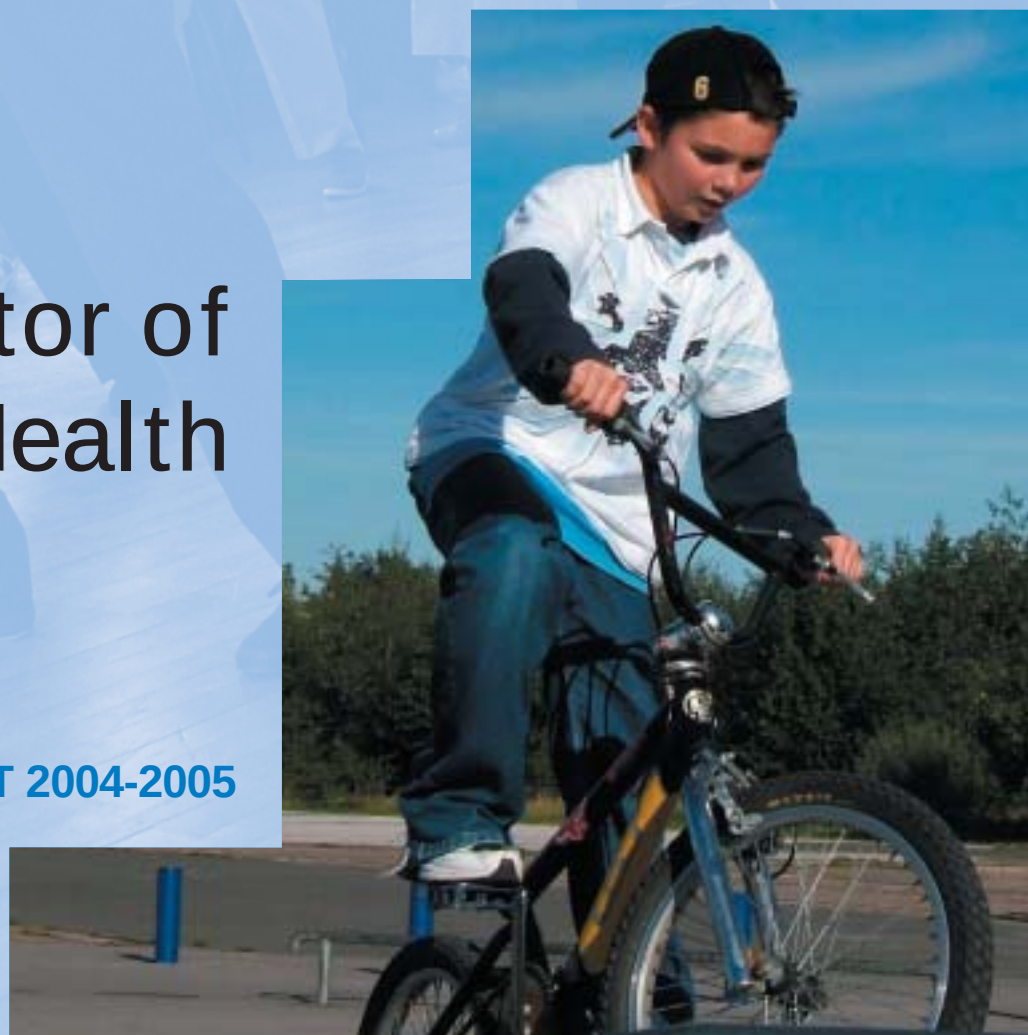
Derbyshire Dales and South Derbyshire
Primary Care Trust

NHS

An integrated approach to nurturing your health and achieving our goals

Director of Public Health



ANNUAL REPORT 2004-2005

Introduction

by Robyn Dewis

INTRODUCTION

This is the third Annual Report of the Director of Public Health (DPH) for Derbyshire Dales and South Derbyshire Primary Care Trust. It relates to the third year of the PCT, that is April 2004 to March 2005.

The DPH Annual Report aims to assess the current health status of the resident population of the PCT. It summarises current activities being undertaken and contributes to the assessment of the needs to be met in the future. It particularly focuses upon inequalities in health to enable the equitable distribution of resources.

Last Years Annual Report

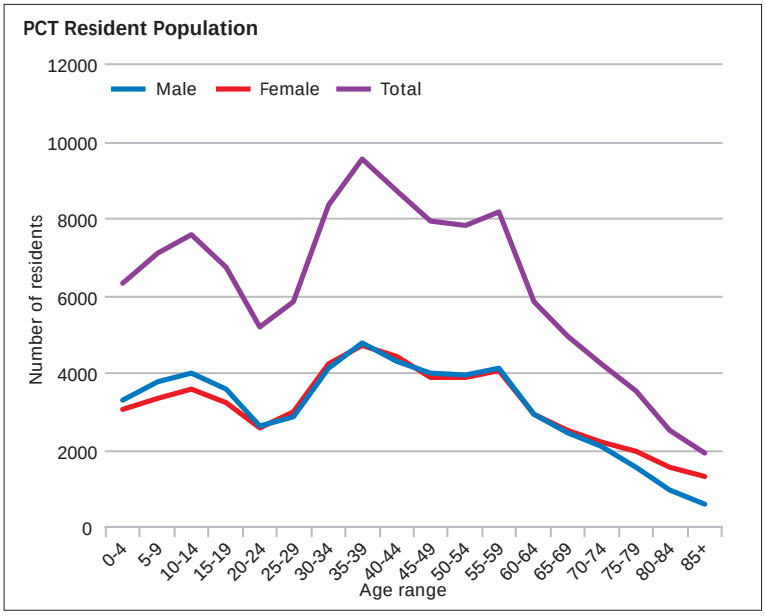
Last years Annual Report focused upon local and national priorities. These included Coronary Heart Disease, rural and isolated communities, children and older people. Recommendations from that report included a large number related to joint working through Local Strategic Partnerships. A particular focus was placed upon relationships with Local Government and the Voluntary sector. As a response to this, each section of the report includes actions that our partners could take in order to improve the wider determinants of health and suggests how we can endeavour to work most effectively together.

This Years Annual Report

The Annual Report this year focuses on the themes of the Governments White Paper 'Choosing Health' (DOH 2004). The key messages from this are around individuals making their own choices. Our responsibility is to ensure that the population are educated regarding their health and that services are accessible, with a particular focus upon targeting areas of inequality and people who find it difficult to access services. We have also included some aspects of Health Protection and Environmental Health. Each section, or 'month', of this report will focus on one of these issues. In particular we will recommend how the NHS, our partners and the individual can take action to improve health.

The Population

- The PCT's population can be described in two different ways.
- The Resident Population lives within the District Council areas of South Derbyshire and the southern part of the Derbyshire Dales.
- The Registered Population is comprised of those people registered with one of the 12 General Practices within our area.
- Our Registered Population is currently approximately 91000, however our Resident population is over 112000.



The age and sex profile of our population is similar to the East Midlands as a whole, but there are variations within it. There is a rapid growth of the population within South Derbyshire due to an influx of young families, whilst in the Derbyshire Dales there is a more static and ageing population. This leads to different needs within the different areas of the population.

The majority of our residents would describe their ethnic origin as white. There are only small numbers from Black and Minority Ethnic Groups (BME), well below the National average of 9%. There are even lower numbers in our registered population. This leads our population to have different needs from those of the neighbouring districts of Derby and Burton-upon-Trent, where there are larger numbers of residents from BME Groups.

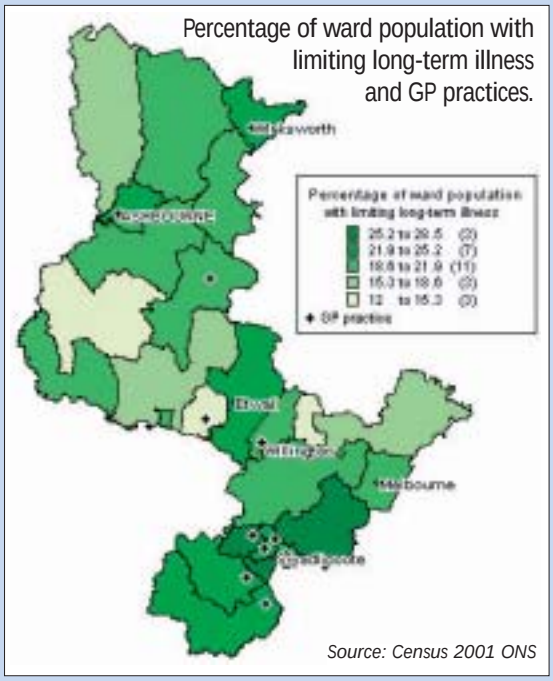
Ethnic Origin	Percentage of Population
White	97.6
Mixed	0.5
Asian	1.3
Black	0.2
Chinese/Other	0.3

2001 Census ONS

There is current and projected population growth within South Derbyshire as mentioned above. The Office for National Statistics (ONS) has estimated the growth of the population from a year 2000 baseline. These estimates do not include those who move into the area. New housing developments in Swadlincote and Hilton may mean this is an underestimate. This increase will require further reviews of services and increased resources for the years to come.

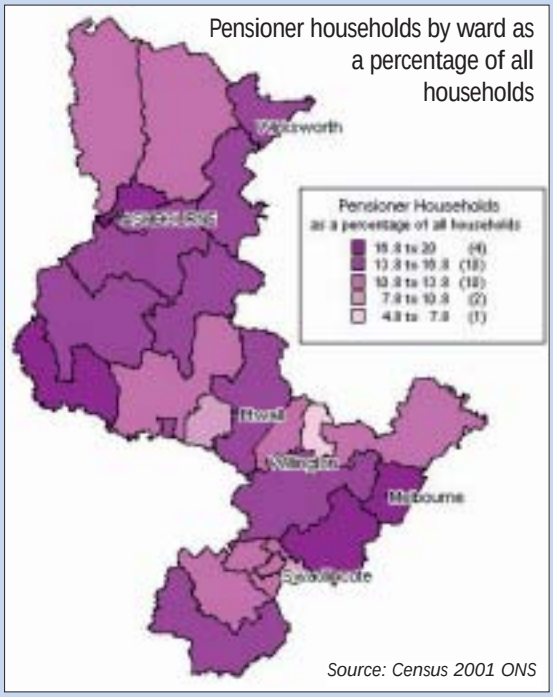
Area	2005	2007	2010
Derbyshire Dales	71000	70700	70300
South Derbyshire	85400	86600	88200

Office for National Statistics, ONS © Crown Copyright



The two maps of the PCT area illustrate the different needs of the areas. The first indicates the percentage of the population with life limiting long-term illness. The prevalence is higher in the South, an area with a higher percentage of working age adults. It also illustrates the positions of the GP Practices within the PCT.

