprivation, their size and make up of the local community and also having access to external funding to support any action that may arise from the review process. The Commission considered that taking an area based approach and investigating a broad set of issues linked to health is likely to produce better outcomes in reducing health inequalities than by reviewing a single health problem.
- 1.3 The key aim of the review was to identify the potential causes of health problems in deprived areas by focusing its work on the three neighbourhoods and to consider how the health gap with the rest of the city could be reduced. The Commission also aimed to raise the awareness of the differences in health outcomes amongst the local population and to disseminate its findings in the city.
- 1.4 The Commission followed a broad plan to guide the review process. This involved a joint brainstorming exercise between Commission Members and senior officers from local health bodies and the Council to discuss issues linked to inequalities in health. Evidence to the Review was received from a wide range of organisations. These included the Health Inequality Unit of the Department of Health, local GPs, Central and Greater Derby Primary Care Trusts (PCTs), Cancer Research UK, British Heart Foundation, Derwent New Deal for Communities, Sure Start, Fresh Start, Teenage Pregnancy Team, BBC Radio Derby and various departments of the Council. In all the

Commission held 20 separate evidence gathering sessions, which were attended by 36 people.

- 1.5 The Commission also gathered statistical information from a variety of sources including council departments, health bodies, and also the Internet. Where it was not possible to obtain detailed statistics on the three target areas, relevant ward data was used such as the Arboretum ward for the Normanton NRF area, Derwent ward for the Derwent NDC and Osmaston ward for the Osmaston NRF area. The Derby Pointer Panel was also used to determine the public participation in physical activities.

Conclusion

- 1.6 The Review has found that all three areas have lower life expectancies compared with the rest of the city. The male life expectancy in Normanton NRF area is 73.2 years, Osmaston NRF is 71.7 years and Derwent NDC is 71.3 years compared with the city average of 75.5 years. It also found that on average women live five years longer than men.
- 1.7 There are other differences in the health outcomes of these areas. The standardised death rate for people before their 75th birthday from all causes is up to 40% higher compared with the rest of the city. These areas also have higher standardised death rates from coronary heart disease and cancer. Evidence submitted by Lister House Surgery revealed that the death rate from circulatory diseases amongst its patients is 235.9 mortalities per 100,000 population compared with 140.3 for the city. The target areas also have greater proportion of babies born with low birthweight. This problem is particularly acute in Normanton where 12.3% of all live and stillbirths weigh less than 2500g compared with 8.9% for the city.
- 1.8 The full extent of the differences in health outcomes between areas of deprivation and the rest of the city has been difficult to examine not least because the issues are extremely large and complex but also due to gaps in the base line information. For example, it is nationally recognised that the level of diabetes amongst people of South Asian origin is considerably higher than the rest of the population, however data was unavailable locally at the time of the review to confirm the prevalence amongst ethnic minority groups in the city. The Commission was informed by the PCTs that a process has been started to collect this information.
- 1.9 The Review looked at a selection of determinants of health. These factors are considered to have a major influence on the health outcomes of the local population. The findings from the Review effectively confirm what is largely already known, that the target areas have higher rates of crime and higher levels of unemployment, lower

educational attainment and a sizeable proportion of properties judged to be unfit and in need of repair compared with other parts of the city.

