

DARLINGTON HEALTH PROFILES TASK AND FINISH GROUP

1st Meeting

Thursday 19th January 2012 at 11.30am, Committee Room 3

Present: - Councillor Newall in the Chair; Councillors Nutt, Regan, E. A. Richmond, S. Richmond and J. Taylor.

Officers: - Wendy Lyons, County Durham and Darlington NHS Foundation Trust; Mark McGivern, Ken Ross and Dianne Woodall NHS County Durham and Darlington; Ailsa Rutter, FRESH and Elaine O'Brien and Abbie Metcalfe, Democratic Officer.

Ken Ross, provided a brief overview of the health profile for Darlington explaining that the profile provided a picture of health in the locality and it was designed to help Local Authorities and health services understand the needs of the community to enable work to improve people's health and reduce health inequalities. The profile is grouped into five domains, as follows; our communities; children's and young people's health; adults' health and lifestyle; disease and poor health and life expectancy and causes of death. The summary enables a comparison between regional average and national average and is based on a statistical analysis for specific detail and for that reason it was important to look behind the figures. The profiles are useful as they provide a consistent comparison and trend analysis over a period of time.

Hip Fractures in 65s and over

Mark McGivern, provided some detail behind the figures as the indicator in the health profile appears to be significantly worse than the national average. Mr McGivern explained that large rate changes are influenced by the relatively small numbers of fractures, in the relatively small population of over 65s; therefore slight changes in patient numbers cause large rate changes. The issue of small numbers has contributed to large year to year variation in rates. In the previous two years the rates were not significantly worse than the average. A reduction of 17 fractures this year would make it not significantly different than the England average. It was acknowledged that there is a link between seasonal weather and an increase in hip fractures. In 2009-2010 the most severe winter since 1987 was experienced and as a result a small increase in hip fractures occurred. Weather related accidents would have a more significant impact on the rate in Darlington compared to areas with a larger denominator.

Mr McGivern clarified that without undertaking a significant piece of work in conjunction with the Foundation Trust to carry out detailed case series review of all 143 cases, it was not possible to comment on whether there is a link between the causes of the hip fractures. Given the variation in recent years on year and the effect of the small numbers, it was proposed to monitor the figures in the future and only initiate a project to investigate further if the rate stays the same or continues to rise. At this stage the small increase was considered to be an anomaly and Members were reassured that should this continue an investigation would be carried out. Members thought that an investigation would be useful to pinpoint where fractures were occurring for example if it was a specific location but acknowledged that only small numbers were involved. Officers advised that more would be known when the next health profile was published and explained that the prevention of falls was a key piece of work rather than looking into random number of falls as more could be gained from considering the age, gender, history of a person who suffers a hip fractures to ascertain any underlying conditions which resulted in the fall.

Elaine O'Brien, Head of Strategic Commissioning and Health Partnerships and Wendy Lyons, Strategic Lead, Foundation Trust jointly introduced a PowerPoint presentation detailing the various services in place to prevent falls such as Physical Activities, Assistive Technology, Falls Services, Care and Repair and Intermediate Care and re-ablement. Services available after falls include, Fracture Liaison Service, support on discharge (Red Cross), Rehabilitation (Community Hospitals, Intermediate Care beds of intermediate care/re-ablement at home) and access to the prevention support.

Ms Lyons explained about the Fall Services being based at Hundens Lane and that it was very popular. Members noted that there is some doctor support although best practice states that clinics must have regular medical support and intervention. GPs are encouraged to send their patients to the Falls Services rather than A&E, as the service operates as a single point of access. There are leaflets about the Falls Services available in the hospital. Ms Lyons outlined the patient pathway advising that if patients are admitted to hospital they would be screened and would receive a follow up telephone call from the Falls Service, to avoid re-admittance and staff encourage people to take care packages available to them. It was explained that fracture patients are fast tracked through A&E on to wards and theatre slots are scheduled as soon as possible. After surgery patients are assisted to get out of bed within 24 hour and it is the intention to get people home within seven days as long as the necessary services/adaptations are in place or made available. Only a minority number of patients are transferred for Bishop Auckland General Hospital for further rehabilitation services. Ms O'Brien acknowledged that the Council and Hospital are working closely together and that there was a need to join up more services. This would be the focus of the Intermediate Care Group in the coming months and Clinical Commissioning Groups will begin to become more involved. The ultimate aim is for an Integrated Pathway to be developed through the Intermediate Care Strategy Group.

Officers were thanked for their attendance at the meeting.

