

Middlesbrough Council Health Scrutiny Panel:

Update report:

**One year on from Health Scrutiny Committee Report on Life Expectancy
with a particular focus on cardiovascular disease**

1. Purpose of Report

- 1.1. The purpose of this report is to update the Health Scrutiny Panel of Middlesbrough Council on the progress Middlesbrough Primary Care Trust (and other Tees Primary Care Trusts) have made in preventing early deaths from cardio-vascular disease.
- 1.2. This report is presented one year on from the publication of Middlesbrough Council Health Scrutiny Committee's review of cardiovascular disease prevention – *Life expectancy with a particular focus on cardiovascular disease*

2. Background & Context

- 2.1. Cardiovascular disease (CVD) includes all diseases of the heart and blood vessels. The two main diseases are coronary heart disease (CHD) and stroke, but CVD also includes congenital heart disease (i.e. the heart deformities present at birth), valvular heart disease and peripheral vascular disease (e.g. affecting the blood supply to the limbs).
- 2.2. Residents across South Tees experience some of the lowest life expectancies in the country and have remained substantially below the England average. Ward level life-expectancy results for the South Tees area show that more than half of all wards (23 of 45) are in the bottom quintile for life expectancy in England and Wales
- 2.3. Cardiovascular disease (CVD) and cancer are responsible for the majority of early deaths (under 75 years) in the South Tees area. Between 2003-2005 more than 1000 people died below the age of 75 from cardiovascular disease.
- 2.4. Cardio-vascular disease is also the single largest factor explaining differences in life expectancy between those living in the most disadvantaged areas compared with the most affluent areas.

3. Review of recommendations from HSC report and summary of progress/response

3.1. **Recommendation 1:** 'That the PCT and the local authority investigate the possibility of granting substantial subsidies on a recurring basis to leisure services in the town. This is with the aim of making them as cost free as possible for people, with specific reference being paid to young people and the financial barriers they face becoming active.'

3.1.1. Middlesbrough PCT continues to work closely with Middlesbrough Council's leisure services to offer free swimming for all children during holiday periods. From April 2009, and through additional government funding, this will be extended to offer additional free swimming opportunities throughout the year and also to people over 65 years.

3.1.2. The four Primary Care Trusts across Tees are in the process of finalising their commissioning strategy. Within the strategy is a commitment to double the investment in health improvement over the next 3 years. The strategy states clearly that 'we will take a systematic approach to supporting people to stay healthy for longer, targeting those in greatest need, personalising the support they require, contributing to addressing the socio-economic determinants of health, and implementing the same policy drivers to health improvement as we currently do in commissioning effective treatments.'

3.1.3. To achieve this, we will pilot individualised support through the development of health improvement 'personal budgets' as well as commissioning and providing additional enhanced support services to those who have the greatest barriers to lifestyle change. This model of care, similar to the provision of personalised budgets for social care, will provide and empower people with greatest health needs to seek and 'purchase' the most appropriate health improvement options available. This model therefore focuses on providing assistance to those with the greatest health needs in a more targeted approach. If piloted successfully, we will review the scope for developing the model further to other population/target groups.

3.2. **Recommendation 2:** That the free school holiday swimming is extended to encompass the entire year, with specific swimming pool slots being dedicated to young people's free swimming.

3.2.1. Since the publication of the Health Scrutiny Report and in preparation for the 2012 Olympics, the government announced funding for local authorities to provide free swimming for under 16s and over 65s. Not all councils in England decided to progress with these plans due to the limited funding available. Middlesbrough Council decided to apply for the funding and is progressing plans to make free swimming available for under 16s and over 65s. Middlesbrough PCT remains committed to supporting the provision of free swimming for young people and will work closely with local authority colleagues as this is extended across the year and also to people over 65 years.

3.3. **Recommendation 3:** 'That the PCT makes a detailed and public commitment to invest in a package of preventative services benefiting of Middlesbrough's needs, as a town with acute CVD problems.'

3.3.1. The four Primary Care Trusts have committed approximately £3.5m recurring annual investment to establish a Teeswide vascular assessment programme as part of the Annual Operational Plan 2007/08. The programme was launched in October 2008 and aims to offer a full vascular assessment to everybody aged between 40 and 74 years.

3.3.2. In April 2008, the Department of Health announced plans to introduce a national vascular assessment programme. The detail of the programme is still being developed but is entirely consistent with the Tees programme. The national programme will have a phased implementation with full roll out planned in 2011/12. The Tees programme is therefore substantially ahead of the national programme in terms of scope and implementation.