The second map is a representation of the number of households with occupants over retirement age. These are just some of the statistics that impact upon the needs of the population and the provision of healthcare within the PCT.



by Robyn Dewis

Inequalities: The Problem

It is known that the area in which you live affects your health and life expectancy; these differences can be large. Areas are assessed according to the following domains and given a score (Index of Multiple Deprivation – IMD) to reflect the level of deprivation found there:

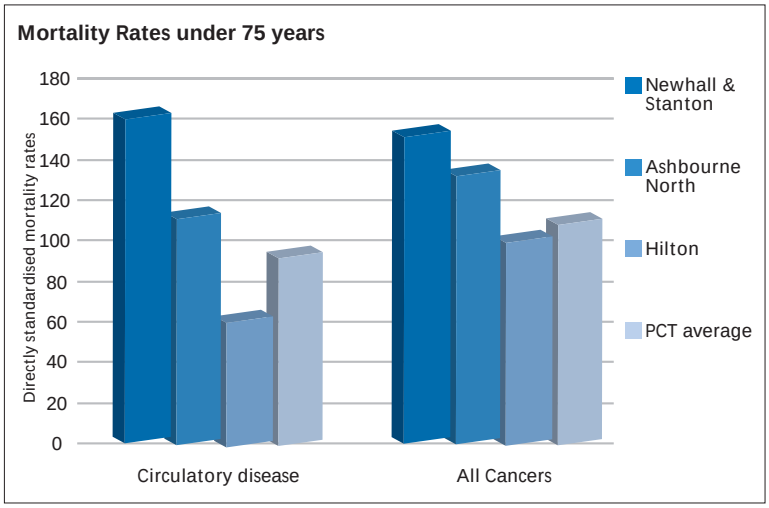
- ❏ Income.
- ❏ Employment.
- ❏ Health and Disability.
- ❏ Education, Skills and Training.
- ❏ Barriers to Housing Services.
- ❏ Crime.
- ❏ Indoor and Outdoor Living Environment (ODPM 2004).

A low score reflects low levels of deprivation and vice versa.

Within the wards of the PCT there is a wide range of IMD Scores. The table below illustrates the different scores found within the two districts of the PCT. It also reveals the differences between the sexes, the wards within a district and the districts themselves. Although we clearly have areas of relative deprivation, we do not have any wards in the most deprived 30% of England and 10 of our 29 wards are in the least deprived 30% (ODPM 2004).

Ranges by Ward	South Derbyshire	Derbyshire Dales
Index of Multiple Deprivation Score	4.53 – 25.06	8.37 – 15.86
Male Life Expectancy (Years)	72.7 – 84.3	75.8 – 82.8
Female Life Expectancy (Years)	76.1 – 93.3	78.5 – 88.2

EMPHO 2004



Deaths per 100000 population 2000-2004. Public Health Intelligence Team 2005.

Premature Deaths

Premature deaths (below the age of 75 years) are associated with IMD scores within the PCT. These mortality rates are standardised to allow for the age and sex of the population, and compared to the national average that is expressed as 100. Figures greater than 100 reveal a mortality rate higher than expected and vice versa. The graph illustrates the differences found between the wards with the highest (Newhall and Stanton 25.06), lowest (Hilton 4.53) and median (Ashbourne North 12.62) IMD scores within the PCT, along with the PCT average.

Our Response

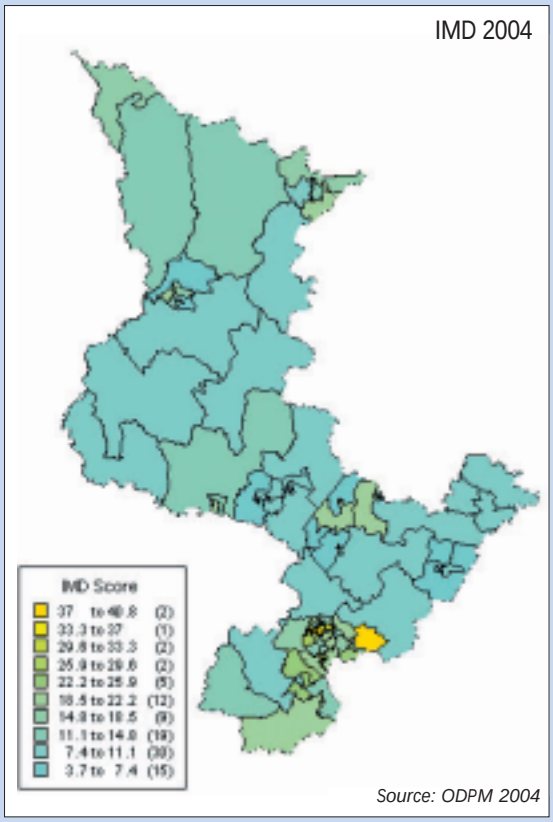
A new GP Practice is being established in Swadlincote. This development is a response to the increasing list sizes in South Derbyshire. There will be one GP initially with a plan to appoint further doctors as the list size increases. The GP appointed is dual trained in General Practice and Public Health and we hope that this will raise the profile of the Choosing Health agenda within the locality.

Health Needs Assessments have been carried out with two GP Practices in order to identify the areas for the targeting of resources. Practices with higher Index of Multiple Deprivation scores were chosen. Specific health issues were highlighted to the practices such as Mental Health, Coronary Heart Disease and Chronic Obstructive Pulmonary Disease. We hope that this will empower the Practices with the local knowledge required for Practice Based Commissioning in the future.

The PCT as a whole has endeavoured to consider the effect that all new investments will have on inequalities in health and data has been used to ensure that services are directed to the areas of greatest need.
Other sections of this report illustrate specific issues within inequalities in health and how we are tackling them. Smoking Cessation and Teenage Pregnancy Services are two such examples discussed separately within this report.

Our Partners Response

Inequality in health is an important issue for Central and Local Government. The Derbyshire Dales and South Derbyshire District Councils are working along with the voluntary sector within areas of greatest need. In particular they are working with the issue of housing with 'Affordable Homes' and 'Rent Deposit' Schemes.



The map illustrates the areas of relative deprivation within the PCT. It ranges from yellow as the highest IMD score and blue for the lowest. These figures are calculated as an average for the ward and can mask small pockets of need within wards, a particular issue within the rural communities of the Dales.

What the NHS can do:

- ❑ Continue to work together within Local Strategic Partnerships to ensure inequalities in health remains high on the local agenda.
- ❑ Ensure that all future plans for service developments consider any possible effects on health inequalities.
- ❑ Accept the principle of equity. To reduce inequalities services must be targeted to those most in need.
- ❑ The PCT will carry out further needs assessments to identify the most important issues for the health of our population.

What our Partners can do:

- ❑ Continue to work to reduce inequalities by addressing the wider determinants of health, in particular the provision of good quality housing.
- ❑ Ensure that those on low incomes receive all the benefits they are entitled to.
- ❑ Advise local residents on improving fuel efficiency in their homes.
- ❑ Review local transport provisions to ensure those communities with low car ownership have the best access to public transport and local facilities.

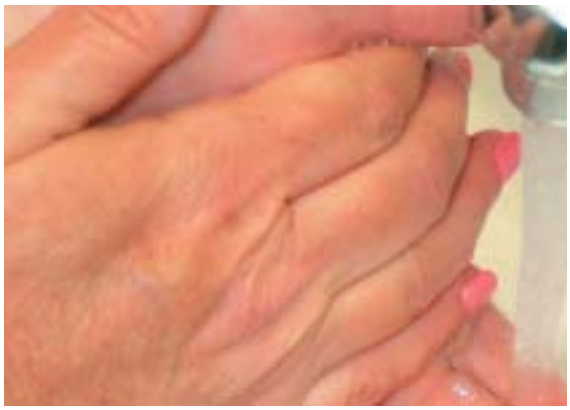
by Dr Gerry Bryant

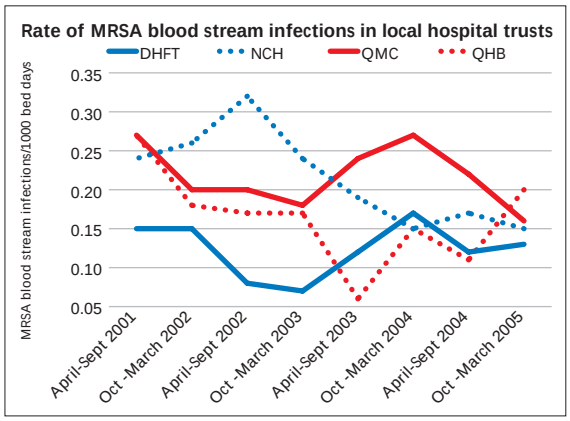
Healthcare associated infection – what we know and what we are doing about it

Infections are an important aspect of health protection and the Health Protection Agency was formed in April 2004 to provide advice and assistance to the NHS and local authorities to fulfil their health protection responsibilities.

Reducing healthcare associated infection is an important national priority with a target to halve the number of MRSA (methicillin-resistant staphylococcus aureus) bloodstream infections by 2008.

Our Infection Control Action Plan reflects what we need to do locally to reduce the risks of healthcare associated infection in local hospitals, general practices, health centres, dental surgeries and other healthcare settings. We provide training and education, advice and assistance with audit. An on-line MRSA training package is available to anyone in the PCT. We are encouraging general practices to introduce single use instruments by providing starter packs.





