**ITEM NO. 9 (b) (i)**

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**
**17 APRIL 2012**

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# DARLINGTON HEALTH PROFILES TASK AND FINISH REVIEW GROUP – FINAL REPORT

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## SUMMARY REPORT

### Purpose of the Report

1. To present the outcome and findings of the Task and Finish Review Group established by the Health and Partnerships Scrutiny Committee to consider the health profile for Darlington 2011.

### Summary

2. Members will be aware that the Director of Public Health first presented the 2011 health profile for Darlington at a meeting of the former Health and Well Being Scrutiny Committee on 30th August 2011. At this meeting, Members agreed to consider specific elements of the profile at future meetings.

3. At the first meeting of the Health and Partnerships Scrutiny Committee on 25th October 2011, Members scrutinised Oral Health Services in Darlington in relation to the indicator contained within the profile in respect of Children's tooth decay (at age 12).

4. At the Health and Partnership Scrutiny Committee held on 13th December 2011, it was agreed that in view of the level of potential work surrounding Darlington health profile and the impact on the workload of this Scrutiny Committee, it would be better to undertake detailed scrutiny outside of the main meetings.

5. A Task and Finish Review Group was therefore established by the Health and Partnerships Scrutiny Committee and all Members were invited to participate.

6. The Task and Finish Review Group has met with a variety of Officers on two occasions and its final report is attached (**Appendix 1**).

### Recommendations

7. It is recommended that Members
   (a) approve the proposed recommendations in the Final Report and;
   (b) the recommendations as outlined in the Final Report be forwarded to Cabinet for approval.

**Paul Wildsmith**
**Director of Resources**

**Background Papers**

(i) Darlington Health Profile 2011, Department of Health
(ii) Smoking the Facts, Darlington 2011, FRESH
(iii)Local alcohol Profiles for England, North West Public Health Observatory

Abbie Metcalfe: Extension 2365

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|---|---|
| S17 Crime and Disorder | This report has implications for Crime and Disorder. |
| Health and Well Being | This report has implications to address Health and Well Being for the residents of Darlington. |
| Sustainability | This report has implications for Sustainability. |
| Diversity | This report has implications for Diversity. |
| Wards Affected | This report does not impact on a particular Ward, but Darlington as a whole. |
| Groups Affected | This report does not impact on a particular Group, but Darlington residents as a whole. |
| Budget and Policy Framework | This report does not represent a change to the budget and policy framework. |
| Key Decision | This is not a Key Decision. |
| Urgent Decision | This is not an Urgent Decision. |
| One Darlington: Perfectly Placed | This links to the Theme 3 “Healthy Darlington”. Specifically addressing health inequalities to narrow the gaps in health and well-being and life expectancy. |
| Efficiency | This report does not identify specific efficiency savings. |

**APPENDIX 1**

## MAIN REPORT

### Introduction

1. This is the final report of the Darlington Health Profiles Task and Finish Review Group which was established by the Health and Partnerships Scrutiny Committee to scrutinise the 2011 health profile for Darlington. The Group has focused on three specific areas; hip fractures in over 65's, smoking related deaths and hospitals stays for alcohol related harm.

### Background Information

2. The health profile for Darlington 2011 is designed to help Local Government and health services understand their community needs. Members of the former Health and Well Being Scrutiny Committee regularly received health profiles for Darlington and this year decided to undertake some detailed scrutiny of a number of specific indicators.

3. Following receipt of this year's health profile for Darlington the Scrutiny Committee agreed to scrutinise one specific element of the profile at each meeting, to enable Members to gain an understanding of reasoning behind the data presented and give consideration to how the health of residents' impacts on the services this Council provides.

4. At the Health and Partnerships Scrutiny Committee on held 13th December 2011, Members scrutinised the indicator in relation to oral health.

5. It was however, in view of potential workload later agreed to undertake scrutiny of the health profiles outside of the main meetings and a Task and Finish group was established.

6. This review has focused on three specific areas; hip fractures in over 65's, smoking related deaths and hospital stays for alcohol related harm.

7. Since then, the Task and Finish Review Group have met on two occasions and this report outlines the outcome of the findings and subsequent recommendations.

### Membership of the Review Group

8. All Members of this Scrutiny Committee were invited to attend the meetings of this Group.

### Acknowledgements

9. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record their thanks to the following :-

Miriam Davidson, Director of Public Health;
Kate Jeffels, Darlington Drug And Alcohol Team (DAAT) Manager;
Dr. David Landes, Deputy Director of Public Health;
Jayne Lightfoot, Community Alcohol Service Manager;
Wendy Lyons, Intermediate Care and Community Rehabilitation Services Manager
Mark McGivern, Specialist Registrar in Public Health

Elaine O'Brien, Head of Strategic Commissioning and Health Partnerships;
Ken Ross, Public Health Specialist;
Ailsa Rutter, Director of FRESH;
Claire Sullivan, Consultant in Public Health;
Nikki Wardman, Hospital Alcohol Nurse;
Dianne Woodall, Public Health Portfolio Lead Tobacco; and
Abbie Metcalfe, Democratic Officer.

**Methods of Investigation**

10. The Task and Finish Review Group met on 19th January and 28th February, 2012 with Officers and the notes are attached as **Appendix A**.

11. Members agreed the Terms of Reference of the Task and Finish Review (attached as **Appendix B**) at the Health and Partnerships Scrutiny Committee on 13th December 2011 and further Terms of Reference were then formulated in respect of each element to be scrutinised.