3.3.3. The Tees CVD programme is adopting a number of approaches to identifying those at risk of CVD and include:

- Primary-care based risk assessments within general practices (including primary prevention registers), requiring people to attend their GP for a risk assessment.
- Community-based risk assessments in locations appropriate and accessible to the population with an initial focus on delivery through pharmacies.
- CVD risk assessments within workplace settings.
- CVD risk assessments with targeted groups and services e.g. vulnerable adults, mental health services, BME community etc.

3.3.4. People who are assessed will be provided with a full assessment and information regarding the actual risk of developing CVD over the next 10 years and provided with advice as to what can be done to reduce the risk or prevent it from happening such as lifestyle advice, treatment of raised blood pressure, treatment with cholesterol lowering drugs ('statins').

3.3.5. The programme is also being informed by social marketing research to try and ensure the programme engages with people in greatest need and who may traditionally not engage with NHS services on a regular basis. Examples of this work will be presented at the meeting.

3.4. **Recommendation 4:** That the PCT, as the principal local Commissioner, takes steps to shape the local market by encouraging providers to develop and offer truly preventative services.

3.4.1. Middlesbrough PCT and Redcar & Cleveland PCT has recently commissioned a stop smoking service from James Cook University Hospital. Discussion are currently taking place with Tees Esk and Wear Valley Mental Health Trust to develop a similar programme.

3.4.2. During 2009, the PCTs will be looking to develop the local provider market to encourage a greater range of provider services offering vascular assessment as

well as health improvement interventions such as weight management and stop smoking. Pending final decisions from the Primary Care Trusts, it is anticipated that local community pharmacists will also be offering vascular risk assessments within the community pharmacy setting as well as providing comprehensive lifestyle advice and referrals where appropriate.

- 3.5. **Recommendation 5:** 'The PCT investigates the possibility of providing 'drop in' screening opportunities in such locations as pubs, sports clubs, shopping centres and even Middlesbrough Football Club on a matchday. Should capacity be a concern, it is suggested that the PCT look into commissioning external organisations to assist in handling the workload.'

3.5.1. Vascular risk assessments will be offered at the Life Store in The Mall as well as community pharmacists (see above) from early 2009. Furthermore, plans are being developed to commission and offer a mobile service through the use of a fully equipped bus.

3.5.2. As the programme develops and is informed by a comprehensive evaluation, it is anticipated that we will look to develop more innovative approaches to delivering vascular assessments where appropriate and considered to be effective.

- 3.6. **Recommendation 6:** That the Executive, PCT, South Tees Trust and Health Scrutiny Panel send a joint letter to the Secretary of State for Health calling on all appropriate foodstuffs to be labelled with the nutritional traffic light system, as a matter of legislation.

3.6.1. This recommendation has been superseded by the publication of the cross governmental strategy to support people to maintain a health weight: *Healthy Weight, Healthy Lives* (January 2008). The strategy states that Government will work with industry leaders and other relevant stakeholders to agree a Healthy Food Code of Good Practice. Ministers and industry leaders would then establish the Code as a challenge to the industry as a whole. One standard within the Code of Good Practice is the adoption by the industry of 'a single, simple and effective approach to food labelling used by the whole food industry, based on the principles that will be recommended by the FSA in light of the research currently being undertaken.' The strategy raises the possibility of using mandatory approaches to achieve this if consistency is not reached across the whole industry.

4. Healthy Towns

- 4.1. In September 2008, Middlesbrough was one of nine successful towns in England to be awarded Healthy Town status along with £4.1m funding to be matched alongside approximately £4.78m to develop town-wide approaches to increasing physical activity and healthy eating choices. This was a highly competitive bidding process and a programme board has been established to coordinate the delivery of this ambitious

programme. If successful, people of all ages, and particularly from the most disadvantaged parts of our community will benefit from this investment.

5. Conclusion

5.1. Significant progress has been made by Primary Care Trusts in the Tees area since the publication of the Health Scrutiny Report. We have established a systematic and comprehensive vascular assessment programme to identify and support people at risk of developing cardio-vascular disease. This programme has also been implemented much earlier than the national programme which will be phased in during 2009. The Primary Care Trusts are also committed to greater investment in health improvement over the next 3 years to develop and commission services and interventions to support people to make healthy lifestyle choices.

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