Infectious disease – what we know and what we are doing about it

Doctors have a duty to notify certain infectious diseases to the relevant authority. This means that we can monitor the disease and identify any increase or outbreaks of disease. The tables illustrate the number of cases of notifiable diseases including food poisoning (infectious intestinal disease) that have occurred locally during 2000 to 2004. The data show that the number of cases of infections fluctuates from year to year. The changes in the number of cases of three diseases are worth highlighting: mumps, viral hepatitis and campylobacter.

FOOD POISONING NOTIFICATIONS

Organism	2000	2001	2002	2003	2004
Campylobacter	101	83	87	70	68
Salmonella	16	20	20	16	22
Shigella	0	1	1	2	1
Cryptosporidium	14	7	7	18	8
Giardia	0	3	2	4	4
E. coli 0157	4	1	3	13	0
Viral	8	14	14	39	17
Others	2	1	2	0	0
No Organism	22	16	13	10	16

Mumps is viral infection that causes swelling of salivary glands. Severe infections include meningitis and inflammation of other glandular tissue including pancreas or testicles. Complications may include deafness or diabetes. Mumps used to be very common until the triple MMR (measles, mumps and rubella) vaccination was introduced in the 1980s. Two doses of MMR provide protection against mumps. A single dose only protects four out of five people. Outbreaks of mumps have occurred throughout the UK, particularly in universities, colleges and schools, in young adults too old to have been immunised as children or who have only received one dose of MMR. Although the number of cases of mumps has increased in 2004, large outbreaks have not occurred locally. General practices have been offering immunisation to susceptible young adults less than 25 years.

Viral hepatitis includes infections due to hepatitis B and C. These blood-borne virus infections may be transmitted through sharing of intravenous drug-taking equipment and sexual activity. Screening individuals at high risk of infection can reduce the risk of infecting others and treatment may be needed

OTHER NOTIFIABLE DISEASES

Disease	2000	2001	2002	2003	2004
Acute Encephalitis	0	0	1	0	0
Meningitis (all causes)	7	8	3	3	4
Meningococcal Septicaemia	4	2	3	1	3
Whooping Cough	0	0	2	0	8
Measles	8	7	8	3	12
Mumps	4	11	7	10	30
Rubella	5	8	12	8	17
Tuberculosis (including chemoprophylaxis)	7	10	7	5	4
Malaria	1	1	1	0	1
Opthalmia Neonatorum	1	0	0	1	0
Scarlet Fever	10	12	12	15	9
Viral Hepatitis (all causes)	3	14	15	15	25

to reduce the risk of complications. The increase in detection of cases reflects increased testing in Foston prison.

Campylobacter is the most commonly identified bacterial cause of infectious intestinal disease. It can cause a severe bloody diarrhoeal illness. Infection is often associated with undercooked poultry and unpasteurised milk. Nationally the rates of disease rose to a peak in the early 2000s and have since shown a modest decline. Locally the number of cases of infection has declined by one third since 2000.

IMMUNISATION – WHAT WE KNOW AND WHAT WE ARE DOING ABOUT IT

The childhood immunisation programme includes...

Immunisation	Given at...
Diptheria, Tetanus and Polio	Primary course at 2, 3, 4 months, boosters pre-school and school-leaving
Pertussis	Primary course at 2, 3, 4 months, boosters pre-school
Haemophilus Influenza (HIB)	Primary course at 2, 3, 4 months
Meningitis C (Men C)	Primary course at 2, 3, 4 months
Measles, Mumps and Rubella (MMR)	13 months and pre-school

To provide high levels of immunity in the population it is important to have high levels of uptake of immunisation. Immunisation uptake rates are very high in this area. The uptake rates in 2004-5 for primary courses of diphtheria, tetanus, polio, pertussis, HIB and MenC were 98%, falling to 90% for pre-school boosters. Although not quite as high, 90% of children received one dose and 87% received two doses of MMR by their fifth birthday. One practice with low uptake of pre-school boosters and second MMR has been visited to explore reasons for poor uptake. In addition, practices with very high uptake have shared good practice points with others. All practices achieved the target 70% uptake of influenza vaccination among the older population.

What the NHS can do:

- ❑ People working in a healthcare setting should have a basic understanding about infection control. Healthcare professionals should have the knowledge and skills that they need to reduce the healthcare associated infection risk of their patients.
- ❑ Healthcare professionals always wash their hands or use alcohol hand gels as appropriate.
- ❑ The requirements for safe decontamination of equipment and hand hygiene should be assessed in all healthcare settings in the light of national guidance.
- ❑ Healthcare professionals should provide information and advice about childhood immunisations to support parents
- ❑ Healthcare staff should take-up offers of influenza immunisation.

What our Partners can do:

- ❑ Ensure that food businesses understand and use safe food preparation.
- ❑ Use the skills of environmental health officers as educators as well as enforcers of public health law.

What the Individual can do:

- ❑ Don't be shy its OK to ask if health professionals have washed their hands before treating you.
- ❑ Reduce the risks of infectious intestinal disease *(see box)*.
- ❑ Accept offers of immunisation – particularly influenza and hepatitis B if it is appropriate.
- ❑ Give informed consent for your children to receive appropriate childhood immunisations, including MMR.

Reduce the risk of infectious intestinal disease:

- ❑ Wash your hands – before eating, before preparing food and after using the toilet.
- ❑ Handle food properly in the home to avoid cross-contamination from raw food to food that will be eaten without further cooking.
- ❑ Make sure that potentially contaminated food such as meat, poultry and eggs is properly cooked before being eaten.

Coronary Heart Disease and Smoking Cessation

by Sue Washington and Robyn Dewis

Coronary Heart Disease

The map displaying ward level data illustrates the distribution of circulatory disease within the PCT. One of the most important contributions to improving these figures is to reduce the prevalence of smoking. If smoking cessation is also targeted to the areas of greatest need this can aid in reducing the clear health inequalities.

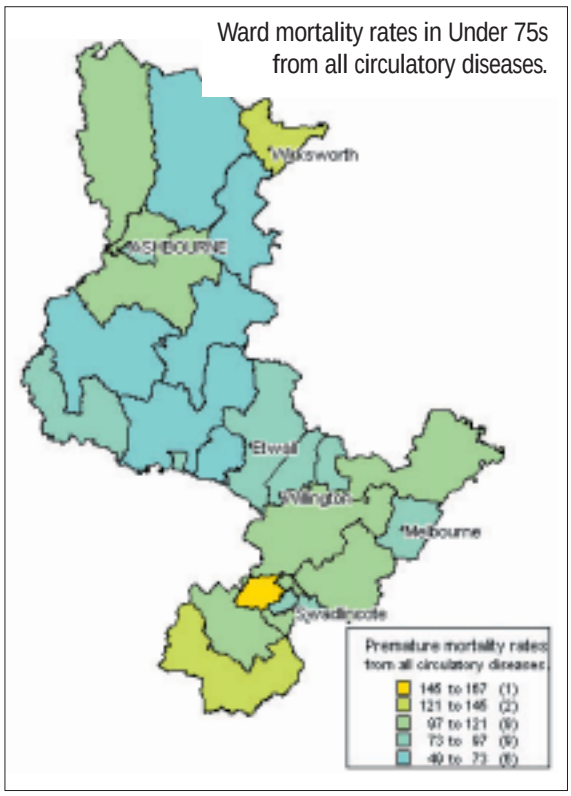
Coronary Heart Disease and smoking were highlighted as National issues in last years report. We have developed services including the appointment of a Cardiac Rehabilitation Nurse and an expansion of the Fresh Start Services for smokers wanting to stop.

Smoking Cessation

The Fresh Start stop smoking service has been operating from the PCT since late 2003. It has a coordinated team of advisors and there are over 20 different opportunities for people to access the service throughout the district on a weekly basis. More opportunities are developed in line with health needs and client needs/demands. The service is client led but driven by Government targets that are set at a local level. The statistics collected each month are fed into the National picture. There is a National target to reduce the prevalence of adults smoking in Britain to 21% by the year 2010.

The current estimated percentage of smoking adults in this PCT area is 26%. The East Midlands Public Health Organisation (EMPHO) provides these figures, and the following statistics. The time span involved is March 02 to Oct 04.

In our PCT area there are more women (4.06%of the female smoking population) accessing Fresh Start than men (2.9% of the male smoking population). However these men (72.4% of those that access the service) are more successful with Fresh Start than the women (68% of those that access the service). Success is measured by the number of people who have quit smoking at 4 weeks from their quit date.



Ward mortality rates in Under 75s from all circulatory diseases.

A questionnaire was given to those who completed a course of 7 sessions and the results showed that clients really valued the service and most accessed it within 2 weeks, and within two miles of their home.

We have targets set by the Department of health to reach out to manual workers and also to pregnant women. We have undertaken several work place groups during this year. The regular group sessions held in both Sudbury and Foston prisons highlight the work we do to reduce inequalities.

Some of our partners have been developing no smoking policies for work places. Both of the District Councils that we work with have developed no smoking on duty policies, there has also been work done with local businesses in the area to assist them with workplace policies. Radon (see Environment section) is an additional risk to smokers' health. The highest levels within our PCT area are found around Wirksworth. The Dales District Council has been running education sessions regarding Radon for our smoking cessation advisors. Their clients in areas with elevated levels can now be fully informed and advised how to reduce their risk.

What the NHS can do:

- ❑ Raise awareness of the risks for young people and pregnant women.
- ❑ Assist GP Practices and community pharmacies to deliver Fresh Start locally using the Associate Advisor Scheme.
- ❑ Target young adults and areas of health inequalities.

What our Partners can do:

- ❑ Promote smoke free environments for staff and clients.
- ❑ Be involved in a multi-agency group to look at tobacco control issues.
- ❑ Promote Fresh Start and allow staff to receive 'brief intervention' training, to become comfortable in talking about smoking.
- ❑ Help us to identify any gaps in the Fresh Start Service provision.