12. At the first meeting of the Group, Members considered the indicators in respect of hip fractures in 65s and over and smoking related deaths.

13. At the second meeting, Members received an overview of alcohol related admissions in Darlington.

**Darlington Health Profile 2011**

14. The health profile for Darlington provides a picture of health in the locality and it is 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.

15. 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.

16. 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.

17. The profile reports that the health of people in Darlington is generally worse than the England average, as deprivation is higher than average, 4,875 children live in poverty and life expectancy for both men and women is lower than the England average.

18. Life expectancy is 13.4 years lower for men and 10.3 years lower for women in the most deprived areas of Darlington than the least deprived areas (based on the Slope Index of Inequality).

19. Over the last 10 years, all cause mortality rates have improved and early death rates from cancer and from heart disease and stroke have improved (although stroke is worse than the England average).

20. Estimated levels of adult 'healthy eating' and obesity are worse than the England average and rates in relation to hip fractures, smoking related deaths and hospital stays for alcohol related harm are higher than average.

21. Priorities identified in Darlington include reducing smoking, tackling alcohol crime and reducing early deaths from cancer and heart disease.

22. **Recommendation: That an annual briefing session for Members around analysis of statistics in relation to the Darlington Health Profile be arranged as part of Members training sessions.**

23. **Recommendation: That Darlington Health Profiles continue to be a valuable resource and used to influence the Strategic Needs Assessment and taken into account for future commissioning decisions.**

**Oral Health**

24. At the Health and Partnerships Scrutiny Committee meeting held on 13th December Members scrutinised the indicator in relation to Children's tooth decay (at age 12) and general oral health services.

25. Dr Landes, Deputy Director of Public Health, gave a presentation outlining local and national data in respect of oral health performance over recent years and highlighted children's oral health and regular surveys undertaken, national protocols and the change in consent.

26. Members considered figures from 2008/09 which showed that the number of children under the age of 12 with decayed teeth was more than 40 per cent and Darlington is the second worse in the Region, however, the figures are comparable to areas with natural fluoridisation, however, the figures are compared with areas which have natural fluoride in the water at a level which will prevent dental decay (Hartlepool) and areas which are artificially fluoridated.

27. **Recommendation: That subject to the Parliamentary process, consideration be given to undertaking a consultation on water fluoridation to improve the oral health of the population.**

28. Figures were also presented from 2010/11 which showed that the percentage of people visiting a dentist has reduced by more than 10 per cent in some age brackets and this could partly be due to the economic times we are facing.

29. Dr Landes reported that there are currently 16 general dental practices and one (specialist) orthodontic practice, NHS dental practices in Darlington. Ten of those practices currently have an 'open book' and are accepting new patients and there is only a one-two week wait for an appointment. There are also two practices currently actively seeking new patients.

30. Members are keen to raise the profile of oral health and encourage Darlington residents to visit the dentist on a regular basis. As a result of this debate Members were encouraged to

raise the issue of Oral health in their Ward newsletters and a leaflet was commissioned by the PCT, in partnership with the Council to be distributed around Darlington.

31. **Recommendation: That all Members be encouraged promote oral health in their Wards and Ward newsletters.**

32. Following scrutiny of this indicator Dr Landes drafted an article to be used in Members Ward newsletters and the Primary Care Trust (PCT) in partnership with the Council have produced a leaflet 'Help with Dental Care' (attached as **Appendix C**).to be distributed around Darlington promote oral health services and encourage people to visit the dentist

**Hip Fractures in 65's and over**

33. The indicator in relation to hip fractures in 65s and over appears to be significantly worse than the England average and therefore Members were interested to find out more detail behind the figures.

34. The 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. This has also contributed to a large year to year variation in rates.

35. In the previous two years, the rates are not significantly worse than the average. A reduction of 17 fractures this year would make the indicator not significantly different than the England average.

36. It is acknowledged that there seems to be a link between seasonal weather and hip fractures, because of the impact of small numbers weather related accidents can have a more significant impact on the rate in Darlington compared to areas with a larger denominator.

37. Given the variation in recent years on year and the effect of the small numbers, it is proposed to monitor the figures in the future and only initiate an in depth project to investigate further if the rate stays the same or continues to rise. At this stage the small increase is considered to be an anomaly and should this continue an investigation will be carried out.

38. Members thought that an investigation would be useful to pinpoint where fractures are occurring for example; is it a specific location? Although it is acknowledged that there are only small numbers involved and that more information will be available on this indicator when the next health profile is published.

39. The prevention of falls is a key piece of work which is underway in partnership and that rather than looking into random number of falls, 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.

40. **Recommendation: That the indicator be reviewed to assess whether a trend is emerging as to whether the number hip fractures occurring is rising, if so, the public health team, along with local clinicians undertake a detailed review and analysis which to include a review of individual cases to see if there are any patterns that have been missed.**

41. **Recommendation: That an audit be carried to explore the data in respect of location 'hotspots' that further work be undertaken with partners to investigate any benefits of sharing anonymous information regarding hip fractures more widely with other agencies.**

42. Crucial to this indicator is the prevention of falls and there are a wide variety of preventative mechanisms in place such as get Everyone Motivated/Fit as a Fiddle (physical activities), Lifeline Services and Telecare, Care and Repair, Intermediate Care and Re-ablement.