- 1.10 There will always be a gap between the high and lower value when comparing health outcomes between groups of people. The Commission is of the view that this gap shouldn't be so large. It is found that not only do these areas have a greater set of problems but also in some situations the problems have got relatively worse. For example the rate of unemployment in the Normanton area relative to the city average has got worse since 1996. The gap has increased from approximately 2.5 times to more than 3.5 times the city average.
- 1.11 The Government has given the responsibility for improving the health of the local population and tackling inequalities to the Primary Care Trust under the NHS Plan and the Priorities and Planning Framework 2003-2006. However since the responsibility for addressing the determining factors lies with many separate organisations, the Commission recognises that the health bodies are unable to address health inequalities on their own. Reducing health inequalities therefore requires a multi- agency approach and has to be addressed in a partnership, not only between the statutory organisations but should also include the private and voluntary sector. The Commission therefore welcomes the lead taken by the Derby City Partnership to address health inequalities under Objective 2 of the Community Strategy Action Plan 2004/05 - City of Opportunity to 'Improve the health and well-being, and narrow the gap between deprived and more affluent communities'.
- 1.12 Tackling health inequalities will require taking a long-term view, joined up thinking and sharing of resources between the key agencies. It also requires individuals to play their part. They will need to consider changing their lifestyles, to stop smoking, drinking excessively, take up exercise and eat healthy foods. All these factors have strong health links.
- 1.13 However, making lifestyle changes is not always straightforward as it sounds. Individuals may face many barriers, which can include peer pressures and the availability of healthy foodstuffs. In many instances people know that they should adopt healthy lifestyles such as stop smoking and take up regular exercise but have problems actually putting it in practice. Agencies need to help people make informed choices and to make those choices easy by addressing the barriers.
- 1.14 Based on the evidence gathered through the review process, the Commission makes the following recommendations.

Recommendations

Recommendation 1

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

Crime and Disorder

The Crime and Disorder Partnership establishes a strategy for addressing crime linked to older people

Education

The Education Service focuses greater attention and provides more resources to improving the level of attainment amongst children in the deprived communities

Road Traffic Collisions

The Highways and Transport Division in collaboration with the Education Service provides greater level of support to schools to tackle traffic problems caused by journeys to and from school and minimise the potential health risks

Public Health

The Commission welcomes the development of the Public Health Strategy jointly by the Environmental Health Division and the Central and Greater Derby Primary Care Trusts. The Commission recommends that progress on its implementation be presented every 12 months to the Social Care and Health Commission as part of its overview role.

Housing

The Housing and Advice Service should:

- Ensure the housing allocations policy doesn't contribute to the concentration of people with multiple needs in small geographical areas
- Identify potential health hazards such as the risk of fire and accidents due to poor internal design and establishes minimum housing standards as part of licensing HMOs and private rented sector
- Lobby the Government to make a greater level of resources available for addressing the risks associated with pre- 1919 properties

The Council should consider making more land available for affordable housing to meet the increasing demand for social housing in the city

Unemployment

Derby City Council takes the lead and develops an employment strategy for the city. The strategy should include measures for addressing the high levels of unemployment in deprived communities

The Council works in partnership with key organisations and undertakes a survey to determine:

- The number and percentage of employees recruited from inner city areas with the statistics broken down by gender and ethnicity
- Whether employers have equal opportunities policies and strategies
- What steps if any are being taken to recruit people from the high unemployment areas

Sport and Leisure

The Sport and Leisure Service establishes a physical activity strategy for city and seeks to increase the level of physical activity in the local community in line with national targets

Determinants of Health

- 1.15 The Review examined the links between some of the key determinants of health that are recognised to have a significant effect on health outcomes. The Commission is of the view that addressing potential health problems upstream by tackling the causes of ill health and preventing certain conditions from forming can have a greater impact on the health of the local community than by solely concentrating on treating the symptoms.

Crime and Disorder

- 1.16 Crime can and often does damage health through physical injuries, mental health problems, increased stress and increased use of drugs and alcohol. Earlier intervention with victims of hate crimes and domestic violence could reduce mental health costs.
- 1.17 A considerable amount of work by the Community Safety Partnership is focused around crime around young people. However, older people can also be affected by crime. National studies show that the health of older people who are victims of crime declines faster than other people of the same age. The effect of distraction burglary or the bogus caller tends to have a greater impact on older people due to the fear crime. Although the Community Safety Partnership is addressing the issues around distraction burglary, there is a need for a wider strategy to address crime affecting older people.
- 1.18 Evidence from the Crime and Disorder Team stated that the Government has increased the budgets to deal with drugs problems but found that they had insufficient staffing to deal with drugs and alcohol issues. It is recommended that the Community Safety

Partnership consider the staffing issues to deliver the services. It also needs to ensure that staff has the relevant training to deal with drugs problems.

