

WIRRAL COUNCIL

CABINET: 23 SEPTEMBER 2010

REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH ANNUAL REPORT 2009/2010

Executive Summary

The Annual Report of the Joint Director of Public Health for Wirral for 2009/2010 comprises four key documents. These are as follows:

- *Health & Wellbeing in Wirral: The Big Picture (2009/10)*
- *Wirral Compendium of Health Statistics 2010*
- *A Breath of Fresh Air: Reducing Smoking and Tobacco Use in Wirral (2009/10)*
- *Health Inequalities Annual Report (April 2010)*

1 Background

Each year the Joint Director of Public Health for Wirral produces a report that outlines key issues for the health and wellbeing of the Wirral population entitled Health & Wellbeing in Wirral: The Big Picture. In 2008, the first Wirral Joint Strategic Needs Assessment (JSNA), which is used routinely to inform the commissioning of services in Wirral, was launched and this now provides a constantly updated source of public health data and intelligence. A summary of this interactive web-based resource is attached at Appendix 1. It is through this web-based portal that the Joint Director of Public Health provides a public overview of the state of health and wellbeing and makes recommendations for future actions. The JSNA now replaces the need for an annual public health report that outlines all the key health issues in the area. Instead, the Joint Director of Public Health in Wirral has chosen to provide an analysis of selected priority health issues, to complement the JSNA. For 2009/10, these priority issues are tobacco and health inequalities.

1.1 Health & Wellbeing in Wirral: The Big Picture (2009/10)

The key issues identified within the JSNA for 2009/2010 are listed below:

- Wirral is not on track to meet the PSA Life Expectancy Target (December 2011). The relative gap from the baseline of 1995/97 has increased by 30% for men and 33% for women.
- The impact of deprivation on life expectancy appears to be greater for males than females and this should be examined in more detail to identify potential 'protective' factors.

- Action is needed to address the gap in life expectancy between the most deprived areas of Wirral and the more affluent areas. These are amongst the widest gaps between wards in the same borough in England.
- The male mortality rate from potentially preventable causes is higher than the England rate, which could be an indication that men in Wirral are not accessing health care services in a timely manner. It is however important to ensure that local healthcare services are designed to meet the needs of men in Wirral.
- Mortality from chronic liver disease (under 75's) is considerably high in Wirral, particularly in men. The rise in mortality from liver disease and other digestive disorders is mainly caused by alcohol and is contributing towards the failure to meet the target for a reduction in the life expectancy gap.
- Wirral has made considerable improvements in reducing mortality from cardiovascular disease (CVD); however death rates in the more deprived areas are almost twice as high as they are in Wirral as a whole. This is a key inequalities issue in Wirral.
- It is estimated that there are around 3,600 people in Wirral with undiagnosed Coronary Heart Disease (CHD). Wirral has established a Locally Enhanced Service (LES) to screen the population and identify undiagnosed cases of CHD; the number of undiagnosed cases should be reviewed in the future to evaluate the impact of the service over the longer term.
- Wirral is performing fewer coronary revascularisation procedures than expected, given the age and deprivation of the local population.
- Increasing numbers of people in Wirral surviving a stroke and heart attack and being left with a disability as a result is an issue that commissioners need to be aware of as it could have significant implications for health and social care services.
- There is a need to ensure women are being invited and are attending appointments for cervical screening. There has been a recent downward trend in the number of women attending appointments (this has been observed both nationally and locally).
- The gap in Chronic Obstructive Pulmonary Disease (COPD) mortality between England and Wirral does not appear to be closing for females. Based on the current picture, it is projected that incidence of COPD will show a steady increase over the next two decades, which could have a considerable impact on health and social care services in the future.
- People with diabetes living in the most deprived areas of Wirral are significantly more likely to be admitted to hospital as emergencies.

