

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 October 2007.

**PRESENT:** Councillor Dryden (Chair), Councillor Elder and P Rogers.

**OFFICIALS:** J Bennington, J Ord and D Simon.

**PRESENT BY INVITATION:**

Christine Briddon, Public Health Nurse, Middlesbrough Primary Care Trust.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Bishop, Biswas, Lancaster and Rooney.

**\*\* 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 1 October 2007 were taken as read and approved as a correct record.

### **LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE- MIDDLESBROUGH PRIMARY CARE TRUST**

The Scrutiny Support Officer submitted an introductory report to the evidence to be sought from Middlesbrough Primary Care Trust to discuss primary preventative services relating to cardiovascular disease.

The Panel acknowledged the distinction between services that were aimed at preventing ill health from developing and those services that were aimed at preventing an existing condition from worsening or a relapse occurring.

The Chair welcomed Chris Briddon, CVD Specialist Nurse, Public Health who by way of introduction re-emphasised the need for preventative services given that CVD was the most common cause of death in Middlesbrough. Statistical information was provided regarding the number of Middlesbrough PCT patients on CHD registers by deprivation quintile group although it was noted that there were many others which had not yet been ascertained. Identifying such persons who were unaware of having symptoms or who hadn't accessed GP services was recognised as a major challenge.

It was acknowledged that improvements could be made and that by way of changing lifestyle CVD was largely preventative. It was felt that the Government needed to tackle all ages. Evidence had shown that a type 2 diabetes which was known to be associated with the elderly was now seen in children, an increased number of which were shown to be obese.

The existing preventative lifestyle services for CVD prevention were reported as follows: -

Smoking Cessation:

- 13 smoking cessation clinics across Middlesbrough;
- 2 pharmacies with one stop clinics in deprived areas;
- work in secondary schools;
- other venues were being examined;
- joint working between Middlesbrough Council and PCT on implementation of new regulations associated with the ban of smoking in public places;
- as previously identified there was a problem of people accessing cheap cigarettes other than in shops.

Obesity management/healthy eating:

- given the links to CVD an increasing number of people which were shown to be obese there was much work to be undertaken such as the development of healthy living schemes;
- reference was made to the extended schools programmes with sports development and breakfast clubs;
- obesity strategy group examining healthy eating programmes and weight management clinics;
- ongoing work to establish different ways of offering free advice to access those persons who may be deterred from accessing fitness/health clubs involving a cost.

Ongoing CVD risk work currently being undertaken included: -

- opportunistic primary care screening carrying out blood pressure, BMI, cholesterol and glucose tests;
- CVD risk pilot commenced in March 2007 in a number of locations such as benefit agencies where tests were carried out in an attempt to identify those people classified as a risk to CVD and instigating appropriate referral procedures;
- identifying high risk groups such as men over 35 and BME groups and implementing appropriate screening programmes;
- national/local screening events such as Diabetes Week, opportunistic screening in locations such as supermarkets; local and national sporting events;
- Life-store in the Mall shopping centre in Middlesbrough which provided advice; had a blood machine test; BMI machine; screening and information on accessing appropriate services;
- 2 pharmacies in Middlesbrough with blood pressure testing equipment;
- nurse led arrhythmia management a specialist area.

Future CVD risk prevention work included the following: -

- CVD screening with a team of nurses had commenced in a number of workplaces such as the local authority;
- work in the community to identify and access hard to reach groups;
- work in primary care such as pursuing more systematic CVD screening at GP practices especially taking into account over 40's and family history;
- improving hypertension management by better education of nursing staff and patients to ensure that patients take the appropriate medication;
- improved lifestyle/behaviour change interventions such as maximising the opportunities for tests.

The carrying out of a risk assessment included such factors as age, gender, systolic blood pressure, cholesterol tests, smoking status, family history and ethnicity. Those persons classed as high risk (if over 20%) would be targeted and appropriate advice and prevention treatment given.

Graphical information was provided which categorised non diabetic women and men of age bands of under 50 years, aged between 50 and 59 years and aged 60 years and over which were used to determine the risk and act as a guide for treatments.

**AGREED** that Christine Briddon be thanked for the information provided which would be incorporated in the overall review.

## **LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE – LEISURE FACILITIES WITHIN MIDDLESBROUGH**

The Scrutiny Support Officer submitted an introductory report on information to be sought regarding the accessibility and type of leisure facilities available in Middlesbrough.

The Chair welcomed Diane Simon, Sport and Leisure Service Manager who gave a presentation on 'Making Middlesbrough More Active'. From the outset it was acknowledged that it was very difficult to change a person's lifestyle and was regarded as a long-term generation issue.