Education

- 1.19 Education is considered to be a major determinant of health that can make a huge difference to the health and well-being of the local community.
- 1.20 The Review examined the attainment levels of children in the three target areas and found that their level of achievement was significantly lower than the city and national averages at all key stages. Only 17% of children attained 5A*-C GCSE's during the 2001-02 academic year in both Derwent and Osmaston compared with the city average of 44%. The figures for Normanton were better at 37%. Furthermore, the differential in the levels of attainment with rest of the city increased, as children get older.
- 1.21 There are a variety of factors affecting pupil performance leading to low attainment. These may include poor health of the pupil, low expectations by the school as well as the family, poor home environment, self esteem of the pupil and poor schooling. Other issues such as school exclusions will also have an impact on pupil performance.
- 1.22 The schools with better exam results have developed a culture of high expectations of the pupils and their families to support them. However, this may not be the case for all schools. It is recommended that the Education Service develop strategies for better and earlier involvement of families and the community to improve the attainment. Since the responsibility for developing appropriate ethos and cultures for delivering education lie with the schools, the Education Service should monitor and support schools to establish a culture of higher expectations to enable pupils to perform to the best of their ability.
- 1.23 Although it is easy to fall into generalisation, it is the quality of teaching that makes learning interesting and enjoyable that will make the greatest difference. Effective learning and teaching in any subject takes place when pupils' interest and curiosity are stimulated and their motivation is high. It is recommended that the Local Education Authority continue to encourage and support schools to keep teachers up to date with the best teaching techniques through their personal development plans.
- 1.24 Physical activity has a beneficial role to play in improving and protecting children's health. A number of witnesses commented about the low level of physical activity amongst school children. The Government wants children to participate in two hours or more of high quality sport and PE every week. This is currently being achieved in

approximately 25% of schools at key stage 1 and 30% at other key stages. It is recommended that the LEA needs to:

- Encourage and work with schools to provide at least two hours per week of high quality Physical Education and sport to pupils aged 5 - 16
- Encourage and work with schools to provide a wide range of PE and sporting activities to pupils outside the core curriculum
- Encourage and work with schools to achieve The Health Promoting Schools Award
- Work with voluntary sports clubs, governing bodies of sport and other agencies to strengthen and develop the infrastructure in the city

Road Traffic Collisions

- 1.25 The Commission was pleased to learn that the number of people killed or seriously injured from road traffic collisions on Derby roads is lower than the regional figures and that Derby fares well, if not outperforms the national target for traffic accidents. The traffic calming measures installed by the traffic engineers are considered to have prevented 270 casualties and saved £17m. The Commission was informed that social deprivation has never been a consideration for installing accident reduction schemes.
- 1.26 Travel to school and parking near schools was raised as significant problem affecting some schools in the city. This is a particularly sensitive issue as some parents consider driving their children to school is safer and quicker than taking them to school by other means. On the other hand some would argue that this creates congestion, increases pollution and can be potentially hazardous for young children due to a large number of vehicle competing for a relatively small amounts of space close to schools. The school run and parking close to school entrances could have health implications by reducing the opportunity for children to get exercise by walking or cycling to school and increasing dangers from accidents.
- 1.27 The Council operates Safe Routes to School scheme in few schools in the city. This involves providing a range of physical measures including establishing parking bays away from the school to enable parents to drop off their children. It is recommended that the Council extend the Safe Routes to School scheme, to more schools in the city. The Government is also encouraging school to produce travel plans to address the travel problems caused by parents, teachers and children with their journeys to and from school. It is recommended that the Transportation Division work with schools to help them develop travel plans for their stakeholders.

Public Health

- 1.28 Public Health is concerned with all aspects of community's health. The Primary Care Trusts along with the local authorities have a responsibility for improving the public health. The City Council and the Central and Greater Primary Care Trusts jointly published the annual public health report 'Improving our Health in Derby- Derby City Public Health Annual Report 2003'. This document was based on the public health survey carried out by the health bodies and identified some of the key issues affecting the health of the city. The City Council and the PCTs are currently developing a Public Health Strategy which will fill the gap for a joined up health improvement plan for the city. The Commission welcomes work on this multi-agency strategy for tackling health problems in the city.