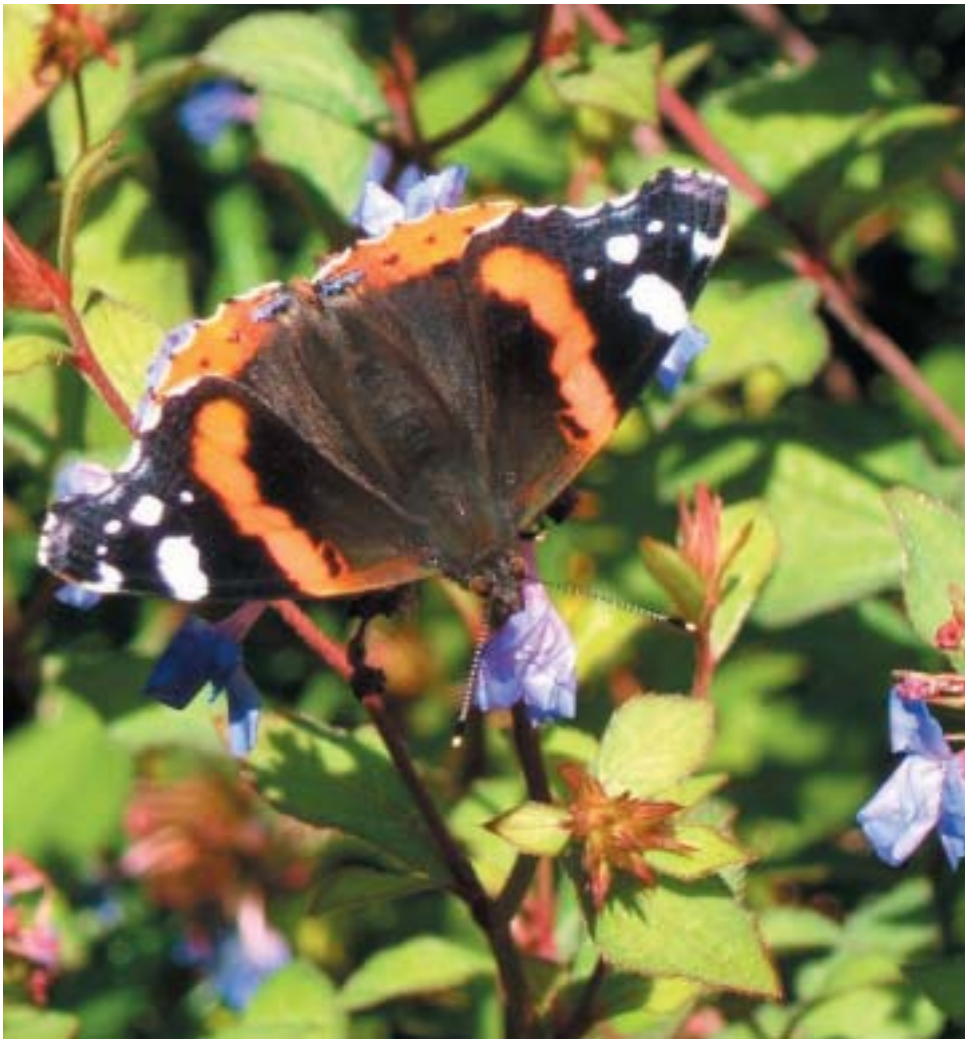
What the Individual can do:

- ❑ Members of the public can contact our Fresh Start team on 01283 731369.
- ❑ Make a stand to protect your own health and right to breathe clean air. Point out the hazards of smoky atmospheres to any businesses.
- ❑ 70% of smokers wish to stop. The most effective way to stop is through their local NHS (four times more likely to succeed than 'going cold turkey').

by Vicky Price

Mental Health and Prisons: The Context

- ❏ The National Service Framework (NSF) for Mental Health was published in September 1999 and applies to all working age adults including prisoners.
- ❏ Changing the Outlook: a Strategy for Developing and Modernising Mental Health Services in Prisons was published in December 2001 to guide the development of mental health service provision within the prison setting. All prisons and their local NHS partners were required to complete a Mental Health Needs Assessment by 30th September 2002.
- ❏ Commissioning of all health care in prisons, including mental health, became the responsibility of PCT's in April 2003. Care provided should be equivalent to that in the wider NHS.



Background

The PCT has two prisons within its locality. HMP Sudbury is a male, Category D, open prison housing 571 men and HMP Foston Hall is a female closed prison, equivalent to a category B. Foston Hall can accommodate 235 sentenced women plus 39 women, over 18 years, on remand within a separate wing. The mental health needs of both male and female prisoners are complex and varied.

The concept of prison as an environment for improving mental health is challenging to both staff and prisoners alike; many of the conditions associated with the environment, for example, exclusion, isolation and loss of control are not conducive to good mental health.

Common mental health problems associated with prison inmates include:

- ❏ Depression and low mood.
- ❏ Difficulty in concentration.
- ❏ Stress associated with family worries.
- ❏ Aggressive thoughts.
- ❏ Self harm and suicide.
- ❏ Drug and alcohol problems.
- ❏ Eating disorders.

The latter three are all more common in female prisoners.

A Mental Health Needs Assessment undertaken in Foston Hall identified many women entering prison with past histories of mental health problems, often having had hospital treatment and /or interventions from community mental health teams.

A number of women have histories of sexual and/ or physical abuse that may have persisted undetected or untreated for years. Many of these women come from disadvantaged backgrounds including childhood fostering and care facilities. Other problems associated with women's mental health relate to separation from their children and can include untreated postnatal depression. The remand centre at HMP Foston Hall opened in October 2004 providing a secure enclosure separate from sentenced prisoners.

A Mental Health Needs Assessment undertaken in Sudbury identified movement between prisons as a key factor in poor continuity of care and thus a failure to address mental health problems adequately. Depression was the predominant problem with 73% of inmates reporting this diagnosis. 44% of inmates presented with anxiety disorders. There were no recorded cases of self-harm although suicide attempts are not uncommon. Drug and alcohol problems were widely reported.

Mental Health In Reach

Foston Hall has received extra financial resources to support Mental Health In Reach services (MHIR). It now has a multi disciplinary MHIR

team comprising a team leader, Consultant Psychiatrists, Community Psychiatric Nurses, an Occupational therapist, Psychologist and administrative support. They provide care Monday to Friday, leading on care associated with severe and enduring mental illness; they are also Care Programme Approach (CPA) co-ordinators liaising with mental health specialists in the wider community and facilitating transfer to tertiary care. A new Day Centre offering a range of therapeutic interventions is due to open soon.

HMP Sudbury has not received any MHIR funding. Their Mental Health Needs Assessment shows that the male prison population has an unmet need requiring more clinical mental health care. The PCT plan to commission additional sessions as part of a co-ordinated service to cover both prisons.

Substance Misuse

HMP Sudbury does not provide any detoxification or maintenance programmes as it is expected that prisoners will have completed these before transferring there. Should a prisoner relapse he must transfer to another prison that has the appropriate facilities.

Many of the women at HMP Foston Hall Remand Centre undergo detoxification and a number of the sentenced women can receive maintenance medication.

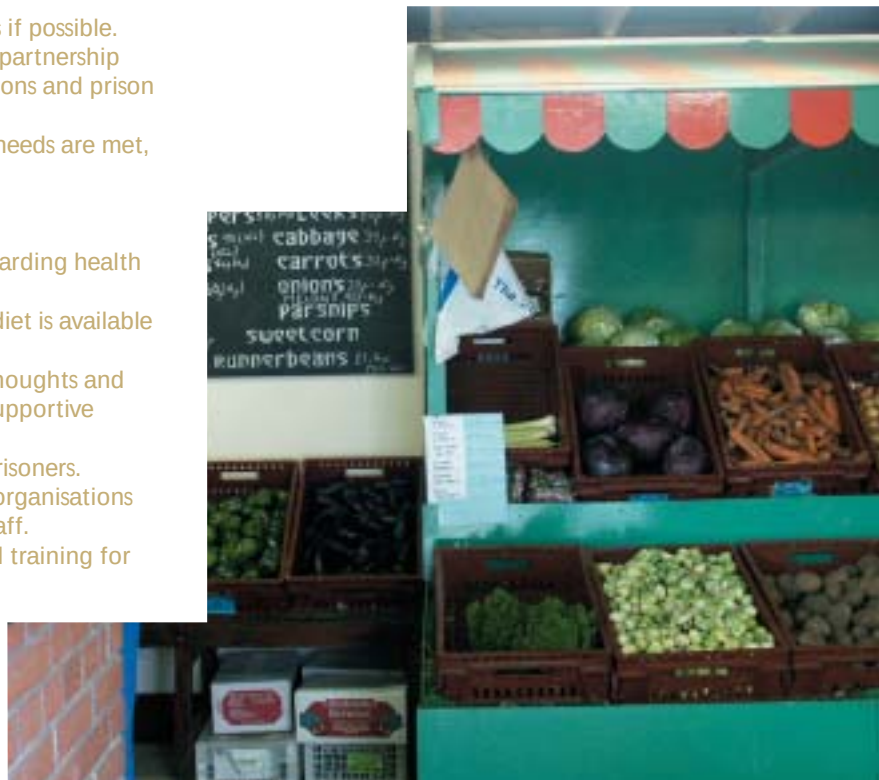
The New National Substance Misuse Strategy in prisons calls for prisoners to receive longer detoxification and maintenance medication if clinically appropriate. This aims to help reduce the number of deaths from overdose following release and to be more in line with practice in the wider community.

What the NHS can do:

- ❑ Raise awareness of prisoners mental health as an inequalities issue; prisoners should be considered "disadvantaged" when reviewing service provision.
- ❑ Work with prison staff to advise on health education/promotion for prisoners.
- ❑ Include prisoner representation on service user groups if possible.
- ❑ Conduct regular Mental Health Needs Assessments in partnership with prisons to keep abreast of the changing populations and prison structures.
- ❑ Review the Mental Health In Reach Service to ensure needs are met, particularly regarding detoxification and addictions.

