HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 20 August 2007.

PRESENT: Councillor Dryden (Chair), Councillors Bishop, Lancaster, P Rogers and Rooney.

OFFICIALS: J Bennington and J Ord.

PRESENT BY INVITATION:

Prof. Peter Kelly, Executive Director of Public Health for Tees PCTs
Dr Peter Heywood, Middlesbrough Locality Director of Public Health
Chris Briddon, Coronary Heart Disease Specialist Nurse
Mary Parker, Public Health Project Manager
Jane Beenstock, Public Health Trainee.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Biswas and Elder.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 18 July 2007 were taken as read and approved as a correct record.

CORONARY HEART DISEASE REVIEW – TERMS OF REFERENCE

The Panel considered the following draft terms of reference for its review of Coronary Heart Disease in Middlesbrough as set out in a report of the Scrutiny Support Officer as follows: -

i) To establish the historical and present levels of Coronary Heart Disease in Middlesbrough.

ii) To establish whether or not there are differing rates of Coronary Heart Disease within the Town and how Middlesbrough's figures compare nationally.

iii) To investigate what measures, both reactive and proactive, are currently in place to assist people with, or at risk from, Coronary Heart Disease.

iv) To investigate whether there are any steps that could be taken to tackle Coronary Heart Disease further.

In response to Members' request for the overall theme of the review to be life expectancy Prof. Kelly confirmed that information on the factual position in relation to Middlesbrough could be included in respect of (i) and (ii) above.

Members discussed some of the potential issues to be covered by the investigation including how Middlesbrough compared with other authorities in terms of life expectancy rates and the extent to which unemployment was an influencing factor.

In relation to the terminology Dr Heywood suggested that in (iii) above 'what measures, both reactive and proactive' be replaced with ' what primary and secondary preventative measures'. It was also indicated that if the review focussed on Cardiovascular Disease this included Coronary Heart Disease.

AGREED as follows: -

1. That the above terms of reference for the Panel's investigation be approved subject to the changes outlined above for the review to be on Life Expectancy with a focus on Cardiovascular Disease.

2. That the revised terms of reference be submitted to the next meeting of the Panel.

CORONARY HEART DISEASE REVIEW – SETTING THE SCENE

The Scrutiny Support Officer submitted an introductory report to the Panel's review of Coronary Heart Disease (CHD) in Middlesbrough.

The Chair welcomed Dr Peter Heywood who had recently been appointed by Middlesbrough PCT and the Council as Middlesbrough Locality Director of Public Health. Although as a new position the role would be evolving its main thrust would be focussing on partnership working in particular the Local Strategic Partnership framework.

From the outset it was suggested that the review focussed on CVD as this included CHD.

In order to assist the Panel Dr Heywood circulated a briefing paper, which provided summary information on Cardiovascular Disease (CVD) and covered the following aspects.

Definitions

- CVD included all diseases of the heart and blood vessels the two main diseases being CHD and stroke;

- CHD included the two common causes of angina and heart attack;

- the underlying cause of CHD and stroke was atherosclerosis or 'hardening of the arteries';

- primary prevention referred to the prevention of the onset of a particular disease in people who were at risk of developing but showing no signs of having the disease as a result of a number of risk factors mainly involving lifestyle and environment;

- a primary focus of Public Health was to reduce such risks;

- secondary prevention referred to the prevention of further or serious complications from a particular disease in people who already had signs or symptoms of the disease.

CVD Background

CVD was the most common cause of premature mortality in Middlesbrough. It was one of the key determinants of life expectancy, with smoking being the most common cause of preventable early death based on extensive research over many years.

Middlesbrough residents had some of the lowest life expectancies in the UK and had remained substantially below the England average. Life expectancy continued to increase in Middlesbrough but lagged significantly behind the England & Wales average by 2½ years.

Reference was made to experimental data relating to life expectancy by Middlesbrough wards during 1999 and 2003 which showed that Nunthorpe had the highest and above the national average at 80 years and Middlehaven the worst at 64 years a difference of 16 years.

Prevalence of CVD and CHD

Deaths from circulatory disease and in particular CHD remained the single most common cause of death for people living in Middlesbrough. Over the last ten years the mortality rate for CHD had reduced in line with the regional and national trends but the mortality rate remained high and behind the England Wales average.

Within the Middlesbrough area, there were inequalities in mortality from CHD. People living within the poorest areas had the greatest risk of death from CHD.

