



HEALTH SCRUTINY PANEL

11 AUGUST 2004

PUBLIC HEALTH ISSUES

Ed Chicken : Head of Service

Report co-ordinated by Jeff Duffield, Public Protection Manager and Katrina Jackson, Healthy Living Co-ordinator

1. Summary

This report comments on the public health responsibilities of the Community Protection Service. Reference is made to individual projects and issues which the Health Scrutiny Panel may wish to debate. Reference is made to how the strategic co-ordination of public health within the Council can be improved.

2. Introduction

2.1 Public health, lifestyles and the environment in its broadest sense are indivisible, because the community cannot be isolated from local surroundings and the decisions people make on a daily basis often have a direct impact on public health (see Influences on Health, Appendix 1).

2.2 The Community Protection Service has evolved from the Public Protection & Planning Service which was initially established in 1998. A prime focus of the Community Protection Service is "health protection" which is achieved by incorporating public health initiatives into routine service delivery plans.

The Community Protection Service operates in three divisions which are:

- **Public Protection** incorporating the environmental health, trading standards, environmental sustainability, bereavement services and

healthy living centre functions, which together focus on liveability, health protection, environmental protection and regulation/enforcement.

- **Sport & Leisure** incorporating the town's 4 main leisure centres, municipal golf club and ancillary functions which have a focus on physical activity and positive lifestyles.
- **Community Safety** incorporating street wardens and regulatory activities to reduce anti-social behaviour and tackle crime and disorder through partnerships, which all bring health benefits.

The remainder of this paper discusses issues which may be of interest to the Health Scrutiny Panel, some of which arise from the work of the Public Protection Division.

3. Evidence / Discussion

3.1 "Healthy Living in Middlesbrough" (Healthy Living Centre)

The Panel will be aware of Middlesbrough's very poor health record. Standard mortality rates, coronary heart disease and cancers are all higher than the regional and national average, which is primarily due to the lifestyle of the local community.

In 2002, a partnership of 14 local organisations led by Middlesbrough Council's Community Protection Service and Middlesbrough Primary Care Trust, were successful in obtaining a £960,000 grant from the New Opportunities Fund over a 3-year period. (extracts from the Business Plan are attached as Appendix 2).

Eleven integrated projects are delivered in six wards, which exhibit significant health inequalities and deprivation. These wards represent around 31% of the total population of Middlesbrough.

All 10 projects maintain monitoring records and have annual outcomes and targets to reach, which have been exceeded so far. The projects are also being independently evaluated by the University of Teesside, to establish how effective the projects have been in improving health, and what the strengths and weaknesses of the initiative have been.

Good links have also been made with external organisations and agencies and the projects have worked with many community based groups to offer health advice in the hearts of the wards we are trying to help. The Initiative is managed by a Multi Agency Management Board.

Funding for the Healthy Living Centre runs out in October 2005. A major partnership/commissioning event has been arranged for 14th September 2004, which Panel members have been invited to, to look at opportunities to mainstream the projects and how this could be achieved. The results of this commissioning event will be made available to the Panel for further consideration, as it is anticipated that

Middlesbrough Council may be asked to take responsibility for at least 5 of the 11 projects.

3.2 Health Action Zone and NRF Funded Initiatives

The Healthy Living Centre (HLC) activities and supporting Management Board framework also oversees 3 public health projects which complement the aims and objectives of the HLC. These deal with -:

- Healthy Homes : which helps local residents improve the environment within their houses to improve local quality of life and tackle respiratory disorders (HAZ funded).
- Healthy Eating : which works very closely with the HLC healthy eating project to increase the quantity of healthier foods in the local diet, particularly for those on a low income, and discourage the consumption of unhealthy foods (HAZ funded).
- Men's Health Project : is a new NRF project designed to tackle gaps in the HLC project. The project targets the unacceptably high rates of male coronary heart disease and cancers by delivering community schemes to improve diet, promote physical activity and encourage healthy lifestyles. This project also targets male health in the black & minority ethnic communities, which require a more focused approach.