What Prisons can do:

- ❑ Ensure they maintain regular liaison with the NHS regarding health needs and clinical governance agendas.
- ❑ Examine the quality of prison food to ensure a good diet is available to both prisoners and staff.
- ❑ Ensure prisoners have opportunities to express their thoughts and concerns, providing counselling opportunities and a supportive environment to encourage self-help.
- ❑ Ensure exercise opportunities are made available to prisoners.
- ❑ Ensure other services provided by the NHS and other organisations e.g. Fresh Start are made available to prisoners and staff.
- ❑ Support the provision of awareness raising and clinical training for health care staff.



by Dr Gerry Bryant

Cancer: What We Know And What We Are Doing About It

In the population that we serve, cancers account for one quarter of all deaths and over one third of all deaths under 75 years of age. Reducing deaths from cancer is a national target and improving care at the end of life is a local target.

Many cancers can be prevented by the lifestyle choices that we make. What we eat, whether we are overweight or obese, how much exercise we take, whether we choose to smoke all affect our risk of developing cancer. Screening can detect cancer or pre-cancerous changes before any symptoms develop. Finding and treating pre-cancerous changes can prevent cancer developing. The earlier a cancer is found and treated the better the chances of cure. We need to provide optimum palliative care and end of life care for those patients whose cancer cannot be cured.

Cervical Screening

By detecting and treating early abnormalities of the cervix before cancer develops, the NHS Cervical Screening Programme prevents 4 500 deaths from cervical cancer in England each year. In order to prevent these deaths, it is necessary that at least 80% of eligible women aged between 25 and 64 years should be adequately screened at least every five years.

In Derbyshire Dales and South Derbyshire PCT, 85% of eligible women had been adequately screened within the previous five years and all practices achieved at least 80% uptake. Almost 80% had been screened within the previous 3.5 years. These uptake rates are higher than the average for England, which is 80.6% (within five years) and 70.3% (within 3.5years). However uptake of cervical screening is lower in younger and older women as figure 2 shows.

The majority of cervical smear tests are normal. Only one in twenty women who are tested will have any abnormality detected and only one in seventy will have a moderate or severe abnormality.

The cervical screening methods that are currently in use mean that up to one in ten smears taken cannot be interpreted and the woman has to be recalled for a repeat smear test. During 2005-06, older methods are being replaced with Liquid-based cytology. This new method involves new equipment, new techniques

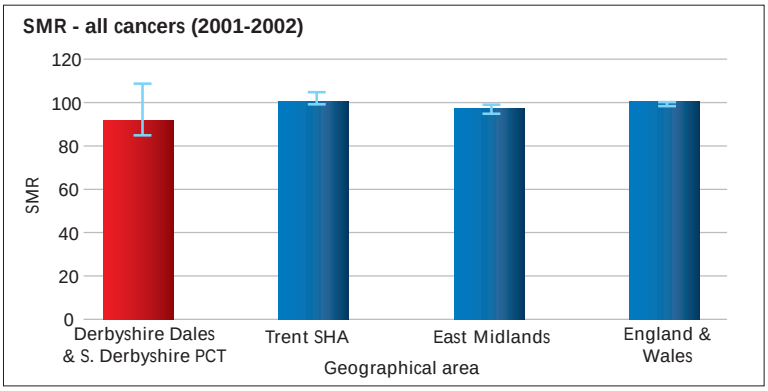
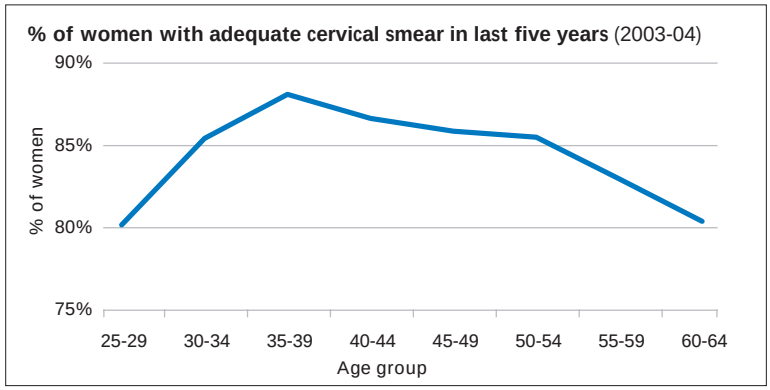


figure 1



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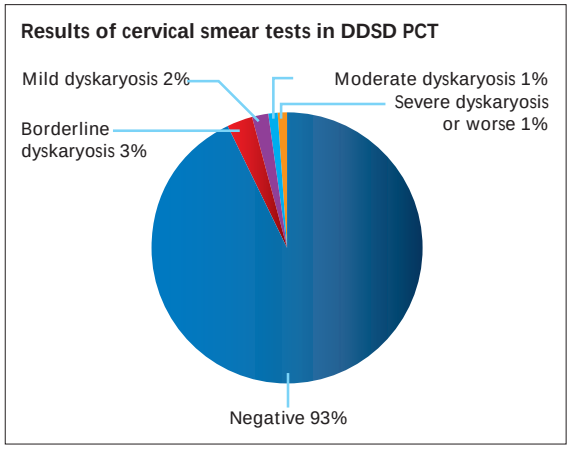


figure 3

and training for all smear takers and laboratory staff and will mean that very few women will require repeat tests for inadequate smears.

Breast Screening

All women aged between fifty and seventy years are now invited for breast screening every three years as part of the National Breast Screening Programme. The purpose of screening is to reduce deaths from breast cancer by detecting and treating early cancer.

The South Derbyshire Breast Screening Service has a uniformly high uptake and detection rates. The uptake rate in 2003 for Derbyshire Dales and South Derbyshire PCT was 83% with only one general practice falling below 80% uptake.

For every 1000 women screened, one cancer is detected and more than one in three breast cancers is detected through screening. The number of new cases of breast cancer diagnosed each year within the PCT is constant and varies between 60 and 83 cases per year.

Palliative care and end of life

Research suggests that most patients with cancer want to die at home and do not want to die in hospital. However over half of all deaths from cancer occur in hospital and only a quarter at home. The proportion within the PCT is little different to the rest of the country. We aim to increase the proportion of people that die in the place that they have chosen. We have made it a priority to implement the Liverpool Care Pathway and Gold Standards Framework.

We are one of nine Integrated Cancer Care Pilot sites established to explore ways to improve the experience of care for people with cancer from initial referral through investigation, diagnosis, treatment and cure, palliative care or end of life care. The project will begin towards the end of 2005.

What the NHS can do:

- ❑ Continue to work with partners to increase access to exercise and healthy lifestyle opportunities.
- ❑ Continue to support people who want to stop smoking with FreshStart.
- ❑ Ensure our population can access NHS cancer screening programmes.
- ❑ Explore why younger and older women do not attend for cervical screening to enable them to do so.
- ❑ Raise awareness about symptoms that could be due to cancer.
- ❑ If cancer is a possibility – refer patients early for further investigation.
- ❑ Meet national targets to reduce the time from referral to diagnosis and treatment of cancer.
- ❑ Implement the Liverpool Care Pathway and Gold Standards Framework.

What our Partners can do:

- ❑ Provide local convenient facilities for a wide range of exercise opportunities.
- ❑ Increase the range of healthy food choices (and reduce unhealthy options) in schools and other institutions.
- ❑ Provide opportunities for people to learn about healthy eating.
- ❑ Provide support to individuals to make healthy lifestyle choices.
- ❑ Assess the radon risk to households in high radon areas of Derbyshire Dales households and provide support to households to reduce their risk of exposure.
- ❑ Increase the number of smoke-free public places.

What the Individual can do:

- ❑ Reduce weight if you are obese or overweight.
- ❑ Eat a healthy diet (high fibre, low fat, more fresh produce, less processed and sugary foods, less red meat) – remember 5 a day.
- ❑ Take more exercise – remember 5-a week.
- ❑ Young people can choose to not start smoking.
- ❑ Smokers can choose to stop smoking (using Fresh Start – our NHS smoking cessation service – can increase your chances of successfully quitting fourfold).
- ❑ Take up the offer of cancer screening programmes.
- ❑ Seek advice from health professionals if you develop symptoms that may be suggestive of cancer.

Fresh Start

Symptoms of bowel cancer include:

- ❑ Repeated bleeding from the back passage or blood in the bowel motion.
- ❑ Persistent change in bowel habit (for 6 weeks), including severe constipation, looser bowel motions and/or needing to go to the toilet more than usual.
- ❑ Severe colicky abdominal pain.
- ❑ Unexplained tiredness or weight loss.

by Judith Carpenter, Jill Titterton and Robyn Dewis

Obesity and Diabetes: The Background

In 2002 the Chief Medical Officer highlighted the growth of obesity as a 'public health time bomb'. Choosing Health identified obesity as a risk factor for heart disease, cancer and diabetes and described how the prevalence of obesity in the United Kingdom has trebled since the 1980's. The incidence is related to inequalities in health, with the highest levels being found in the lowest socioeconomic classes.

Weight is classified according to Body Mass Index (BMI), which is calculated as the body mass in kilograms divided by the height in metres squared.

BMI range (kg/m^2)	Classification
<17	Malnourished
17 – <20	Underweight
20 – <25	Normal Weight
25 – <30	Overweight
30 – <40	Obese
>40	Morbidly Obese

EMPHO Obesity Profile of the East Midlands Dec 2004

Increasing obesity leads to an increased risk of health problems. Those people with central obesity (apple rather than pear shaped) are at further increased risk.

In Derbyshire Dales and South Derbyshire PCT we have an estimate of the levels of obesity from the Southern Derbyshire Health Survey undertaken in 2002, which reflect national patterns.