CVD Risk Factors

The three most important risk factors for CVD were reported as smoking, high blood pressure and diabetes.

Smoking:

- In Middlesbrough, smoking caused more than 300 deaths each year;
- Second-hand smoke increased the risk of CHD by 25%. Non-smokers living with a smoker had a 30% increased risk of CHD.
- Stop smoking services had been shown to be a very effective way of helping people to stop smoking.

Blood Pressure (hypertension):

- High blood pressure increased the risk of CHD and was probably the second most important risk factor next to smoking:
- as there were no obvious symptoms there were a high number of people with undiagnosed high blood pressure.

Diabetes:

- Diabetes increased the risk of CVD and CHD;
- the prevalence of diabetes was increasing and becoming more common in older people, Black Caribbean men and women, Indian men and Pakistani women as a result of genetic factors.

Family History:

- Family history was regarded as an important local risk factor for CVD;
- having a first degree relative with CHD or CVD increased the risk of developing the disease.

Physical activity:

- activities of moderate intensity even short episodes of activity protected against CVD;
- exercise had a beneficial effect on HDL (good) cholesterol and helped reduce blood pressure.

Diet:

- saturated fat was the main dietary factor increasing the risk of CVD with more than 80% or people consuming more than the recommended amounts;
- a diet high in saturated fats increased the blood cholesterol and in particular LDL (‘bad’ cholesterol);
- not all cholesterol was bad;
- Low-fat diets and specific drugs could reduce the amount of LDL cholesterol and increase the amount of HDL cholesterol (‘good’ cholesterol) in the blood and reduce the risk of CVD;

- although a Government national director in heart disease had stated that statins for primary prevention of CVD should be given to persons of 50 years and over as a daily cholesterol-lowering drug it was felt that the matter required further longer-term research.

Obesity:

- although there were links between obesity and diabetes, overweight and obese individuals were at increased of CVD though by itself was not a strong risk factor.

Alcohol:

- Alcohol in moderate amounts had been shown to protect people from CHD;

- it was pointed out, however that binge drinking could increase blood pressure and had had an adverse effect on blood cholesterol resulting in an increased risk of heart attack.

Stress:

Whilst hard to define, there was evidence that depression, social isolation and lack of social support were risk factors for CHD.

Treatment of CVD (Secondary Prevention)

The briefing paper outlined various treatments for CVD, which included the following:

- Aspirin helped prevent blood clots from forming and prevented strokes and heart attacks;

- in terms of primary prevention it was considered that some people without CVD/CHD but at an increased risk of developing the disease would benefit from taking daily aspirin;

- Cholesterol lowering drugs (statins) were considered to be very effective at reducing blood cholesterol;

- Statins were considered to be effective in the primary prevention of CVD for people who were at risk at developing CVD and secondary prevention effective by preventing further disease;

- drug treatment and other measures to treat people with high blood pressure reduced the risk of CVD, coronary heart disease, stroke and death;

- reference was made to other treatments such as thrombolysis (‘clot busting’ drugs) and revascularisation.

In discussing the possible areas to cover as part of the review Members referred to influencing environmental factors such as heavy industry which had existed in the area from 1820’s. The initial response from the local NHS representatives indicated that whilst the existence of such industries had drastically reduced in recent years they must at the time have had an adverse effect on those persons working in such areas and also on the wider environment.

Members sought clarification on measures, which were currently being pursued to identify those people with potential risks and seek early detection. Whilst there were new directives such as the new GP contract which encouraged the development of opportunities to provide information and assess risks the current culture at GPs and elsewhere tended to focus on the traditional health care of focussing on the presented problem. Recent developments in this area related to the compilation of CHD registers which were at all GPs in the Middlesbrough PCT area. Reference was also made to the existence of well-man and women clinics.

It was acknowledged that further work was required not necessarily just at GPs to raise awareness and gain access to those persons with risk factors. In terms of national events reference was made to national blood pressure week in September 2007 focussing on testing and raising awareness. Locally, the Lifestore in Middlesbrough was promoting testing blood pressure and measuring body mass index and suggesting a referral to GPs where considered

necessary. Workplace assessments were also regarded as an area to be further explored and promoted.

It was confirmed that more detailed information would be provided from the PCT in terms of the preventative measures currently being pursued and areas for future development.

AGREED that the local NHS representatives be thanked for the information provided and contribution in the subsequent deliberations.

OVERVIEW AND SCRUTINY BOARD UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 3O July 2007.

NOTED