



## **HEALTH SCRUTINY PANEL**

# **FINAL REPORT INTO LIFE EXPECTANCY IN MIDDLESBROUGH, WITH A PARTICULAR FOCUS ON CARDIOVASCULAR DISEASE**

**JANUARY 2008**

### **EXECUTIVE SUMMARY**

1. At the start of the 2007/8 Municipal year, the Health Scrutiny Panel undertook a consultative exercise, asking partner agencies and local people about their priorities and what they feel Health Scrutiny should consider. The topic of Life Expectancy with a particular focus on CVD was put forward, by the local Directors of Public Health as the biggest single area of concern for the health of Middlesbrough.
2. The Health Scrutiny Panel felt it important to act on such advice and decided to investigate what is felt to be the biggest health challenge facing Middlesbrough. In essence, the Panel found that Middlesbrough faces particular challenges in respect of CVD, requiring assertive and increasingly proactive steps for it to be tackled. Whilst the Final Report makes a number of conclusions over the present state of affairs and makes a number of accompanying recommendations, it is also important to note some areas of progress that have taken in recent years.
3. The Panel believes that the smoking ban, brought in 2006 is of crucial importance in protecting people from second hand smoke and acting as a 'kick start' for many others to give up smoking. This has been helped by an excellent smoking cessation service in Middlesbrough, which seems to be having real impact. The Panel also believes that the joint appointment between Middlesbrough PCT and Middlesbrough Council of a Locality Director of Public Health is a massive step forward. This can only improve co-ordination and ensure that public health is at the forefront of both organisations' thinking.
4. The above are good examples of progress being made, although the Panel hopes that this Final Report will widen the debate, raise the topic's profile and assist the relevant local agencies in tackling an industrial sized problem with industrial sized solutions, on the front foot. It is the Panel's view that more and more preventative work needs to be done by the NHS, to ensure that fewer people fall acutely ill over time and there is less reliance, as a system, on acute hospitals.

## Conclusions

5. On the basis of the evidence received, the PCT does not have a clear, tangible and systematic programme for assertively and proactively seeking out CVD in its population.
6. Childhood obesity is a massive threat for the coming years, both in associated costs for the NHS and the health prospects for a significant number of people. As a result, The Panel is of the view that something needs to be done now to prevent the worst predictions coming true. On the basis of evidence received by the Panel, there can be no doubt that childhood obesity is a clear and demonstrable problem and one where the full ramifications are yet to materialise properly. This leads the Panel to believe that Middlesbrough PCT and the local authority is required to take assertive and proactive steps now, in an attempt to minimise the ramifications of what is widely referred to as a 'ticking timebomb'. Should action not be taken, the local community will have wasted the advance warnings at its disposal on the topic. Further, the local NHS will be forced to continue being a reactive system with an excessive clinical focus and requiring ever-greater sums of money to remain in operation.
7. At the commencement of the review, the Panel heard that in respect of CVD, Middlesbrough has an "Industrial sized problem, which requires an industrial sized solution". On the basis of the evidence received, the Panel feels that James Cook University Hospital is operating on an industrial scale, delivering twice as many PCI interventions as would be expected for a town of Middlesbrough's population. The Panel has heard about public health activity, which is aimed at preventing ill health, or at least identifying poor health so it may be managed. The question the Panel has asked itself is whether this activity is appropriate for Middlesbrough and the needs of its population. The Panel's conclusion is that public health initiatives do not operate in Middlesbrough on a scale appropriate to the needs of the town. What preventative services that exist are often funded out of time-limited monies, and are offered on an opportunistic basis, with such non-assertive approaches frequently missing out those most in need. The Panel finds it quite bizarre that CVD is the biggest killer in the country, yet there is no nation-wide systematic screening programme for it, despite certain age groups being at highest risk.
8. The Panel understands fully that there is only so much money and the clinical agenda tends to dominate NHS funds. That is a consequence of a politically led system and to some extent the way our culture views healthcare. Nonetheless, the point must be made that at some juncture, such a reality must be challenged, or the system is forever destined to rely on hospitals, which are expensive, and often represent the last resort for people.

9. The Panel concludes that leisure services in the town are placed in a very difficult position, having to act in two different realms. In one respect, having to act as a public service and in another sense, having to act in a commercial market place competing with private sector operators. As such, the Panel feels that a debate is required within the Council, at a political level, aimed at establishing a consensus around what leisure services should be aimed at doing. Are they a Public Service or a Commercial Operator?
10. The Panel has also noted that (according to the 2008/9 NHS Operating Framework) increased freedoms are being given to PCTs where “in conjunction with their local communities, (PCTs) can set more of their own ambitions rather than having them mainly set by the centre”. The Panel would encourage the PCT to embrace this line of thought and assertively seek to further develop a local health economy that delivers on Middlesbrough’s needs, in respect of CVD.
11. The Panel notes that Middlesbrough PCT is in receipt of a £12.4million increase in resource allocation for 2008/9, which equates to a 5.4% increase. The Panel would like to see some of these new funds dedicated to developing the local market towards, or directly funding the provision of systematic and comprehensive screening programmes for groups at high risk from CVD. Such new monies could also be used to fund physical activity where financial barriers exist.

## **Recommendations**

12. 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 to becoming active.
13. 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.
14. That the PCT makes a detailed and public commitment to invest in a package of preventative services befitting of Middlesbrough’s needs, as a town with acute CVD problems.

Specifically:

15. 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. Such services should be aimed at identifying high-risk groups for CVD, then systematically and assertively offering those groups screening opportunities. This is with the ultimate aim of increasing the number of people effectively managing their CVD. This should, in time, reduce the number of people

requiring access to the high cost (and personally traumatic) services provided in the acute sector. The Panel has heard that there could be as many people as 1200 people in Middlesbrough with undiagnosed CVD. It strikes the Panel that attempting to locate those people would be a good place to start.

16. The PCT investigates the possibility of providing 'drop in' screening opportunities in such locations as Pubs, Sports Clubs, shopping centres, religious buildings, inclusive community buildings 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.
17. 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.