Funding for the above projects all expire in March 2006. The project outcomes are monitored by the NRF and HAZ funding agencies against annual service level agreements. Additional information can be provided to the Scrutiny Panel on these projects if required.

3.3 Pest Control

Middlesbrough Council provides a pest control service to local residents and the business community, as a public health service. In general, the domestic pest control service is subsidised with a full course of treatment costing between £33 and £40. Pensioners and low income 'means tested' households receive a further subsidy with a fixed price treatment costing £15. The subsidies are dependent on the commercial success of the pest control service income stream. An issue is that residents often contest the charges and elected members query why the Council charge at all. The recent warmer winters, linked to global warming, has resulted in the rodent population in the UK increasing

3.4 Local Agenda 21

In the late 1990's the government challenged all local authorities to develop Local Agenda 21 strategies with their communities. In Middlesbrough, we have a community driven Local Agenda 21 Action Planning framework which is overseen by the Middlesbrough Environment City Multi-Agency Management Board. Fifty organisations are to some extent involved in Middlesbrough's Local Agenda 21 which is based on 13 themes. Specific themes deal with

“People’s good health is protected” and *“Access to good food, water, shelter and fuel at reasonable cost”*. MEC Partnership produce annual progress reports to identify significant outcomes, and the Management Board with 3 elected members on, receive progress reports against the business plan.

3.5 Tobacco Smoking and Public Places

In 1988, the Government released the White Paper 'Smoking Kills' which emphasised the fact that 70% of the UK population do not smoke. It also highlighted the health risks of passive smoking. Smoking kills 120,000 people in the UK each year and is a major cause of cancer and heart disease. Undoubtedly, passive smoking also kills and each year, several hundred people die from lung cancer brought about by passive smoking. While there has been gradual improvements in the provision of non-smoking facilities in Middlesbrough, there is great potential for improvement. The current tools for the expansion of non-smoking facilities is the Public Places Charter and workplace Health and Safety legislation.

The Public Place Charter is a voluntary agreement between the government and the hospitality industry, mainly aimed at public houses and restaurants. It requires that premises have a written smoking policy in place and that the relevant policy sign is placed in a prominent position. The five policy options are -:

- No smoking
- Smoking allowed throughout
- Separate areas
- Ventilated premises-smoking allowed throughout; and
- Ventilated premises - separate areas

However, no work has been carried out on the Public Places Charter in Middlesbrough yet, and we are waiting for a supporting Code of Practice. In Middlesbrough we would like to develop a Smoking Strategy, to discourage smoking by restricting public places where people can smoke, thereby protecting people from the health risks of passive smoke. To be effective however, this may require new legislation to prohibit smoking in designated public places.

3.6 Money Advice / Debt

We provide a Money Advice service to residents who are experiencing financial difficulties. In 2003/04, the service assisted 276 people with debts between them totalling £842,600. Excessive debt, particularly among low income groups, creates more poverty and social exclusion and has a significant negative impact on local and national objectives including eliminating child poverty, welfare to work aims, health inequalities and neighbourhood renewal.

Promoting more financial literacy is something we would like to do regularly. Surveys show that a significant number of people receiving

treatment for stress, depression and anxiety felt that their symptoms had been caused by their debt problem. Many people found themselves excluded from low-cost credit, forcing them to turn to lenders who charge much higher interest rates, thereby compounding the problem.

Recent media articles have featured concerns that the level of debt is increasing, particularly among younger age groups. The evidence is that it has become acceptable and sometimes the norm to owe thousands of pounds on credit cards provided the minimum payment could be made.