What We Have Achieved Locally

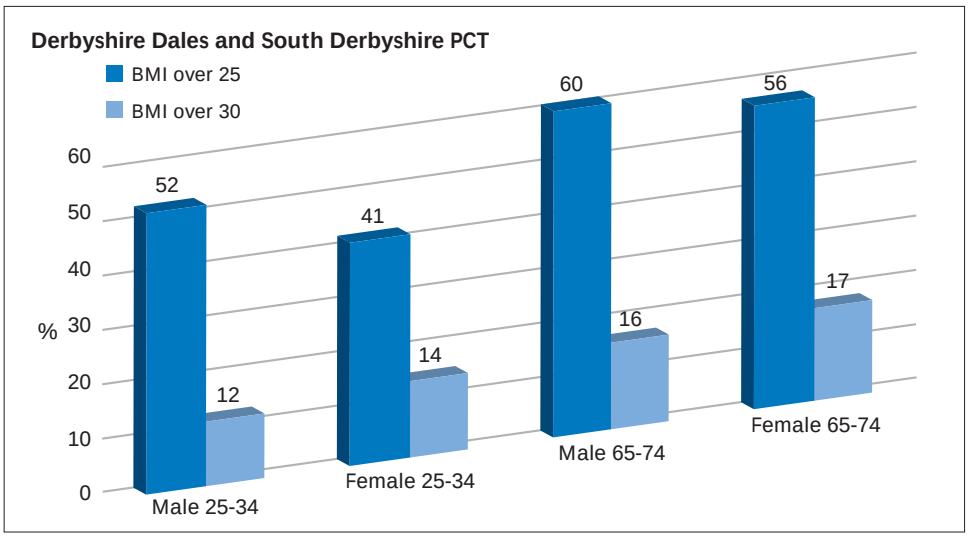
Obesity:

- ❑ The PCT has established obesity and breast-feeding groups to further examine the particular issues within the local area.
- ❑ Staff training has been carried out on motivational interviewing, promoting breast-feeding and championing obesity motivational practice (CHOMP).
- ❑ Plans are in place to develop the role of an infant feeding co-coordinator.
- ❑ A '5 a day' worker is in place in Wirksworth, an area of relative deprivation within the Derbyshire Dales.
- ❑ Work is being carried out in order to improve Body Mass Index (BMI) recording in Primary Care to ensure accurate and up to date data is available.
- ❑ Audits have been carried out on the use of Orlistat and Sibutramine (drugs used to treat obesity).

Diabetes:

- ❑ The Quality and Outcomes Framework is rewarding good quality within Primary Care and should lead to improvements in monitoring and control.
- ❑ Education programmes have been instigated for Primary Care and St Oswald's staff on diabetes and podiatry.
- ❑ A Diabetes Network is being established to link all stakeholders.
- ❑ Support is being provided to prisons to develop a diabetes service.
- ❑ Insulin starter groups are being set up, moving care closer to the patient into the community.
- ❑ Diabetes education sessions have been held within the community. These sessions are entitled 'Diabetes & You', and are group education programmes for people newly diagnosed with type 2 diabetes. Our aim is to empower people to manage their own condition and lead a healthy life.

The Government set a target in 2004 to 'halt the year on year rise in obesity among children under 11 by 2010, from the 02-04 baseline, in the context of a broader strategy to tackle obesity in the population as a whole'.



What the NHS can do:

- ❑ Employ a breastfeeding co-coordinator to achieve UNICEF baby friendly status. Facilitate the development of staff in supporting breast feeding and empower mothers to provide peer group support.
- ❑ Provide guidance on measuring prevalence of childhood obesity and undertake data collection.
- ❑ Make Healthy life style advisers available to support families and individuals to make long-term changes and reduce risk factors.
- ❑ Increase the availability of services for the treatment of morbid obesity.
- ❑ Provide more capacity to treat the increased numbers of people with diabetes. Target individuals at high risk, for example those with impaired glucose tolerance, metabolic syndrome, gestational diabetes, or a family history. A holistic approach encompassing psychosocial aspects of care should be used.

What our Partners can do:

- ❑ Work with communities to develop a program to prevent/reduce levels of obesity, through education, healthy school meals and travel plans.
- ❑ Leisure services can actively promote exercise opportunities.
- ❑ Ensure breast-feeding facilities are widely available.
- ❑ Employers can review the work environment and develop healthy life initiatives for staff.

What the Individual can do:

- ❑ Strive to follow a healthy life style, eat at least five portions of fruit or vegetables a day and take 30 minutes of brisk exercise five times a week.
- ❑ Ensure alcohol intake is within the current guidelines of 14 units per week for women and 21 units per week for men.
- ❑ Maintain a healthy weight, especially important in those with central obesity.
- ❑ Breast-feed infants for six months and then wean onto a healthy balanced diet.

by Robyn Dewis

The Environment: Radon

Radon is a naturally occurring gas produced by the decay of Uranium. It disperses in the air but can accumulate within enclosed spaces such as buildings. Most properties have low levels but residents of homes with a level over 200Bq/m3 have an added lifetime risk of lung cancer of 3%. This risk is additional and independent to that from active and passive smoking.

Derbyshire Dales is a designated radon affected area. This indicates that there is a greater than 1% risk of properties having an average radon concentration above the action level of 200Bq/m3.

In some of the Southern areas of the Dales this increases to a 30% risk. It is estimated that there are between 1800 and 3200 dwellings above the action level within the Derbyshire Dales area. The areas of the PCT most affected are those with the postcodes DE4 and DE6.

The action level for businesses is set at 400Bq/m3. Our partners at the Derbyshire Dales District Council have been working with local Public Houses to ensure that those in an area of increased risk have monitored the level of Radon within their premises. They have also revisited to ensure effective action has been taken to reduce these levels. Education sessions have been carried out with the PCT Fresh Start Smoking cessation advisors to enable them to raise awareness amongst local smokers.

Health Protection Agency

What the NHS can do:

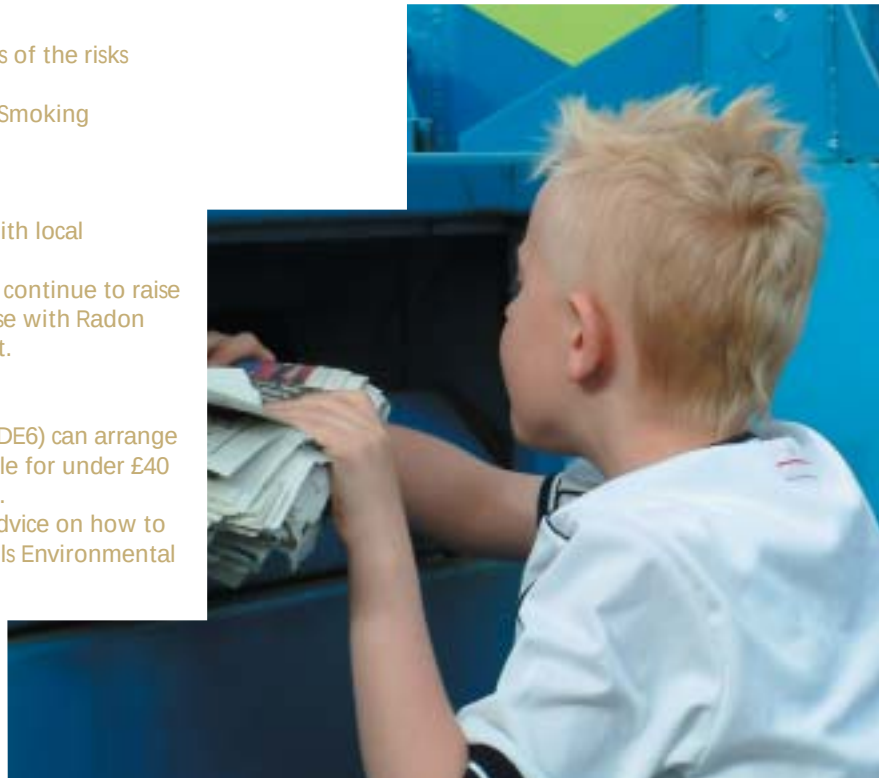
- ❑ Work with our partners to continue to raise awareness of the risks associated with Radon.
- ❑ Ensure that information regarding Radon is linked to Smoking Cessation advice in at risk areas.

What our Partners can do:

- ❑ Continue their work of education and enforcement with local businesses.
- ❑ Work together with the Local Strategic Partnership to continue to raise awareness within the local population and advise those with Radon concentrations above the action level how to reduce it.

What the Individual can do:

- ❑ Residents living within the higher risk areas (DE4 and DE6) can arrange for monitoring of their homes. Testing kits are available for under £40 from the Health Protection Agency (www.hpa.org.uk).
- ❑ If properties have an average level above 200Bq/m3 advice on how to reduce levels can be obtained from the District Councils Environmental Health Department (01629 721212).



RECYCLING

At first glance waste management may seem to have little connection with health but it is important that our view of health is broadened. Poorly managed waste can encourage pests and disease, cause visual pollution and contaminate land for decades. Our environment can have a profound effect upon our wellbeing, which can directly and indirectly affect our health.

Derbyshire produces 500,000 tonnes of household waste a year. If all of that waste were put to landfill it would occupy an area of land equivalent to 20 football pitches. In South Derbyshire 40,000 tonnes of waste are produced, 8,000 tonnes (20%) of that waste is recycled or composted, saving an area of land equivalent to the penalty area of one of those pitches.

Our partners at the County and District Councils are working together to develop a Derbyshire waste strategy. This will seek to increase the percentage of waste recycled from 20% currently to 50% over the next 20 years. The strategy will also aim to encourage all to reduce the amount of waste produced and increase the amount that is reused. Derbyshire Dales District Council has a policy to recycle its office waste and buy recycled products; it has invested in two dual fuel vehicles that can run on L.P.G.

Further information can be found at:

www.recycle-more.co.uk

www.recyclenow.com

What the NHS can do:

- ❑ Recognise that the environment is an important determinant of our populations' health.
- ❑ Review the PCT Headquarters own waste management and investigate the three R's (reduce, reuse and recycle).
- ❑ Promote this policy throughout the PCT.

What our Partners can do:

- ❑ Continue to educate the community regarding their own waste and share good practice already in place.
- ❑ Ensure that recycling is as easy and accessible as possible, especially for those less physically able.
- ❑ Review their own waste production and how it is managed.

What the Individual can do:

REDUCE:
- ❑ Avoid buying heavily packaged goods, buy loose if possible.
- ❑ Stop junk mail through the mail preference service.
- ❑ Use reusable bags or boxes for carrying shopping.

REUSE:
- ❑ Carrier bags and scrap paper, avoid disposable items.
- ❑ Buy rechargeable batteries.
- ❑ Send unwanted items to charity shops or car boot sales.