Housing

- 1.29 Housing conditions have long been associated with affecting the health of the occupiers. People living in and children growing up in cold and damp housing are considered to be at risk of developing respiratory diseases. The internal design of the house may increase the risk of accidents particularly for young children and older people due to steep narrow stairs and steps on landings.
- 1.30 Derby Homes is carrying out a programme of improvements to its housing stock, including thermal protection and new central heating through the additional £81m capital funding. These improvements are expected to address most of the health related issues in the public housing sector. However, the problems may still exist in the owner-occupier and the private rented sector.
- 1.31 It is considered that a concentration of people with multiple needs in a particular area can affect the economic viability of an area and place significant pressures on agencies to deliver local services. It could also increase the vulnerability of these communities to be exploited by drug dealers and loan sharks. The housing allocations policy which places people from the housing waiting register into social housing may impact on other local service provision in the area and lead to a downward spiral. It is recommended that the allocations policy take the need of the local community into account in allocating properties to people on its waiting register.
- 1.32 The new hazard rating system will provide a better assessment of the health and safety risks than the current unfitness standard which for example allows the provision of a standard power point in meeting heating requirements. The new legislation will give the Council the power to refuse granting a license to HMO's and private sector landlord who do not meet the minimum housing standards.
- 1.33 The continued rapid rise in the price of houses in the city is making it increasingly more difficult for people on low incomes to buy properties and couple with the increased number of people on the housing

waiting list is increasing pressure on rented accommodation. The Commission also learned that there will be housing pressures on the authority over the next four or five years as the demand for rented accommodation has increased to a position not experienced in the last ten years. The Commission therefore recommends that Council consider increasing the provision of affordable housing in the city. This could include making more land available for new build and supporting housing associations to acquire existing properties to meet the growing demand in social housing.

Unemployment

- 1.34 Statistics show that approximately 84% of manufacturing jobs and 60 % of all jobs are located in the inner city wards. Despite the employment opportunities available in these areas, the unemployment rates remain amongst the highest in the city. The rate of unemployment in the Arboretum ward for example is approximately four times higher than the city average.
- 1.35 Since employment is considered to be one of the key determinants of health it is all the more reason to address high levels of unemployment in the deprived areas as unemployed people are likely to have lower incomes than those in fulltime employment.
- 1.36 Strategies for tackling unemployment have in the past mainly concentrated on the skills, backgrounds and aspirations of the unemployed people. This has achieved considerable success and combined with the effect of general economic improvements, the overall rate of unemployment in the city has reduced significantly. However, the level of unemployment in the deprived areas, particularly Normanton, has remained consistently high. The Commission therefore recommends that more work needs to be carried out with the local employers to determine what steps if any are being taken to recruit people from high unemployment areas and to offer support where appropriate to match the supply of labour with the demand.
- 1.37 The Council has the power under the Local Government Act 2000 to promote or improve social, economic and environmental well-being of its area. It also has a major role in community leadership and acts as an advocate for local regeneration partnerships. Although there are other organisations such as the Learning and Skills Council and the Job Centre Plus with an interest to tackling unemployment, it is recommended that the Council take the lead and establishes an employment strategy for the city, which includes measures to tackle the consistent high levels of unemployment in the deprived neighbourhoods.