Vulnerable consumers experiencing mental health problems currently have access to extensive assistance within the NHS. Unfortunately it is unlikely that health professionals will have either the time or the training to intervene in debt problems which may contribute significantly to the overall pressures faced by the individual. Ideally a dedicated advice worker to specialise in helping the most vulnerable clients, particularly those who are referred from the Community Psychiatric Nurses or forensic social workers would be a great health protection asset

3.7 Underage Sales (Tobacco & Alcohol etc)

Age restricted products such as alcohol, tobacco, solvents and fireworks are identified as major risk factors in the development of the main areas of ill health, namely; coronary heart disease, cancers, mental health and accidents. Alcohol is also linked to teenage pregnancies. Use of these products has a major impact on life expectancy; for example of the people who started smoking before they were 19 years old, only half will live to middle age. Targets have been set to reduce these health problems. Enforcement action to discourage the illegal sale of age restricted products is an important element in meeting these targets.

Since 1997 the enforcement action carried has consisted of :-

- Test purchasing operations with young volunteers, prosecuting were necessary traders who make illegal underage sales
- Providing business advice to traders on underage issues
- Promoting proof of age schemes
- Working with the media to publicise the issue.
- Working with other agencies to tackle the problem

In 2003/04, we participated in a regional survey regarding underage sales from cigarette vending machines which showed that in 19 out of 29 premises a young volunteer was able to obtain cigarettes.

Priority has been given to alcohol enforcement due to its impact on the town and in the national agenda. It's importance is shown by the development of a multi agency subgroup, of the safer streets task force, of the Safer Middlesbrough Partnership specifically to tackle alcohol, in particular youths drinking. Changes to licensing legislation

and the publication of the Alcohol Harm strategy this year should have an impact on the work of the Council in tackling alcohol supply, use and abuse.

From December 2004 new legislation comes into force requiring enforcement of tobacco advertising. This work can only be undertaken at the expense of other trading standards work. Supporting educational and campaign work ideally should be implemented as well, especially for the staff of small retailers, where most illegal sales are detected.

3.8 Air Quality

Middlesbrough has relatively good air quality and has undertaken statutory reviews showing that long term compliance with 8 national health standards is expected. So far, 118 Councils have declared “air quality management areas” as they have projected failure to meet the 8 health standards. Middlesbrough’s voluntary Air Quality Management Plan has been approved by the Executive and is intended to ensure local air remains within the prescribed standards. Therefore, air quality is not a health issues. There does however, remain a community perception, which surveys show is declining, that local air is polluted.

3.9 Co-ordination of Healthy Living initiatives within the Council

There are several effective health related co-ordination mechanisms outside the Council, for example:

- The Health and Social Care Partnership within the LSP framework.
- A Tees Valley Environmental Health Group meets regularly with the national Health Protection Agency.
- The Healthy Living in Middlesbrough Management Board meets to oversee the projects identified in paragraphs 3.1 and 3.2.
- The Middlesbrough Environment City Multi-Agency Management Board.
- A Tees Valley Environmental Protection Group meets at elected member and officer level.
- Tees Valley trading standards, food safety, licensing, occupational safety, environmental sustainability and groups meet at officer level within a Community Protection Service framework to address health-related issues.

However, ‘Public Health’ within the Council is not effectively co-ordinated at present. Consideration could be given to establishing a “Corporate Public Health Group” within the Council to improve co-ordination, share learning and effectively support the existing partnership groups to ensure Middlesbrough’s public health priorities are better addressed within the council.

A suggested remit for a “Corporate Public Health Group” could be to:

- Co-ordinate individual service approaches in public health and health promotion
- Ensure local partnerships are effectively supported
- Recommend how initiatives and policies are developed to support political priorities
- Raise awareness on public health opportunities amongst employees and elected members
- Share best practice
- To help to respond to consultation documents and to lobby for change
- Co-ordinate and priorities bids for external funding
- To identify internal responsibilities for health protection actions and monitor progress.

4. **Conclusion**

A more strategic approach to health protection/public health co-ordination within the Council could be achieved by establishing a “Corporate Public Health Group”.

The future of the Healthy Living Centre and related HAZ/NRF funded health projects require consideration and prioritisation. These could be the subject of a more detailed report after partners have met on 14th September to debate these issues. The Health Scrutiny Panel may wish to be represented at this meeting.

The Panel may wish to investigate some of the issues raised in this paper in more detail, in which case more information can be provided.