RECYCLE:
- ❑ Take advantage of Local Authority recycling collections.
- ❑ Compost your kitchen waste- your council can give you details of where to obtain a compost bin.
- ❑ Support recycling – buy recycled goods.

Sexual Health and Teenage Pregnancy

by Vicki Price

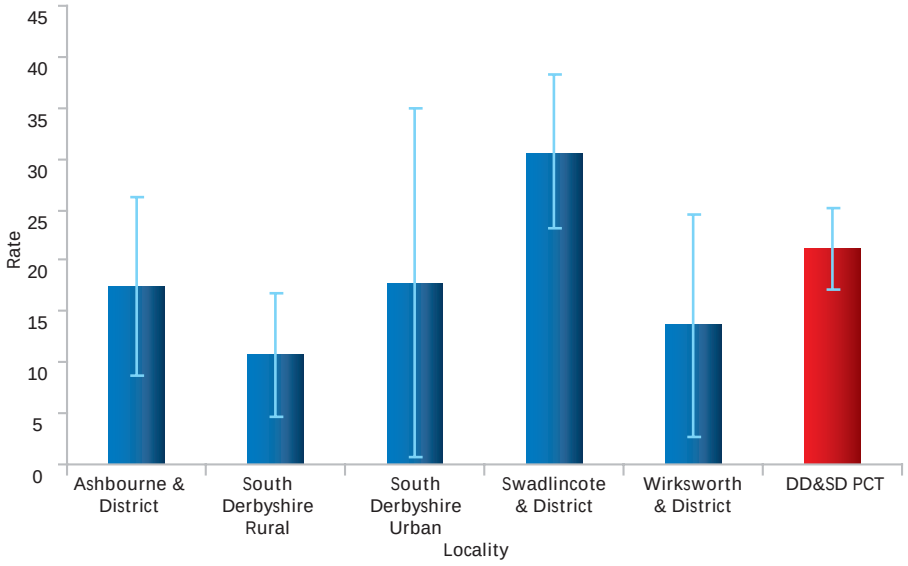
Sexual Health and Teenage Pregnancy: The Targets

National Targets have been set through the National Teenage Pregnancy Strategy, the Strategy for Sexual Health and Choosing Health.

These are to:

- ❑ Reduce the under 18's conception rate by 50% from the 1998 baseline, by 2010 as part of a broader strategy to improve sexual health.
- ❑ Increase the percentage of GUM patients offered an appointment to be seen within 48hrs of contacting the service, to reach 100% by 2008.
- ❑ Increase the participation of teenage mothers in education, training or work to 60 per cent by 2010 to reduce the risk of long term social exclusion.

Graph showing Crude Rates and 95% confidence intervals for teenage pregnancies in Derbyshire Dales & South Derbyshire PCT

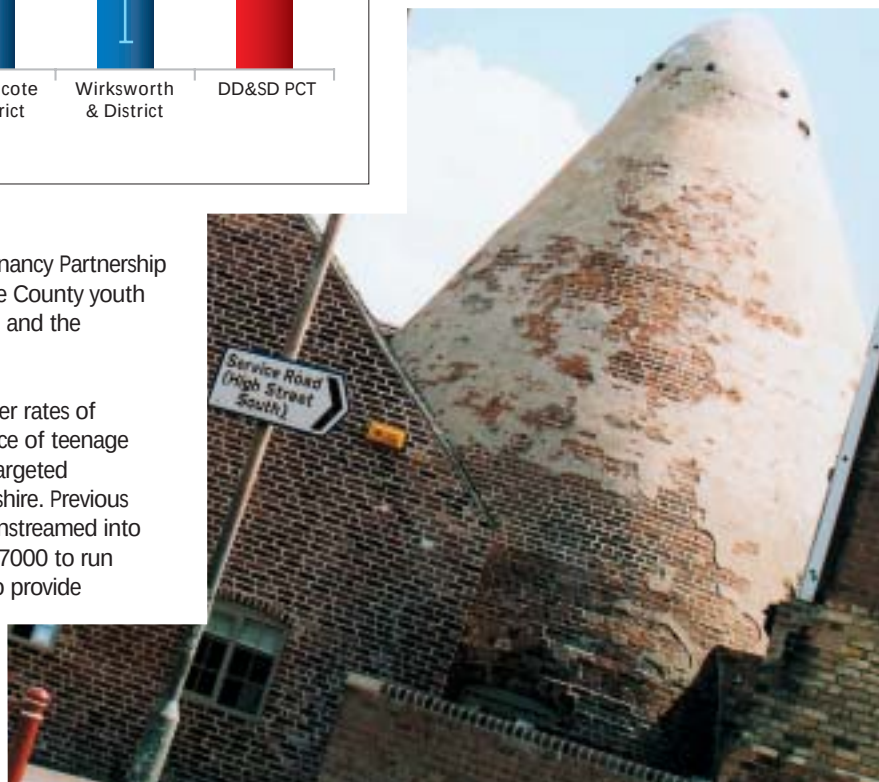


Derbyshire Dales & South Derbyshire PCT (figures are for 2001-2003)

The Local Picture

The Derbyshire Dales and South Derbyshire PCT Teenage Pregnancy Partnership is a multi-agency group with representatives from housing, the County youth service, school health, health visitors, social services, education and the voluntary sector.

Although Derbyshire Dales and South Derbyshire PCT has lower rates of teenage pregnancy than other PCTs in Derbyshire, the incidence of teenage pregnancy is not spread evenly across the area. The PCT has targeted investment towards the areas of highest need in South Derbyshire. Previous grants from the Teenage Pregnancy Unit (TPU) have been mainstreamed into PCT funding from April 2005. This provided approximately £27000 to run clinics from the Youth Information Shop in Swadlincote and to provide



enhanced sexual health advice to Looked After Children at Linden House.

Teenage pregnancy rates in Swadlincote, previously a PCT hotspot, have reduced considerably from 1999 to 2002 following targeted action. Further work needs to take place, however, as rates in this geographical area are still higher than the PCT average and there is an increase in numbers of young people moving into this part of South Derbyshire. Young teenagers who have babies need support in order to continue their education and not fall into the "poverty trap" through having their educational attainment curtailed prematurely. Young people entering the labour market with few skills or qualifications are more likely to find that only low paid, unskilled jobs are open to them.

Although teenage pregnancy rates are lower in the north of the PCT, services are patchy and access to services in scattered populations is a well-known feature of "hidden" rural deprivation.

The Local Teenage Pregnancy Partnership was successful in accessing £20,000 from the TPU to target areas of need; funds were awarded to:

- ❏ Concentrate on areas with relatively high conception rates.
- ❏ Focus on vulnerable groups and socially excluded young people, especially young men.
- ❏ Support teenage parents in areas where there is the greatest incidence of teenage pregnancy.
- ❏ Provide an accessible, prevention focussed service in rural communities.
- ❏ Provide local information regarding access to the full range of sexual health services available.

What the NHS can do:

- ❏ Ensure information on all aspects of sexual health is available to young people and is age specific, easily accessible and culturally appropriate.
- ❏ Ensure local knowledge regarding sexual health needs and teenage pregnancy hot spots is maintained through continued Health Needs Assessments and surveillance.
- ❏ Review the provision of condoms to GP practices and develop an appropriate distribution service.
- ❏ Develop "user friendly" services that are accessible and non-judgemental.
- ❏ Increase our provision of local services through use of "Clinic in a Box" mobile sexual health services run regularly at local venues. To deliver Level 1 and 2 holistic sexual health services to enable convenient access for patients and to ease the pressure on genito-urinary medicine (GUM) services.
- ❏ Ensure Chlamydia screening is widely available and readily accessed at local level.
- ❏ Ensure all "at risk" groups (men who have sex with men and injecting drug users) are offered Hepatitis B and Hepatitis C screening and vaccination at their first visit to GUM, or other level 2 service setting.
- ❏ Work with our hospitals (Queens Hospital Burton and Derby Hospitals Foundation Trust) to ensure speedy access to treatment and termination of pregnancy services.

What our Partners can do:

- ❏ Target sexual health messages appropriately for example through youth services working with young people.
- ❏ Maintain active involvement with the local Teenage Pregnancy Partnership to ensure vulnerable people have services appropriate to their need, for example women in sheltered accommodation and "safe houses".
- ❏ Schools can increase sexual health advice as part of PSHE.
- ❏ Ensure they understand the full range of local services available in order that they can inform young people and patients according to their needs.
- ❏ Pharmacists can increase provision of Emergency Hormonal Contraception.
- ❏ Provide supportive services for young teenagers who choose to keep their babies, for example housing support, educational facilities and easily accessible and affordable child care arrangements.

What the Individual can do:

- ❏ Ensure that they access the information available to them locally, via youth centres, school nurses, Connexions, or the local GP practice.
- ❏ Make considered and informed choices regarding readiness to have sex.
- ❏ Resist pressure from peers to have sex before they feel ready to do so.
- ❏ Protect themselves from Sexually Transmitted Infections (STI's) and unplanned pregnancies by always using condoms.