43. Darlington Falls Service also offer a number of interventions and the service has been developed from the existing rehabilitation services and are part of the Intermediate Care Services, provided by County Durham and Darlington NHS Foundation Trust. The Service is provided at Hundens Rehabilitation Unit, Hundens Lane, Darlington.

44. The main focus of the Service is aimed at those at the highest risk of injurious falls, and the bulk of referrals are from GPs. GPs tend to refer patients to the Falls Services rather than to the Emergency Department, as the service also operates as a single point of access.

45. Services available include gym activities such as individual therapy programmes, Otago Group exercise programmes and home care domiciliary exercise programmes. The majority of individuals after attending the service feel more confident, independent and adopt their lifestyles to prevent falls.

46. Sometimes people are referred to the falls team before a fall has occurred, people with balance problems and mobility difficulties are usually identified by GP's, District Nurses or Care Managers. There is also a fracture service which refers people at risk of falls to the service or to the osteoporosis service.

47. It is acknowledged that this Council and the Hospital are working together to prevent falls but more could be done through integration of intermediate care services, to provide greater co-oridnation and access to health and Council and Community Services and further pathways need to be developed.

48. **Recommendation: That an integrated falls pathway be developed to reduce hip fractures and other factures in Darlington which will deal with all steps from primary prevention (e.g. bone density maintenance and general fitness) secondary prevention – (e.g. avoiding slips and trips plus targeted use of hip protectors etc., training and the use of appropriate technology and equipment in care settings and homes) , emergency help (e.g. care line, ambulance service Emergency Department in patient surgery) rehabilitation and discharge (both hospital and social care) on-going support and 're-ablement' (health and social care) including further fall and fracture prevention.**

**Smoking related deaths**

49. Smoking remains the single preventable biggest cause of premature death in the UK and around half of all long-term smokers will eventually die as a result.

50. In Darlington, it is estimated that 21.5 per cent of adults regularly smoke and this rises to 31.6 per cent among people in routine and manual occupations.

51. Adult smoking rates in Darlington are comparable with the England average, but are higher than the England average for routine and manual workers.

52. Nearly one in five of all deaths among adults over 35 are estimated to be as a result of smoking, in Darlington this equates to approximately 156 deaths each year. This is lower than the North East average but significantly higher than the England average.

53. There a number of smoking attributable deaths each year in Darlington from diseases such as Chronic Obstructive Pulmonary Disease, Lung Cancer, Heart Disease, and Stroke. Progress is being made to reduce smoking related deaths and most recently there has a rapid reduction in the number of deaths from Coronary Heart Disease in the North East.

54. In Darlington, there is good access to smoking services and during 2010/2011 Darlington NHS Stop Smoking Service has seen 1,619 smokers set a quit date with support and 763 people have reached the four week quit bench mark successfully. People are four times more likely to quit smoking if access the services and it is estimated that 70 per cent of smokers actually do want to quit.

55. Darlington has had its own Tobacco Alliance for number of years and is chaired by the Council's Cabinet Portfolio Holder for Health and Partnerships. The Alliance 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.

56. The Alliance coordinates and promotes No Smoking Day every year which takes place on 14th March. This year there was a staffed market stall located in the Town Centre of Darlington which resulted in 18 people signing to quit smoking with support from the Darlington Stop Smoking Service.

57. The Darlington Alliance has also championed and led the successful implementation of Social Norms Programme within Schools which has resulted in a measurable reduction of reported smoking related behaviours amongst young people in Darlington.

58. **Recommendation: That this Council continues to commit and support the work of the Tobacco Alliance.**

59. FRESH was established in 2005 to help the North East take a co-ordinated and comprehensive approach to reducing the harm caused by tobacco. The efforts of all partners involved in FRESH has helped the North East see a big drop in adult smoking rates from 29 per cent in 2005 to 22 per cent in 2009.

60. The Director of FRESH met with Members and acknowledged that good progress is being made and smoking rates are at an all-time low, but reported that there was still a long way to go and the momentum needs to be continued.

61. The three key principles to help reduce smoking prevalence are; motivation and supporting stop smoking; prevention of uptake of new smokers and protection from second hand smokers; and tobacco related harm and work is continuing within each principle.

62. **Recommendation: That this Council continues it's on-going commitment to FRESH and its outcomes.**

63. A National Tobacco Plan has been developed for England which sets out how tobacco control will be delivered in the context of the new public health system, focusing in particular on the action that the Government will take nationally over the next five years to drive down the prevalence of smoking and to support comprehensive tobacco control in local areas.

64. It is 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'. There is scientific research that shows that plain packaging for tobacco products is less attractive to young people, less misleading about the health risks of smoking and makes health warnings more effective. A recent YouGov survey carried out for ASH suggests that public support for plain packaging is strong, if there is evidence of its benefits.

65. **Recommendation: That Members support and respond to the consultation on plain packaging and that a Members Briefing/Training session be held during the consultation period to gather opinions.**

66. FRESH is one of three regional tobacco control programmes in the North of England, leading on the North of England Tackling Illicit Tobacco for Better Health Programme, which was the first of its kind in the world and has been emulated by other programmes. It was the first programme to develop a comprehensive approach to tackling the demand for and the supply of illicit tobacco in communities through the development of partnerships between health and enforcement colleagues, groundbreaking social marketing campaigns, generating and sharing intelligence and delivering enhanced enforcement against the illicit tobacco trade.