Sport and Leisure

- 1.38 There is evidence that the increasing level of physical inactivity is contributing to problems of overweight and ill health. People living in deprived areas of the city are more likely to be overweight or obese and less likely to take part in physical activities than the rest of the city. Evidence by the Primary Care Trusts shows that up to a quarter of women aged 65-74 in deprived areas are obese and around half of young men aged 25-34 in deprived areas are overweight or obese. Furthermore, nearly 40% of younger men in the deprived communities do not carry out 30 minutes of moderate level of exercise even once a week.
- 1.39 The results of the Derby Pointer Panel survey conducted by the Commission revealed that 19.0% of the respondents describe their health as not good. The survey also broadly confirms that a large proportion of people are not physically active.
- 1.40 There are number of reasons why people may not be taking part in physical activity. It may be due to lack of time, disability or having medical conditions. Pricing is also likely to be a significant factor, particularly for people in deprived communities. The Commission supports the Derby's Recreation Passport to Leisure scheme, which gives free or reduced use all day during the week between 9am and 4pm and all day at the weekends and bank holidays.
- 1.41 The Government seeks to increase the level of participation in physical activity from current 30% to around 70% of the population. The evidence from the Sport and Leisure Service shows the emphasis being placed on the promotion and provision of sporting activity for young people inline with the Sports Strategy for Derby adopted in 2001. However, since there is a significantly high level of physical inactivity amongst people from deprived areas, it is recommended that the Council establish a Physical Activity Strategy to complement the sports strategy. This could involve encouraging people to consider changing their lifestyles and become more physically active such as by walking to get the newspaper, or using stairs in shops rather than the lift or the escalator. It could also include establishing community based activities, promotion of physical activity amongst children and young people and greater use of cycle and walkways.
- 1.42 The physical activity strategy should demonstrate targeting of policies on groups least likely to have healthy levels of physical activity such as the people from deprived areas and the involvement of people for whom it is intended.

Recommendation 2

The partner organisations should continue to reduce the level of smoking in the city

- a. It is recommended that the Council Cabinet examine issuing local orders for banning smoking in public places when legislation is passed and establishes structures for enforcing the ban.
- b. 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.
- c. It is recommended that Fresh Start undertake a specific campaign to raise the level of awareness of the dangers of smoking amongst South Asians and increase the proportion of quitters to at least reflect the make up of the local community.

Smoking

- 1.43 Smoking is recognised to be the biggest preventable cause of premature death. It causes many health problems including cancers, coronary heart disease and chronic obstructive lung disease. It is also a common cause of repeated infections such as colds and ear infection. Smoking during pregnancy can cause health problems for the mother and the child.
- 1.44 There are a variety of reasons why people smoke, including relief of stress, socialisation and general enjoyment. Due to its addictive nature, it is not always easy to give up smoking. However, all of the witnesses who spoke about smoking said that reducing smoking is the single most important thing that can be done to reduce health inequalities.
- 1.45 The Government has targeted smoking cessation as a measure to tackle poor health and has set national targets for reducing smoking. The Tobacco and Smoking (Public Places and Workplaces) Bill currently going through Parliament if passed will make it unlawful for a person to smoke in public places except in designated areas. The duty to enforce this legislation will fall on local authorities.
- 1.46 Smoking amongst people in the three areas under review is high at around 44% compared to the city average of 30%. Also, approximately 42% of the people in 25 - 44 age group smoke in the target areas. This is of particular concern as this age group is likely to have families with young children. Smoking by this group is not only bad for the health of the smokers but will also have a direct effect on any children in the family.

- 1.47 Although no statistics were available on the level of smoking amongst children, the evidence from the GPs and from the Smoking Cessation Officer suggested that smoking amongst children is on the increase, particularly amongst young girls who are starting to smoke at an early age. This raises the issue of how they are getting the cigarettes. The Planning and Environment Commission on its review of 'Improving controls on the sale of age restricted goods' has recently recommended that the Council issue a nationally recognised proof of age card to all young people in Derby when they attain their 16 birthday. If this recommendation is implemented, it should help retailers to identify people over the age of 16 and also help Trading Standards to take enforcement action where this law is not observed.
- 1.48 Evidence from the national 2001 Health Survey found that there is less awareness of the serious health risks associated with smoking amongst South Asians. The survey also found that although the attempts at giving up smoking were high amongst South Asians, the rate of success was considerably lower compared with the general population.
- 1.49 It is estimated that a person smoking 20 cigarettes a day could expect to save approximately £15000 over ten years and therefore saving money can be major consideration for people to stop smoking. People in deprived communities spend a greater proportion of their household income on smoking than those in affluent areas. Lister House stated that they noticed the greatest reductions in smoking when the cost of cigarettes was increased. There is some evidence in support of this from the National Bureau of Economic Research, which estimates that a 10% increase in price of cigarettes would decrease adult consumption by 3% - 5%.