- It is estimated that there are approximately 1,800 undiagnosed diabetics in Wirral.
- It is estimated that nearly 38,000 people in Wirral have hypertension but are currently undiagnosed (approximately half of people diagnosed) and are at an increased risk of CHD and Stroke. Whilst this is in line with national figures this is still of concern.
- Whilst adult obesity estimates indicate that Wirral has slightly lower rates than national and regional averages, this still remains a key issue as rates are likely to increase significantly over the next few decades.
- Wirral needs to closely monitor local obesity prevalence and prepare for a likely increase in the numbers of people who develop co-morbidities such as diabetes and CVD. The prevention of overweight and obesity should also remain a priority.
- The rate of MRSA and Clostridium Difficile is lower in Wirral hospitals than the North West average, although public concern about healthcare acquired infections in Wirral is high.
- Wirral is making slow progress on the Government target to reduce the number of people killed and seriously injured on Wirral roads by 40% at 2010. If current progress continues, Wirral is unlikely to achieve this target. Wirral has however exceeded its target to reduce the number of slight casualties, although it is still behind national performance.
- Smoking is related to a range of chronic and fatal conditions such as CVD, cancer and COPD. Deaths from these diseases are higher in areas of deprivation as is smoking prevalence. Targeting smoking interventions in these areas, both in terms of prevention and treatment should remain a priority.
- Although fruit and vegetable consumption has increased over the last few years, there are still areas that are lagging behind the general improvements in trends; in particular women living in the most deprived areas, and males generally reported eating fewer fruit and vegetables overall.
- Over the last few years Chlamydia has consistently been the most diagnosed sexually transmitted infection at Arrowe Park Hospital, whilst the Wirral Chlamydia Service is recognised as one of the top performing services in the country.
- In 2008/09, admissions to hospital resulted in over 62,428 excess bed days at a cost of almost £14 million. Excess bed days were more likely for non elective admissions and genitourinary conditions accounted for over 1 in 4 of all excess bed days. This warrants further investigation.
- Conditions relating to pregnancy was the single biggest cause for a non-elective admission, this equates to almost three non elective admissions related to pregnancy for every baby born in Wirral.

- Wirral is currently not on track to meet the local target set for the National Indicator 130 which means that not enough social care clients are receiving Self Directed Support.
- Wirral is also under performing in the National Indicator 141 which means that too few clients in short term accommodation are moving on in a planned way to greater independence. A range of measures have been introduced to address this with year on year targets set to demonstrate improvement.
- Findings from the 2008 National Patients Survey, which asked for patients' feedback on a range of primary health care indicators shows that Wirral is performing well when compared to the feedback nationally.

NHS Wirral received feedback on the year 2 "World Class Commissioning" assurance review which took place in April 2010. This showed significant progress in all areas including the use of public health data and intelligence to drive commissioning decisions.

1.2 **Wirral Compendium of Health Statistics 2010**

The Compendium of Statistics is intended to provide a quick reference guide to the most recent information on the population of Wirral. It is provided in small ring bound format for ease of reference and storage. It accompanies the JSNA, being a snap shot of the data and information contained in the technical document that is available on the web portal. The Compendium is attached as Appendix 2.

1.3 **A Breath of Fresh Air: Reducing Smoking and Tobacco Use in Wirral**

A Breath of Fresh Air focuses on smoking and tobacco control. Smoking remains the single biggest cause of inequality in death rates between rich and poor people and accounts for over half of the difference in premature (early) death between social classes. In Wirral, smoking kills more than 600 people per year.

The report outlines the national and local picture in relation to smoking and tobacco, including children. It outlines the plans that were set in place last year by the Smoke Free Wirral Partnership to reduce smoking prevalence, availability of tobacco and harm from second hand smoke. The report reviews performance and celebrates the successes that have been achieved such as engaging more with excluded groups and protecting children and young people. Recommendations for future action are also outlined. The report is attached at Appendix 3. Actions and achievements for 2009-2010 are listed in the section on the Smokefree Wirral Implementation Plan on pages 6 and 7 of this report.

1.4 Health Inequalities Annual Report

The Health Inequalities Annual Report 2009-2010 (see Appendix 4) provides an annual update on the progress towards meeting national and local targets for health inequalities. It also reports on the actions and strategic objectives set out in the Health Inequalities Action Plan (HIAP), which was agreed in June 2009 by Cabinet, Wirral Strategic Partnership, and NHS Wirral Board

The Health Inequalities Action Plan is concerned primarily with reducing the gradient in health inequalities within Wirral.

Wirral Health Inequalities Action Plan draws together the high impact actions that need to be set in place in order to achieve the three key targets for Wirral:

- To reduce the life expectancy gap between Wirral and England
- To reduce internal inequalities in mortality and life expectancy within Wirral
- Improve the health and well-being of communities groups with the poorest health

Monitoring reports are produced quarterly to summarise progress on each action.

The Health & Wellbeing Partnership is accountable for leading the implementation of the action plan reporting to the Local Strategic Partnership Executive. Performance on headline health inequalities indicators is also reflected in the Council's corporate Plan and reported to Cabinet against the relevant strategic objective (for example life expectancy, teenage conceptions, smoking, alcohol, employment).