67. Illegal tobacco is still a problem as it enables children to smoke without regulation, allows adults to avoid price rises and undermines efforts to tackle tobacco; actions to address these issues are required on all levels and across many partnerships.

68. 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 per cent and it appears that people are willing to report the issue.

69. **Recommendation: That consideration be given as to how Trading Standards Officers enforce illicit sales of tobacco, point of sale advertising and under age sales of tobacco; and whether exploring a multi-agency approach would be more beneficial.**

70. Councillor Regan reported that some children and young people have been working in conjunction with Cockerton West Community Partnership, Darlington School of Mathematics and Science and Mount Pleasant Primary School to produce a DVD about the dangers of second hand smoking to be shared with Members.

71. **Recommendation: That the DVD being produced by children and young people in connection with Cockerton West Community Partnership in relation to second hand smoking be shown at a future meeting of the Health and Partnerships Scrutiny**

**Committee.**

**Hospital stays for alcohol related harm**

72. The indicator in relation to hospital stays for alcohol related harm is higher than the England average but lower than the Regional average.

73. There is a complex recording basis for alcohol related admissions to hospital and the recording is based on a review of epidemiological literate by the North West Public Health Observatory and provides an estimation of alcohol attributable morbidity and mortality.

74. 97.9 per cent of the alcohol specific admissions are accounted for by mental and behavioural, alcohol liver disease and ethanol poisoning; 25-30 per cent of the alcohol related admission target is for alcohol specific conditions.

75. Partially attributable admissions contribute 75-80 per cent of the total admissions, with 80per cent of these admissions made up of hypertensive diseases, cardiac arrhythmias and epilepsy. Darlington has a proactive screening programme which screens people between the ages of 40-74 years old, for cardio vascular problems, which could account for the high percentages.

76. There are only estimated figures about the prevalence of hazardous, harmful and binge drinking for Darlington taken from national surveys, although, Darlington is ranked 322 out of 326 Local Authorities in respect of Binge Drinkers based on the Local Alcohol Profile for England.

77. Members are also aware that alcohol related under 18 admissions are relatively low numbers (30 admissions this year) although, ranks Darlington as 326 out of 326 Local Authorities based on Local Alcohol Profile for England (crude rate/three year rolling average). (Members of the previous Health and Well Being Scrutiny Committee carried out scrutiny in respect of this issue in 2010 as part of their work relating to the Annual Report of Director of Public Health 2009/10).

78. **Recommendation: That support continues to preventative and safe use campaigns and programmes with young people.**

79. The Darlington Alcohol Harm Reduction Strategy 2008-2011 (due to be refreshed later in the year) aims to make Darlington a safe and healthy place to love by encouraging the safe consumption of alcohol, reducing alcohol related crime and disorder and improving the health of the people of the Borough.

80. The Strategy has identified four key objectives that the Darlington Partnership commits to:

    a. To continue to make Darlington a safer place by adopting a robust approach to alcohol related crime and disorder by maximising the use of licensing legislation and applying the full range of enforcement powers available.

    b. To ensure Darlington is at the forefront of raising awareness locally amongst the community, partner agencies and local businesses on the harm caused by the misuse of alcohol and promoting the safe and sensible and consumption;

c. To reduce the harmful impact of alcohol on individuals through the provision of high quality treatment services and ensuring high risk groups, including young people and alcohol misusing offenders, engage with treatment services;

d. To work with the partners' both locally and at a national level to prevent and tackle the harms caused by the misuse of alcohol.

81. The Strategy has identified achievements to date as being; the development of the Challenge 21 scheme across the Borough, the signing up of 42 out of 44 town centre pubs to Pub Watch, the running of targeted Action Weeks and the Summer Nights Campaign, the prosecution of breaches of licence and the introduction of polycarbonate glasses and bottle bins.

82. Balance (North East Alcohol Office) is hosted by County Durham and Darlington NHS Foundation Trust. Whilst it is a Regional Office covering the North East, Darlington benefits from local hosting. This affords access to effective practice from across the region; advice and guidance on national policy changes; training, workshop and conference events; additional analytical capacity and publicity/media resources and expertise. Darlington has linked into campaigns/surveys such as: the Great Drink Debate and the current 'Sams Snaps' campaign to lobby the Government to restrict industry advertising of alcohol accessible to children and young people.

83. **Recommendation: That Members of this Scrutiny be involved and support the development of the refresh of the Alcohol Strategy.**

84. **Recommendation: That assurance be given that reducing alcohol harm remains a core strategic priority of this Council, Darlington Partnerships and all its partners.**

85. **Recommendation: That this Council continues its on-going commitment to BALANCE and its outcomes.**

86. Joint commissioning of alcohol treatment service is undertaken between the DAAT and the Primary Care Trust (PCT), although, the service is almost entirely funded by the PCT.

87. Early intervention and screening in primary care can provide brief advice and identification if someone has an issue with alcohol and there are nine out of the 11 GP Practices in Darlington participating in Locally Enhanced Services and Directly Enhanced Services will continue for 2012/13. There is also a pilot scheme in pharmacies relating to women accessing emergency contraception to assess whether alcohol is a factor for this type of risk taking behaviour.