As part of the background information reference was made to the following two main targets: -

- National context – Government Strategy for Sport and Physical Activity in December 2002 (Game Plan) had a target to increase from 30 to 70% by 2020 the percentage of the adult population who participate in 30 minutes of moderate intensity exercise five times per week;
- Local context – The Active People Survey 2005/06 showed less than 20% of the adult population in Middlesbrough was physically active more than five times per week.

It was noted that the baseline for Middlesbrough in 2005/06 showed less than 20% and in respect of East Middlesbrough as low as 11% participated in moderate exercise as indicated.

Reference was made to the Council's Active Middlesbrough Strategy 2003-2008 a copy of which was circulated which incorporated the following elements: -

- Strategy provided the sport and leisure service and partner agencies a framework against which to plan and prioritise work;
- Strategy not just about sport and sport provision;
- value of physical activity against broader agendas of raising educational achievement, creating jobs;
- annual actions incorporated into service plans and joint work undertaken with PCT and other partners;
- performance measured against service plans and strategy;
- Active Middlesbrough Forum established in 2004 comprising representatives from the Council, PCT, voluntary sector, media partners, BME;
- in 2006 Active Middlesbrough Forum identified by Sport England as Pilot for new Community Sport Network;
- in 2007 Community Investment Fund Application required partnership commitment and link to LSP;
- potential for CSN worker and up to £236,000 devolved Lottery funding for Middlesbrough over three years;
- Active Middlesbrough Strategy currently being reviewed.

The three key aims of the Sport and Leisure Service were stated as follows: -

- i) To contribute to improved health for the people of Middlesbrough;
- ii) To help offer sport for sport sake because it is fun and contributes to a positive attitude for individuals and the community;
- iii) To offer positive diversionary activity to particularly young people in Middlesbrough.

Details were given of the facilities provided at Clairville Stadium, Middlesbrough Golf Centre, Rainbow Leisure Centre, Southlands Leisure Centre, Acklam Sports Centre, Neptune Centre and Ormesby Sports Complex.

The headline indicator of the service was the aim to increase participation in the area by 1% per year as the Council's contribution to the Game Plan Target.

The service currently managed over 1.3 million customer visits per year by people 1 to 100 enjoying a huge variety of sporting and leisure activities. Visits to the sport and leisure service by young people aged 5 to 17 amounted to 239,000 for coached activities.

Specific reference was made to the swimming facilities for which under 5s went free and in partnership with Middlesbrough PCT there was free swimming to young people up to 17 years throughout the school holidays. Free family sessions were provided at weekends.

Activities aimed at getting active and keeping healthy included the following: -

- a) Get Active on Prescription Scheme a 12 week course of light physical activity suitable for people with a wide range of medical conditions with a target of over 500 referrals;
- b) Balance Weight Management Scheme with a target of 1000 through the scheme not just losing weight but providing advice on healthy eating;
- c) Specific programmes of Healthy Habit – Kidz Power (for 6 –12 year olds) – Teen Tone Zone (for 13-16 year olds) ;
- d) Working with key target groups.

Specific sports and fun events included Middlesbrough Festival of Sport, TEESPRIDE 10K and PCT Fun Run, Middlesbrough Mela and Sport Relief Mile. The Inclusive Fitness Initiative provided equipment for disabled and non-disabled users at all venues.

The service signposted people to clubs in Middlesbrough offering a huge range of sporting opportunities and ways for volunteering in sport.

Concessionary pricing scheme operated at sport and leisure facilities for persons 60 years and over, a full-time student aged 16-17 years old, a modern apprentice or in receipt of certain benefits.

**AGREED** that Diane Simon be thanked for the information provided which would be incorporated in the overall review.

## **LIFE EXPECTANCY AND CARDIOVASCULAR DISEASE – TERMS OF REFERENCE**

Further to the meeting of the Panel held on 20 August 2007 the Scrutiny Support Officer submitted a report which outlined the redrafted terms of reference for the Panel's current review of Life Expectancy with a particular focus on Cardiovascular Disease as follows: -

- i) To investigate the topic of life expectancy in Middlesbrough with a particular focus placed on the historical and present levels of cardiovascular disease (CVD) within the Town.
- ii) To establish whether or not there are differing levels of CVD within the Town and how Middlesbrough's figures compare nationally.
- iii) To investigate what primary and secondary preventative measures are currently in place to assist people with, or at risk from, CVD.
- iv) To investigate whether there are any steps that could be taken to tackle CVD further, with specific attention being paid to local commissioning arrangements.

**RECOMMENDED** that the draft terms of reference for the Health Scrutiny Panel's review of Life Expectancy with a particular focus on cardiovascular disease be approved.

## **OVERVIEW AND SCRUTINY 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 24 September 2007.

NOTED