Recommendation 3

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

Older People

The Housing Services should seek to improve the home environment by addressing potential health risks associated with unsuitable internal design of houses occupied by older people

The Primary Care Trusts should seek to improve the take up of screening programmes and flu vaccinations

Children

The Primary Care Trusts 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

Ethnic minorities

The Primary Care Trusts should undertake detailed research to identify the main health problems affecting ethnic minority communities and ensure that they are fully involved during the development of preventative strategies, whilst taking account of their language and cultural requirements

Areas of high deprivation

The Commission reaffirms the principle that the 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

At Risk Groups

- 1.50 Certain groups are at a greater at risk of developing health problems than the rest of the city. Targeting more resources and sharply focussed intervention measures on these groups will help to reduce the inequalities gap. These groups fall into a number of categories.

Older People

- 1.51 The population in the city is getting older. There was an increase of 13.6% in the number of people over the age of 65 between the 1991 and 2001 ONS Census for Derby. As people get older their risk of developing health problems naturally increases. However, there are certain measures that can be taken to reduce the risk of some conditions. Evidence from housing service suggested that older people are more likely to be living in poor housing and are more at risk of accidents due to the internal design of the house. It was also found that the health of older people who have been victims of crime declines faster than other people of the same age.
- 1.52 Vaccinating people at risk against known risks from certain conditions and early screening such as for breast and cervical cancer will help to reduce some of the health problems affecting this group. The Government published the NSF for Older People in 2001 which aims to root out ageism in the provision of health and social care services, target illnesses associated with age, and treat people with respect, dignity and fairness. This is being lead by the Greater Derby PCT and is addressing some of the issues affecting older people.

Children

- 1.53 A child under the age of one is twice as likely to die in social class 5 than in social class 1 according to the evidence from the Health

Inequalities Unit. Infant mortality rates are high amongst ethnic minority communities and are the highest for births to single mothers of all groups. The Government has therefore established tackling infant mortality as one of the national targets for reducing health inequalities.

- 1.54 Children experience a number of health problems. They are at a higher risk having accidents both in the home and on the roads. Children under five from deprived communities have greater number of decayed teeth, extraction and fillings than the rest of the city. They are also likely to have lower rates of immunisation. The Department of health considers immunisation to be the most effective and safest measure for protecting children against serious illness. Evidence from the GPs stated that the level of immunisation of children in the deprived areas was lower than the more affluent areas. It is therefore considered that targeting children, particularly in the deprived areas will help to reduce the health inequality gap in the city.

Ethnic Minorities

- 1.55 According to the 2001 Census 12.6% of Derby's population are from minority ethnic communities. Of this 66.6% are of Asian origin. The Arboretum ward, which covers most of the Normanton NRF area, has 50% of its population from ethnic minorities.
- 1.56 People from ethnic minority communities have a higher risk of developing certain conditions than the general population. Asian men for example have 46% higher premature death rate from CHD and are also up to five times more likely to have diabetes. These conditions may be due to their genetic disposition but also these communities live in areas of high deprivation. Specific health needs of the minority communities are being addressed through a variety of ways including through the clinic at Peartree to meet needs of the Asian community and the exclusive use of the of Fountain surgery for asylum seekers. However, it is recommended that more needs to be done to identify the causes of some the major health problems and to support the communities on how these could be prevented. Undertaking a comprehensive survey to identify the type and extent of health problems faced by ethnic minority communities and involve the community on how these could be addressed could help with the intervention measures. Since Derby has a considerable number of asylum seekers their health problems also need to be taken into account when developing strategies aimed at ethnic minority communities.

Areas of Deprivation

- 1.57 All three areas under review experience a multiple set of problems that are strongly linked to ill health. However, there are some differences in the relative scale of the health outcomes between the

three areas. These are not only due to differences in the size of their respective communities but are also linked to the make up of the local communities. Normanton for example has higher sets of problems associated with CHD and diabetes which may be due to a high proportion of people from minority ethnic communities and whilst the Derwent NDC area has higher mortality rates from cancer and higher levels of teenage pregnancies. It is therefore important to recognise the differences between the various sections of the community and develop intervention measures accordingly in consultation with the community.