88. On 1st April 2012, there was a launch of a new integrated adult drug and alcohol recovery treatment service provided by NECA as single lead provider. The new service will assess the person as a whole and provide a wraparound service with sustainable recovery outcomes. The new service will be open access (there will be no waiting lists or barriers to treatment) for all these requiring tier 2/3 alcohol treatment/interventions including criminal justice, psychosocial and/or prescribing interventions.

89. **Recommendation: That Members continue to monitor the effectiveness of investment in alcohol treatment services in the future.**

90. Other developments that emerged from the local Strategy include the Street Paramedic Pilot Scheme and although this had a mixed evaluation it did prove to be an excellent way of working and sharing information across organisations.

91. Conditional cautioning has also been used by the Police particularly when dealing with lower level alcohol related crime. A major factor for criminal justice clients is alcohol treatment requirements and treatment which will now be structured in a more formal way to suit their specific needs.

92. Alcohol treatment and interventions are divided up into different levels or 'Tiers' which are based on an individuals need. A person's treatment requirements would be determined by initial screening, using the AUDIT Screening Tool which asks questions about the individual's levels, patterns and attitude to drinking and alcohol.

93. Tier 1 is preventative in nature and suited for those with a relatively low level of need and users interventions, such as education and awareness-raising of issues associated with alcohol-related harm. This could happen in schools/work settings or via publicity campaigns. Tier 2 involves using a Brief Intervention, which can involve leaflets, or an Extended Intervention, involving a longer session with a follow up at a later date. This could be via a GP; a Pharmacist; a school; the Criminal Justice system or hospital setting.

94. If someone scored 16-19 (with additional risk factors) or over 20, they would require a Tier 3 intervention. This would involve more directed and structured interventions such as counselling, community detoxification or possibly medication. This would be delivered by a treatment service. Tier 4 interventions are required if someone was assessed as requiring in-patient detoxification and/or residential rehabilitation. This would be delivered in a hospital or a similar specialist setting.

95. Darlington Community Alcohol Service (CAS) is an integrated Community based Alcohol Service available to anyone aged 18 years or over who is registered with a GP in Darlington and is concerned about their alcohol use.

96. The team of specialist clinical and non-clinical staff offer a dedicated approach to treatment by providing;

    a. Advice and information around alcohol misuse
    b. Assessments
    c. One to one support
    d. Group Work
    e. Home detoxification
    f. Assessment for residential rehabilitation
    g. Relapse prevention
    h. Counselling services
    i. Aftercare and support
    j. Carer's assessment

97. The aim is to provide education and advice to improve health via a dedicated and holistic approach to treatment. The service operates an open access service including drop in sessions.

98. The number of referrals has increased while waiting times have reduced over the past three years. 'Planned exits' which are used as an indicator for success for interventions, have also improved, and are gradually increasing, through partnership working and focussing on recovery outcomes.

99. Alcohol is also high in the agenda for County Durham and Darlington NHS Foundation Trust and positive work is underway specifically in Darlington Memorial Hospital (DMH).

100. There is an Alcohol Action Group which includes an alcohol champion, clinical lead and a health and wellbeing lead. Evidence suggests that by simply being asked to think about your alcohol consumption is sometimes enough for individuals to alter their behaviour and levels of consumption of alcohol. There is a policy where everyone over the age of 11 years old is screened with respect to their alcohol consumption. Ward performance is displayed in walls on Wards and matrons carry out checks to establish whether screening has been undertaken.

101. A young person's pathway has also been developed, together with an Alcohol Action Plan and targeted training for staff working within cardiology, maternity, obstetrics and gynaecology is currently underway.

102. The 'Cardiff Model' will soon be implemented across the Trust and will assist with sharing intelligence between the Emergency Department staff and the Police about patterns relating to excessive alcohol consumption which is gathered anonymously from the Emergency Department attendances who are suffering the effects of excessive alcohol consumption. The purpose is to share anonymous data to help curb violence and its effects on individuals and communities and work locally to record alcohol related attendances and violence. This was previously collected and collated by hand and will now be electronic and a new IT system across the Emergency Department and Urgent Care is expected in the Summer 2012, which will enable data to be collated and shared much more quickly. This will improve the response of all agencies to the effects of any new and emerging trends of excessive consumption in Darlington.

103. A Government Strategy on alcohol is due to be published, after nearly a year of consultation with the drinks industry and health experts, which will signal a debate on minimum pricing and a local debate will be facilitated by Darlington Partnership. There appears to be support in the licensing trade for minimum pricing but hostility from the drinks industry and supermarkets.

104. **Recommendation: That Members actively support the debate on minimum alcohol pricing and that every opportunity be used to promote the issue locally and nationally with senior figures with influence, involving Regional MPs.**

**Conclusions**

105. Members have welcomed the opportunity to scrutinise the various indicators within the Darlington Health Profile for 2011 and experienced the benefits of having such a valuable tool to use when considering commissioning of services.

106. Oral health is improving within Darlington and highlighting how important it is to look after your teeth is crucial for every Darlington resident. There are currently spaces in NHS dental practices available and more promotion is required to encourage family to register with dental practices and regularly have their teeth checked.

107. The indicator in relation to Hip Fractures, isn't as bad as it first appears as the numbers are fairly small, however, Members are interested in identifying whether there is a pattern as to where the fractures occur and whether it's a specific location or a fall at home.

108. The work around smoking cessation has been very successful and Members are delighted with the progress being made, however, they acknowledge that the work must continue. The vast amount of work being undertaken is proving to be a success and there are demonstrable differences, although, the momentum must not be lost.