Smoking related deaths

Diane Woodall, Public Health Portfolio Lead (Tobacco Control) introduced a PowerPoint presentation reporting that smoking remains the single biggest preventable cause of premature death in the UK. 21.5% of adults in Darlington are estimated to smoke regularly and that rises to 31.6% among people employed in routine and manual occupations. There a number of smoking attributable deaths each year in Darlington from the following diseases: COPD, Lung Cancer, Heart Disease, and Stroke. Members noted that smoking during pregnancy poses a significant health risk to both mother and unborn child and in 2010/2011 end year figures, 291 Darlington women were recorded as smoking at the time they gave birth; this is higher than the national average. Ms Woodall acknowledged that there is good access to smoking services in Darlington and during 2010/2011 Darlington NHS Stop Smoking Service had seen 1,619 smokers set a quit date with support and 763 people had reached the 4 week quit bench mark successfully. People are four times more likely to quit smoking if access the services and it was estimated that 70% of smokers actually do want to quit.

Members were informed about the work of Darlington Tobacco Alliance which is chaired by Councillor Andy Scott and brings together partners from across the Borough to work to implement evidence based Tobacco Control action locally. Each year the alliance develops an Action Plan and partners update progress on a quarterly basis.

Ailsa Rutter, Director of FRESH introduced a powerful presentation about the work of FRESH reporting that smoking is the largest cause of premature death, acknowledging that good progress is being made and smoking rates are at an all-time low. FRESH provide a role of leadership, co-ordination, development and delivery of North East wide campaigns and programmes, training, advocacy and public engagement. Ms Rutter discussed the three key principles to help reduce smoking prevalence, those being; motivation and supporting stop smoking; prevention of uptake of new smokers and protection from second hand smokers and tobacco related harm.

Ms Rutter outlined the three national ambitions for reduced smoking rates by 2015; they are to reduce adult smoking prevalence in England; to reduce rates of regular smoking among 15 year old girls in England and to reduce rates of smoking throughout pregnancy. She also outlined the key headlines in the national Tobacco Plan which included the implementation of legalisation to end tobacco displays in shops; consideration of plain packaging of tobacco products; a continuation to defend tobacco legislation against legal challenges; the continuation to follow a policy of using tax to maintain the high price of tobacco; the promotion of effective local enforcement; encouragement of more smokers to quit and to publish a three year marketing Strategy.

Ms Rutter requested Members' assistance with the impending campagne about plain packaging explaining that it was the Government's intention to launch a consultation investigating 'whether the plain packaging of tobacco products could be effective in reducing the number of young people who take up smoking and in supporting adult smokers who want to quit'. This consultation was expected to last for three months and be launched in the spring. Councillor Newall said that Members of this Committee would happily respond to the consultation and would encourage all Members of the Council to get involved.

Members were interested in the issue of tackling illicit tobacco particularly as it enabled children to smoke without regulation and allowed adults to avoid price rises and undermined efforts to tackle tobacco. It was noted that this is a complex problem which required action from all partners of the Tobacco Alliance to share information and intelligence to develop sustained communications. Ms Rutter reported that there has been positive progress made in the North East as the illicit market has shown clear signs of shrinking and the market share of illegal tobacco has reduced by 39%, as it appeared that more people are willing to report the issue.

Members are pleased to note that smoking prevalence in the North East is steadily reducing in all adults and that slow progress is being made with smoking related deaths, although there has been a rapid reduction in the number of Coronary Heart Disease in the North East. This is being achieved through good partnership working and a smokefree social movement the North East has created. Ms Rutter suggested that there was a huge opportunity through the changes to Public Health and the function being transferred to Local Authorities to trail blaze using powers and experience to make further progress. The introduction of Health and Well Being Board will create an opportunity to focus thinking around tobacco through multi agency support to identify the gaps in Darlington for example the role of regulatory services and support to the NHS. Members acknowledged that Tobacco will remain Darlington's number one killer for some time to come and momentum needs to be kept constant.

Councillor Regan advised on some work that had been undertaken by Cockerton East Community Partnership reporting that some children are in the process of developing a DVD about the dangers of second hand smoking and requested to show the DVD once produced at a forthcoming meeting. Members welcomed that work and Ms Rutter echoed their sentiments

saying that young people were key to getting the message about second hand smoking out there. Members were delighted to hear that illicit tobacco sales are reducing and pleased that the counterfeit market appeared to be shrinking. Discussion ensued about whether Regulatory Officers could operate on a risk based approach with respect to their duty of consumer protection to focus on tobacco and alcohol. Members acknowledged the difficulty with this and the realistic budget cuts Officers and the Council are facing. Ms Rutter added that Local Authorities could consider sharing resources with FRESH Officers to visit premises where illicit products are reported to be being sold.

Officers were thanked for their attendance at the meeting.

Agreed – (a) That a further meeting be arranged to discuss hospital stays for alcohol related harm.

(b) That recommendations be drafted in respect of all three elements scrutinised by Members at the next meeting.

(c) That a final report be submitted to the full Scrutiny Committee in April 2012.