Recommendation 4

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

CHD

The partnership bodies led by the Primary Care Trusts 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
- Encourage greater level of participation in physical activities including where appropriate offering exercise on prescription
- Work with employers to establish healthy work places and establish opportunities for staff to participate in exercise

Cancer

The Primary Care Trust should ensure groups most at risk from developing cancer are targeted with screening programmes, particularly amongst those where the take up is low and undertake a publicity campaign to raise awareness of how to reduce the risk of developing certain cancers

Diabetes

The Primary Care Trusts should develop strategies and ensure services are available to reduce the risk of developing diabetes particularly amongst groups that are most at risk.

The Primary Care Trusts should seek to routinely screen people who are most at risk of developing diabetes to minimise the complication that may be developed from having diabetes

Major Killer Diseases

- 1.58 People living in areas of high deprivation tend to have higher sets of health problems that are associated with coronary heart disease, cancer and diabetes than the rest of the city. Normanton is found to

be an exception as it has lower standardised mortality rates from cancer.

- 1.59 The Government has prioritised tackling major killers, namely CHD and cancer in its strategy for reducing health inequalities.

CHD

- 1.60 Coronary Heart Disease is a major killer with more than 110,000 people dying of heart problems in England every year. At the local level, proportionately more people from deprived communities die from CHD than the average population in the city. The evidence presented by the PCTs reveals that premature mortality rates from CHD for Osmaston was 43.4% higher compared with the city, whilst the rates for Normanton was 37.9% higher and Derwent higher at 6.2%.
- 1.61 There are a number of risk factors associated with developing heart disease. Being male is a risk factor since almost twice as many males under the age of 75 die from CHD than females. A person whose close family member develops CHD at an early age and people from ethnic minority communities are also at a higher risk. Certain lifestyles also increase the risk. People who are overweight or obese, smoke, and don't do regular exercise significantly increase the risk of developing CHD.
- 1.62 Evidence by the British Heart Foundation stated that there is a need to increase public awareness of the causes and prevention of heart disease. Prevention should be on a number of levels and not just involve telling people to adopt a healthy lifestyle. It should help individuals to understand the benefits of healthy lifestyles and provide appropriate support such as providing accessible services to leisure and sport facilities at affordable prices. It should also involve educating and working with employers to establish healthy work places and to provide opportunities for staff to participate in exercise.
- 1.63 The PCTs have set targets for reducing death rates from CHD of at least 25% in people under 75 by 2005 compared with 1995-1997 figures and target 20% in the areas with the highest rates. The current service provision includes specialist smoking cessation clinics, improved access to cardiac rehabilitation, joint working with Sport and Leisure Services to move phase IV cardiac rehabilitation clinics into the community and exercise on prescription scheme for some areas.
- 1.64 The Sport and Leisure Service confirmed close working relationships with 14 GP practices in the city to provide exercise on prescription. GPs identify and refer patients who have obesity, high blood pressure and hypertension and could benefit from exercise instead of medication. The Sports and Leisure Service provide reduced cost

activities and tries to motivate people through a buddy scheme and gives a free passport to leisure after completion of 20 sessions. GPs involved in the scheme have given a positive feedback to the referral scheme. It is therefore recommended to extend opportunities for all GP surgeries to offer exercise on prescription to support rehabilitation programme.