109. Members are keen to be involved in the debates around 'plain packaging' and 'minimum pricing'.

110. As a result of partnership working and the development of the Alcohol Harm Reduction Strategy referrals to alcohol treatment services have increased. Sharing of intelligence between partners is another positive step forward to addressing multiple social issues which can only benefits Darlington residents.

111. Members recognise that although the delivery of public health will become the Local Authorities responsibility it will be critical to ensure that partnership work remains central to continue to tackle ill health and health inequalities for the people of Darlington and hope that effective investment will continue around prevention and treatment.

**Summary of Recommendations**

112. **That an annual briefing session for Members around analysis of statistics in relation to the Darlington Health Profile be arranged as part of Members training sessions.**

113. **That Darlington Health Profiles continue to be a valuable resource and used to influence the Strategic Needs Assessment and taken into account for future commissioning decisions.**

114. **That subject to the Parliamentary process, consideration be given to undertaking a consultation on water fluoridation to improve the oral health of the population.**

115. **That all Members be encouraged promote oral health in their Wards and Ward newsletters.**

116. **That the indicator be reviewed to assess whether a trend is emerging as to whether the number hip fractures occurring is rising, if so, the public health team, along with local clinicians undertake a detailed review and analysis which to include a review of individual cases to see if there are any patterns that have been missed.**

117. **That an audit be carried to explore the data in respect of location 'hotspots' that further work be undertaken with partners to investigate any benefits of sharing anonymous information regarding hip fractures more widely with other agencies.**

118. **That an integrated falls pathway be developed to reduce hip fractures and other factures in Darlington which will deal with all steps from primary prevention (e.g. bone density maintenance and general fitness) secondary prevention – (e.g. avoiding slips and trips plus targeted use of hip protectors etc., training and the use of appropriate technology and equipment in care settings and homes) , emergency help (e.g. care line, ambulance service Emergency Department in patient surgery) rehabilitation and discharge (both hospital and social care) on-going support and 're-ablement' (health and social care) including further fall and fracture prevention.**

119. **That this Council continues to commit and support the work of the Tobacco Alliance.**

120. **That this Council continues it's on-going commitment to FRESH and its outcomes.**

121. **That Members support and respond to the consultation on plain packaging and that a Members Briefing/Training session be held during the consultation period to gather opinions.**

122. **That consideration be given as to how Trading Standards Officers enforce illicit sales of tobacco, point of sale advertising and under age sales of tobacco; and whether exploring a multi-agency approach would be more beneficial.**

123. **That the DVD being produced by children and young people in connection with Cockerton West Community Partnership in relation to second hand smoking be shown at a future meeting of the Health and Partnerships Scrutiny Committee.**

124. **That support continues to preventative and safe use campaigns and programmes with young people.**

125. **That Members of this Scrutiny be involved and support the development of the refresh of the Alcohol Strategy.**

126. **That assurance be given that reducing alcohol harm remains a core strategic priority of this Council, Darlington Partnerships and all its partners.**

127. **That this Council continues its on-going commitment to BALANCE and its outcomes.**

128. **That Members continue to monitor the effectiveness of investment in alcohol treatment services in the future.**

129. **That Members actively support the debate on minimum alcohol pricing and that every opportunity be used to promote the issue locally and nationally with senior figures with influence, involving Regional MPs.**

**Darlington Health Profiles Task and Finish Review Group**

**APPENDIX A**

## DARLINGTON HEALTH PROFILES TASK AND FINISH GROUP

### Meeting One

### Thursday 19th January 2012, 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, Public Health Specilaist 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, Public Health Registrar 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, Intermediate Care and Community Rehabilitation Services Manager 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. 21.5per cent of adults in Darlington are estimated to smoke regularly and that rises to 31.6per cent 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 70per cent 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 campaign 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 form all partners of the Tobacco Alliance to share information and intelligence to develop sustained communications. Ms Rutter reported that there has be 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 39per cent, 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 West Community Partnership reporting that some children and young people 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 forth coming 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.

## DARLINGTON HEALTH PROFILES TASK AND FINISH GROUP

### Meeting Two

### Thursday 19th January 2012, Committee Room 3

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

**Apologies: - Councillors Donoghue and Francis.**

**Officers: -Kate Jeffels, Darlington DAAT Manager, Jayne Lightfoot, Community Alcohol Service Manager, Claire Sullivan, Consultant in Public Health, Nikki Wardman, Hospital Alcohol Nurse and Abbie Metcalfe, Democratic Officer.**

**Alcohol related admissions in Darlington**

Ms Sullivan introduced the powerpoint presentation and explained the complex way in which alcohol related admissions to hospitals are recorded. The trend in alcohol related admissions were displayed and Members noted that 97.9per cent of the alcohol specific admissions are accounted for by mental and behavioural, alcohol liver disease and ethanol poisoning. Only 25-30per cent of the alcohol related admission target is for alcohol specific conditions; partially attributable admissions contribute 75-80per cent of the total admissions, with 80per cent of these admissions made up of hypertensive diseases, cardiac arrhythmias and epilepsy. Darlington has a proactive screening programme which screens people between the ages of 40-74 years old, for cardio vascular problems, which could account for the high percentages. There are only estimated figures about the prevalence of hazardous, harmful and binge drinking for Darlington taken from national surveys, although, Members were reassured that recording mechanisms are improving.