The actions within the HIAP that are on track and delivering the required outcomes

- Increase the number of people who are supported to live independently
- Review and support to GP practices to achieve maximum performance on primary prevention of main causes of premature mortality including cardiovascular disease (CVD)
- Provision of health equity audits and data to support a reduction in premature mortality from CVD and cancers.
- Working in partnership to reduce the number of excess winter deaths.
- Review protocols for providing information to children and young people following self harm to ensure it routinely includes alcohol brief intervention.
- Develop and implement a stop smoking plan
- A minimum of 500 front line staff are trained each year to provide brief interventions
- Implement the Teenage Pregnancy Priority Action Plan

The actions that require further focus and attention are:

- Establish fit for purpose data collection methods within key services to assess access by Black and Ethnic Minority groups
- Health equity audit – recommendations from the cancer and CVD equity audits need to be developed into action plans
- Current prescribing guidance is reviewed regarding first and second line treatment options for smoking cessation.
- Screen 4,000 people per year for vascular risk, targeting people least likely to be in contact with primary care (e.g. manual workers, men aged 40-75, substance mis-users, offenders and homeless)
- Reduce the proportion of children aged 4-5 years and 10-11 yrs that are overweight and obese (LAA NI 55).
- Develop and implement a Shared Data and Intelligence Plan for Health & Wellbeing.

Actions that require review and support by the lead agency

There are four key actions:

- The proportion of people claiming out of work benefits has risen
- Programmes are in place to provide health improvement support to people claiming incapacity benefits but numbers into employment are low and require monitoring to judge impact on reducing the number of claims
- Screen 4,000 people per year for vascular risk.
- Develop and implement a Health Action Area Plan to accelerate health improvement in the 3% and 20% most deprived areas of Wirral

The health inequalities action plan is a shared programme of activity. The elements which are driven primarily by the Wirral MBC include:

- Tackling the availability of illegal tobacco
- Increasing the number of homes improved via “Warm Front”
- Taking action to reduce economic inactivity
- Developing and maintaining skills to enable people to live independently
- Developing a programme of equality impact assessment and health impact assessment
- Delivering the young peoples substance misuse and alcohol misuse programme
- Delivering the road safety and child injury programme
- Supporting the delivery of the National Child Measurement Programme
- Delivering the Wirral Waters Development Plan

Progress against these actions are monitored by The Corporate Health Group and reported to Chief Officers Management Team.

The Health Inequalities Action Plan is reviewed by the Department of Health National Support Team. At the latest review in July 2010 Professor Chris Bentley had “praised Wirral for their overall approach. He felt that the action plan was strong and well managed, primary care was good and QOF (Quality and Outcomes Framework for GPs) achievement strong and there were a range of examples of good and effective practice in tackling inequalities. He felt that Wirral now needed to focus on addressing the red and amber rated areas of the action plan, in particular seasonal excess deaths and smoking in pregnancy.”

1.4 Access and contact information

Further information or hard copies of the documents that make up the Public Health Annual Report are available from the office of the Joint Director of Public Health, Old Market House, Hamilton Street, Birkenhead, Wirral, CH41 5AL, Telephone 0151 651 0011. Comments and suggestions would also be welcomed

2 Financial Implications

There are no financial implications directly arising out of this report.

3 Staffing Implications

There are no staffing implications directly arising out of this report.

4 Equal Opportunities Implications/Health Impact Assessment

Equal opportunities aspects of smoking in relation to Black and Minority Ethnic groups are addressed in the Smoking Report.

5 Community Safety Implications

Road traffic collisions are implicated as contributing to life expectancy and this is monitored within the JSNA and addressed within the Health Inequalities Action Plan.

6 Local Agenda 21 Implications

There are no Local Agenda 21 implications directly arising out of this report although sustainability is related to health inequalities.

7 Planning Implications

There are no planning implications directly arising from this report.

8 Anti Poverty Implications

There is strong evidence of the link between poverty, health inequalities and reduced life expectancy. This is monitored in the JSNA and

addressed in the Health Inequalities Action Plan which has a focus on the 20% most deprived population. In addition the impact of smoking on income is addressed in the Smoking Report

9 Social Inclusion Implications

The inclusion of specific groups e.g. homeless people; people with a learning disability is related to health inequality and addressed in the Health Inequalities Action Plan

10 Local Member Support Implications

This report affects the entire Borough

11 Background Papers

Background papers are included as appendices within the report or electronic or hard copies are also available from the office of the Joint Director of Public Health

12 Recommendations

That;

Cabinet is asked to note the report of the Joint Director of Public Health for 09/10 and endorse those actions within the Health Inequalities Action Plan where the Council can contribute to the achievement of outcomes

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