Cancer

- 1.65 Cancer affects 1 in 3 people in their lifetime and mostly occurs in the over 65's. The death rates from cancer for men and women in Derby follow the national pattern. Lung cancer is the highest killer for both genders with 152 males dying from cancer during 2001-2002 and 90 females. Colon and rectum cancer is the second largest killer for men with 71 deaths where as for women it is breast cancer with 88 deaths.
- 1.66 There are significant variations in the death rates from cancers in the target areas. Premature mortality from malignant cancers during 1997-2000 in Derwent NDC area was 64.5% higher than the city and 38.4% higher in Osmaston whilst it was actually 16.1% lower in Normanton.
- 1.67 Evidence from the PCTs showed that there is lower take up of cervical screening programmes in deprived areas. The lowest area for take up was in Normanton, which is also the area with highest proportion of people from minority ethnic groups.
- 1.68 Lifestyles and habits can alter the risk of developing cancer. There is a need to increase awareness of how changing the lifestyle can reduce the risk of developing certain forms of cancer such as quitting smoking to reduce risk of getting lung cancer. If cancer develops, early detection and treatment is important as it can save lives. People need advice and information on how to recognise early signs of cancer. The health bodies also need to increase the promotion of the two national screening programmes of breast cancer and cervical cancer, particularly amongst groups where the take up is low. There is an argument that it is how the messages are put across that make the greatest difference. Information therefore needs to be produced in a way that people can easily understand including the use of translation in community languages where appropriate.

Diabetes

- 1.69 Diabetes is a common health condition affecting approximately 4% of the population in Southern Derbyshire. Over three-quarters of people with diabetes have Type 2 diabetes. Type 2 diabetes usually appears in people over the age of 40 and the risk increases as people get older.

- 1.70 Dr Iqbal stated that diabetes is almost endemic amongst the Asian population. National data identifies people of Pakistani and Bangladeshi origin to be up to five times more likely to have diabetes than the general population. The death rate from diabetes amongst South Asians is also more than three times greater. It is possible that diabetes is caused by genetics but it may also be due to the lifestyles adopted by the minority ethnic communities. Anecdotal evidence suggests that these groups are more likely to be overweight due to eating diets with high fat and saturates contents, smoking and doing little or no physical exercise.
- 1.71 A number of complications may develop as a result of having diabetes such as damage to eyes, kidney and major arteries. Early detection of diabetes can help to tackle some of these complications. It is therefore important to prevent the development of diabetes wherever possible, but also to raise awareness of detecting early signs of diabetes. There is evidence that reducing obesity and increasing physical activity could help with the primary prevention of diabetes. The National Service Framework for Diabetes recognises that a case can be made for systematic approach to screening for type2 diabetes, although it is undecided on which of the high-risk groups should be screened. The Commission is of the view that groups considered to be most at risk of developing diabetes locally should be regularly screened.

Recommendation 5

The Environmental Health Division takes the lead to establish an agreed set of local priorities and indicators to address health inequalities

Local Indicators

- 1.72 Establishing indicators enables organisations to measure the impact of the interventions against set objectives. Creating the right set of indicators that meet local circumstance will be a key factor for tackling health inequalities. The Priorities and Planning Framework 2003 – 2006 published by the Department of Health has listed under its objective for reducing health inequalities to agree a single set of local priorities for tackling wider determinants of health.
- 1.73 The Government has set two national targets to address health inequalities. It seeks to reduce inequalities in health outcomes by 10% by 2010, as measured by infant mortality and life expectancy at birth.
- 1.74 The East Midlands Assembly has also adopted a set of headline indicators that cover:
- Life expectancy

- Teenage pregnancy
- Premature mortality from circulatory disease
- Premature mortality from cancer
- Deaths from accidents
- Suicide
- Smoking

(East Midlands Health Profile- March 2003)

- 1.75 The main purpose of the local indicators is to help support local action to achieve the Government's national inequalities targets for life expectancy and infant mortality, by highlighting information relevant to addressing the targets and assisting local areas with monitoring progress towards reducing health inequalities. There are variations in the factors contributing to health. For example in terms of crime, Normanton has higher proportion of crime related with drugs and sex offences, Osmaston has higher proportion of crime against the person and Derwent has a higher proportion of household burglaries. Therefore indicators that reflect the local circumstances need to be established.
- 1.76 There are a number of sources to help establish the local indicators. The Audit Commission has a library of Performance Indicators that can be selected off the shelf to meet local circumstances. The East Midlands Public Health Observatory has also established an indicator package that brings together information on health and factors affecting health. These could be adopted to suit local needs. It is therefore recommended that Environmental Health Division establish an agreed set of local indicators in consultation with the key partners as part of the city's public health strategy.