Ms Jeffels introduced a number of slides about Darlington's Alcohol Harm Reduction Strategy 2008-2011 and reported that work is underway to refresh the Strategy and welcomed Members involvement. The discussion moved onto the alcohol treatment services available and it was explained that treatment services are jointly commissioned between PCT and DAAT and the service is almost entirely funded by the PCT. Early intervention and screening in primary care can provide brief advice and identification if someone has an issue with alcohol and there are nine out of the 11 GP Practices in Darlington participating in Locally Enhanced Services and Directly Enhanced Services will continue for 2012/13. There are also pilot scheme in pharmacies relating to women accessing for emergency contraception, and whether alcohol is a factor for this type of risk taking behaviour.

From 1st April 2012, there will be a launch of a new integrated adult drug and alcohol recovery treatment service provided by NECA as single lead provider. The new service will assess the person as a whole and provide a wraparound service with sustainable recovery outcomes. The new service will be open access (there will be no waiting lists or barriers to treatment) for all these requiring tier 2/3 alcohol treatment/interventions including criminal justice, psychosocial and/or prescribing interventions. Other significant developments that emerged from the local Strategy included the Street paramedic Pilot scheme. Although this had a mixed evaluation it did prove to be an excellent way of working and sharing information across organisations. Another example was the use of conditional cautioning by the Police particularly when dealing with

lower level alcohol related crime. A major factor for criminal justice clients is alcohol treatment requirements and treatment which will now be structured in a more formal way to suit their specific needs.

Ms Lightfoot outlined the existing Community Alcohol Service and the progress that has been made over the past three years, including the integrated community based tier service that is available to anyone aged over 18 who is registered with a Darlington GP Practice. The eligibility criteria is a score of over 16 on the AUDIT (Members requested a copy of the AUDIT) with the aim being to provide education and advice to improve health via a dedicated and holistic approach to treatment. The service operates an open access service including drop in sessions and there are a range of services available such as counselling sessions, social workers and nursing staff on hand. Members were pleased to note that the referrals have increased and that waiting times have reduced over the past three years. 'Planned exits' which are used as an indicator for success for interventions, have also improved, and are gradually increasing, through partnership working and focussing on recovery outcomes.

Ms Wardman reported there is a broad range of work that is underway currently within County Durham and Darlington NHS Foundation Trust and specifically Darlington Memorial Hospital (DMH). There is an Alcohol Action Group which includes an alcohol champion, clinical lead and a health and wellbeing lead. Evidence suggests that simply being asked to think about your alcohol consumption is sometimes enough for individuals to alter their behaviour and consumption of alcohol. Ward performance is displayed in walls in Wards and matrons carry out checks to establish whether screening has been undertaken, and now there is a policy where everyone over the age of 11year old will be asked about their alcohol consumption. A young person's pathway has also been developed, together with an Alcohol Action Plan and targeted training for staff working within cardiology, maternity, obstetrics and gynaecology is currently underway.

Ms Wardman also explained that the 'Cardiff Model' will be implemented across the trust and will assist with sharing intelligence between Accident and Emergency (A&E) staff and the Police about patterns relating to excessive alcohol consumption which is gathered anonymously from A&E attendances who are suffering the effects of excessive alcohol consumption. The purpose is to share anonymous data which will help to curb violence and work locally to record alcohol related attendances and violence. This has previously been collected and collated by hand, but will now be electronic and a new IT system across A&E and Urgent care is expected in the Summer 2012, which will enable data to be collated and shared much more quickly. This will improve the response of all agencies to new and emerging trends of excessive consumption in Darlington.

Particular reference was made to whether there has ever been any research carried out in respect of linking alcohol to violence and how peoples personalities change with drinking alcohol. It was explained that there is a known connection between alcohol and risk taking behaviour, as people being under the influence of alcohol make people take risks that they would not normally take and the level of alcohol consumed is a major contributing factor.

Discussion ensued about the differences between harmful, hazardous, binge and dependent drinking; the 'drinking culture'; the cheap cost of alcohol in supermarkets; the dangers of drinking at home and consuming more at a faster pace; smuggled alcohol; home brewing; dial a drink; parents providing alcohol to their children and the limited alcohol data available.

Particular reference was made to the minimum pricing and Members showed their support during the meeting. Officers advised that licenced pubs and clubs are supporting the minimum pricing and that Darlington needs support from other Local Authorities across the Region and England as this is an issue that can only be effectively dealt with by the government and parliament. There needs to be a national/local approach to get somewhere with the campaign. It was noted that Scotland are going ahead with minimum pricing this year. Ms Jeffels reported that she was working with Darlington Partnership about hosting an event to have a local debate about minimum pricing and Members wished to be involved with this.

Officers were thanked for their attendance at the meeting.

**Draft recommendations**

A series of draft recommendations were tabled for Members discussion relating to hip fractures and smoking and amendments were made. Members also considered the recommendations that they wished to make in respect of alcohol.

**Agreed** – (a) That the recommendations be circulated to Members for further consideration.

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

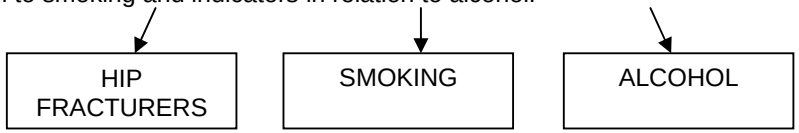
# TERMS OF REFERENCE

**APPENDIX B**

**Title:** To review the Community Health Profile of 2011: Health Summary of Darlington

**Start Date:** October 2011 **End Date:** April 2012

**Scrutiny:** Health and Partnerships Scrutiny Committee

| **PURPOSE/AIM** | **RESOURCE** |
|---|---|
| To consider the health profile for Darlington 2011 which is designed to help Local Government and health services understand their community needs. The purpose being to focus of three specific areas; hip fractures in over 65's, indicators in relation to smoking and indicators in relation to alcohol.<br>  <br> | Director of Public Health, Darlington<br><br>NHS County Durham and Darlington Public Health Specialists<br><br>Democratic Services<br><br>Head of Strategic Commissioning and Partnerships<br><br>North East: FRESH |
| **PROCESS** | **OUTCOME** |
| 1. Receive a presentation from the Director of Public Health about the profile of Darlington residents in October 2011.<br>2. Split the work into three topic areas to undertake detailed scrutiny by smaller groups of Members.<br>3. Consider presentation on key health issues by Specialist Officers January 2012.<br>4. Develop a Terms of Reference for that specific issue.<br>5. Question any areas with relevant NHS Officers and others February 2012.<br>6. Challenge areas which could be done differently.<br>7. Each small group of Members report back to the main Review Group and consider recommendations mid-late March 2012.<br>8. Formulate a final report to be considered by the full Scrutiny Committee on 17th April 2012. | 1. An improved understanding of the impact of the three issues on health.<br>2. To assess whether the Health Profile is a useful tool to understand community needs as a basis for commissioning preventative services.<br>3. To examine the health of people in Darlington against Regional and National performance.<br>4. To ensure that the Darlington residents' health continues to improve and the health inequalities are reduced. |

**COUNCILLOR ……** **CHAIR ……..**

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC) (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

## TERMS OF REFERENCE

**Title:** Darlington Health Profiles – Hip Fractures
**Start Date:** October 2011 **End Date:** 17th April 2012
**Scrutiny:** Health and Partnerships Scrutiny Committee

| PURPOSE/AIM | RESOURCE |
|---|---|
| To consider the incidence of people suffering from hip fractures over 65 years of age in Darlington and consider the | NHS County Durham and Darlington – Public Health Team<br><br>County Durham and Darlington NHS Foundation Trust<br><br>Democratic Services<br><br>Adult Social Care |
| **PROCESS** | **OUTCOME** |
| 1. Receive presentation from the representatives from the Public Health Team assessing the data behind the indicator.<br><br>2. Receive presentations in respect of the Falls Services and Council services available.<br><br>3. Question any areas with relevant Council and NHS Officers.<br><br>4. Challenge areas which could be done differently.<br><br>5. Make recommendations to form part of the final report. | 1. An improved understanding of the challenges that exist to prevent hip fractures in people over 65 years<br><br>2. To ensure that there are robust reporting mechanisms in place<br><br>3. Improved process for preventing falls by people over the age of 65 years<br><br>4. To ensure that the Darlington Health profiles performance continues to improve. |

**COUNCILLOR ……** **CHAIR……..**

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC) (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

## TERMS OF REFERENCE

**Title:** Darlington Health Profiles – Smoking related deaths
**Start Date:** October 2011 **End Date:** 17th April 2012
**Scrutiny:** Health and Partnerships Scrutiny Committee

| PURPOSE/AIM | RESOURCE |
|---|---|
| To consider the performance of NHS stop smoking work as a key element of the Darlington Tobacco Control Alliance. | NHS County Durham and Darlington – Public Health Team<br><br>Democratic Services<br><br>FRESH – Smoke Free North East |
| **PROCESS** | **OUTCOME** |
| 1. Receive presentation from the Public Health Portfolio lead for Tobacco Control<br>2. Receive presentation from the Director of FRESH<br>3. Question any areas with relevant NHS Officers<br>4. Challenge areas which could be done differently<br>5. Make recommendations to form part of the final report. | 1. That the NHS stop smoking actions demonstrates the effectiveness and accountability to Darlington<br>2. To ensure that the Darlington Health profiles performance continues to improve |

**COUNCILLOR ……** **CHAIR……**

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC) (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

## TERMS OF REFERENCE

**Title:** Darlington Health Profiles – Alcohol related deaths
**Start Date:** October 2011 **End Date:** 17th April 2012
**Scrutiny:** Health and Partnerships Scrutiny Committee

| PURPOSE/AIM | RESOURCE |
|---|---|
| To consider the performance of the multi agency approach in Darlington to minimising harm from alcohol and the provision of alcohol treatment services | NHS County Durham and Darlington – Public Health Team<br><br>Darlington DAAT<br><br>County Durham and Darlington NHS Foundation Trust<br><br>Community Alcohol Service<br><br>Democratic Services |
| **PROCESS** | **OUTCOME** |
| 1. Receive a joint presentation from all partners involved in delivering alcohol services in Darlington.<br><br>2. Question any areas with relevant Officers<br><br>3. Challenge areas which could be done differently<br><br>4. Make recommendations to form part of the final report. | 1. That the Community Safety Partnership Drug and Alcohol Misuse priority reflects the Darlington Health Profile.<br><br>2. To ensure that the Darlington Health profiles performance continues to improve. |

**COUNCILLOR ……** **CHAIR……..**

(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC) (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)