Children's Health

by Angela Stevenson and Robyn Dewis

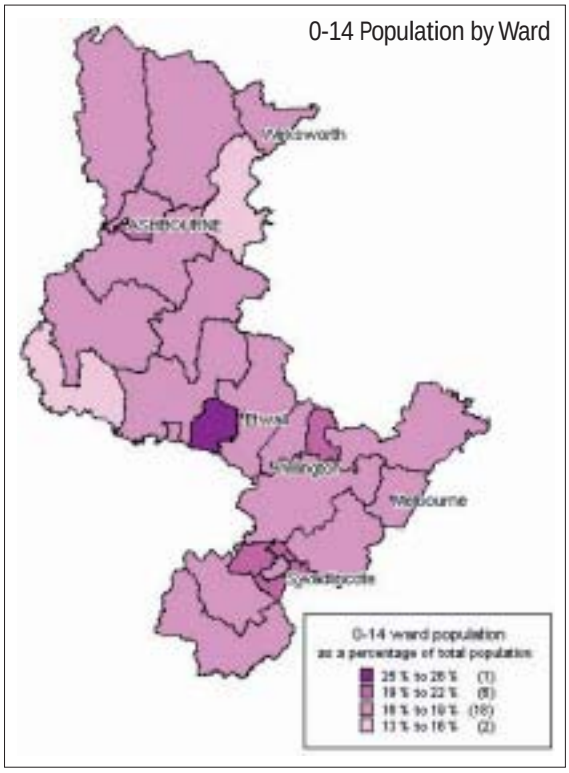
Children's Health: The Background

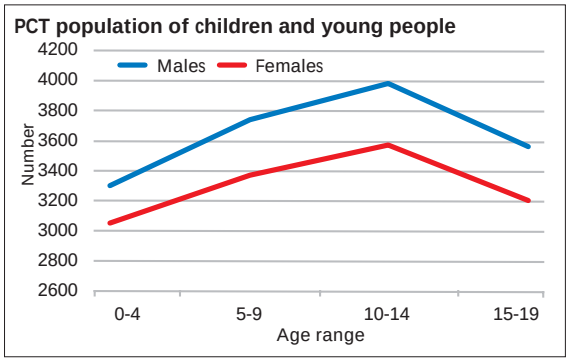
Children and young people in Britain enjoy better health today than any previous generation. Further improving health and welfare of parents and their children is the surest way to a healthier nation. However, inequalities still impact on children and young people.

The PCT is committed to improving the lives and health of young people in Derbyshire Dales and South Derbyshire PCT. To achieve this, we are working closely with a wide variety of agencies and organisations. In addition, we aspire to ensure that our services are child-centred and look at the whole child – not just the illness or the problem.

The PCT's design and delivery of services for children and their families actively considers the national standards for children and young people's health. These standards are based upon the 'National Service Framework for Children and Young People', the Children's Act and the Chief Nursing Officer's Review of Children's Nursing, all published in 2004. These documents focus upon increasing information, power and choice for parents and children, improving access to services, providing advice, encouraging healthy lifestyles and providing structures to enable the safeguarding of children.

The population of South Derbyshire is expected to grow considerably over the next decade. This growth will be from expansion of families already resident, along with a number of people moving into the area following the new housing developments of Swadlincote and Hilton. This growth is likely to cause a disproportionate increase in the numbers of children and young adults.





ONS Census 2003 estimate

The Derbyshire Health Profile highlighted the inequalities for children within our PCT. The table below illustrates the financial and educational differences between the north and south of the PCT area.

	PCT Area	Derbyshire Dales (All)	South Derbyshire
Lone parent households	4.6%	3.7%	4.7%
Children in non-earning households	10.1%	6.8%	10.7%
16-17 year olds in full-time education	78.3%	82.9%	78%

Derbyshire Health Profile 2004 – ONS Census 2001

What The PCT Is Doing:

- ❏ Improving the capacity and skills of the School Health Nursing Team and working to integrate with Health Visiting.
- ❏ Working in partnership with Sure Start regarding future development of children's centres and with education concerning extended schools.
- ❏ Our Primary Care Teams have achieved good immunisation results with 87% to 98% coverage of the childhood schedule.
- ❏ Working towards implementation of the Common Assessment Framework recommended in the National Service Framework.
- ❏ The 'Health education and advice for teenagers' (Heat) project has been instigated at Ashbourne Leisure Centre to allow young people to access help and advice regarding a wide range of health issues.
- ❏ We have worked in partnership with Child and Adolescent Mental Health Services in reducing the waiting time for access to the service.
- ❏ We are working with schools to deliver the 'National Healthy Schools Programme', aiming to reduce inequalities and promote social inclusion.
- ❏ A focus has been placed upon improving the physical and mental health of children and young people. Work is being undertaken to reduce the incidence of childhood obesity and teenage pregnancy, also to develop parenting skills.
- ❏ Continue to work closely with all partners and families to safeguard children.

by Sue Washington

What the NHS can do:
- ❑ Commit to developing Homestart in the south Dales area of the PCT.
- ❑ Increase the capacity of Health Visiting and School Health staff.
- ❑ Recruit Nurses, therapists and volunteers to work with victims of sexual abuse.
- ❑ Continue to review workforce design.
- ❑ Implement Dinosaur schools and Pyramid Trusts to help raise the self-esteem of children.

What our Partners can do:
- ❑ Work together and with parents and children in all areas that affect family life.
- ❑ Consider the level of Road Traffic and Household accidents and work with us to reduce these.
- ❑ Review flexible working arrangements to ensure that parents can fulfil their obligations.

What the Individual can do:
- ❑ Follow the advice for living a healthy lifestyle. Five portions of fruit or vegetable per day, exercise on five days per week and try to breast feed babies for six months.
- ❑ Ensure that they practice safe sex and use contraception appropriately. *(See sexual health and teenage pregnancy section).*

The benefits of physical activity
- ❑ Helps to prevent Coronary Heart Disease, Diabetes and some Cancers
- ❑ Improves Mental Health and reduces the risk of depression
- ❑ Contributes to weight management
- ❑ Reduces the risk of Osteoporosis
- ❑ Improves symptoms of Osteoarthritis
- ❑ Reduces the risk of back injury
- ❑ Reduces the risk of falls in the elderly

Choosing Activity. DOH 2005.

Physical Activity: Targets
- ❑ Adults should engage in at least 30 minutes of moderate exercise a day on at least 5 days a week.
- ❑ Children require at least 60 minutes of moderate exercise every day. Exercise should be weight bearing on at least two days. (CMO-At least 5 a week).

The Background
Physical Activity has decreased within society following the dramatic change in our lifestyles over the past few decades. The Chief Medical Officer has advised the levels of activity required to maintain health *(see targets)*.

In 2002 the Southern Derbyshire Health Survey questioned men and women between the ages of 25 – 34 and 65 – 74. Only 15% of the sample from our PCT area took physical activity in line with the CMO's guidelines, in women aged 65 to 74 this figure fell to only 11%.

Our Response
A Physical Activity Strategy was drafted and shared with our partner agencies in several workshops. This input gave further direction and helped to pull together the links into other organisation's plans and strategies. Health professionals were particularly keen to see opportunities opening up for their patients; many were pleased to place an emphasis on young people's opportunities for the next year's action plans.

The main thrust of activity for this year was around increasing the number of Health Walks. We have been very successful in promoting the walks to GP Practices. Practice staff have been encouraged to train as walk leaders and then lead them. This has resulted in TV appearances by members of one of the more successful practice-led walks. Some pushchair walks have been run successfully, part of a package of health-promoting sessions for the parents and babies.

In addition to the walks, 'stepometer packs' have been compiled and distributed to participating Health Professionals. The packs include a stepometer (pedometer) that can be loaned out to patients who are otherwise sedentary and wish to take part in the scheme. This scheme is helpful for people who may not be able to attend the health walks, or prefer to walk on their own. The packs have been well received and are popular with patients.

Much focus on Health Promoting Schools and Physical Activity took place. Multi-agency working and attendance at meetings ensures that work complements rather than duplicates developments, especially around issues for young people. South Derbyshire District Council undertook a 'Youth Needs Survey'. This has helped to focus new initiatives, towards what is most likely to be well received by young people.

Funding was made available to help deliver the strategy and plans to widen the health walks; the GP Exercise on Prescription Scheme is being revisited with consideration to change the focus towards an exercise referral scheme. The 'Get Active in the Forest' Bid by Rosliston Forestry Centre and South Derbyshire District Council, to Sport England, has also been supported.

Delivery of the Strategy and the action plans will be the basis of exciting developments for 2005/06.

What the PCT can do:
- ❑ Deliver the action plans of the Physical Activity Strategy and develop further plans for future years.
- ❑ Link physical activity into the National Service Frameworks and raise the profile of opportunities for many Health Professionals to share.
- ❑ Link with other organisations to ensure health messages and rewards are gained from their activities.

What our Partners can do:
- ❑ Link with the PCT to share news, plans and development.
- ❑ Add basic 'health gains' outcomes to their evaluation and monitoring systems of activities.
- ❑ Make advertising of activities available to PCT and practices.
- ❑ Encourage a healthy work place for their employees e.g. opportunities for physical activity.

What the Individual can do:
- ❑ Undertake 30 minutes moderate physical activity on at least 5 days of the week. Gardening or active housework can be a start, building up to other activities. Any activity that gets you a little bit warmer and slightly out of breath means that you will be moderately working your heart and lungs.
- ❑ Use the stairs rather than the lift; try to leave the car at home more often.
- ❑ Try new activities – as part of a group or on your own.
- ❑ Encourage family members to be more active.

Older People

by Jenny Mellor and Robyn Dewis

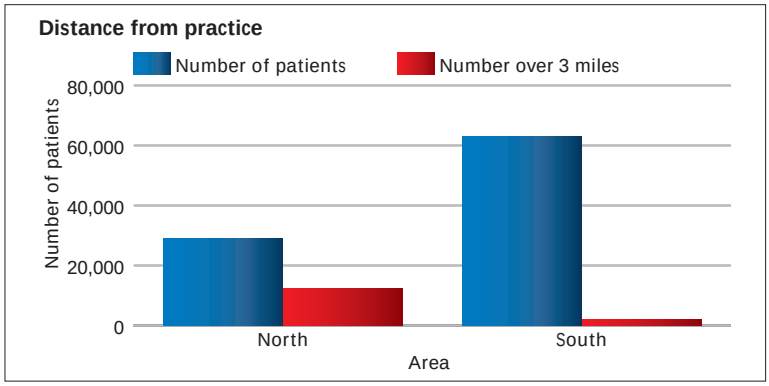
Older People: The Background

The issues facing those over 65 within our PCT vary, many older people are vulnerable to social isolation, have access difficulties due to lack of transport and suffer a loss of independence. Alongside these is the probability that as people age their health and physical ability to care for themselves is likely to deteriorate.

The table (above right) shows the percentage of each districts population within the set age ranges and illustrates the differences between our two districts. The Dales has a higher proportion of its population over 65 years of age.

Age Range	PCT Area	South Derbyshire	Derbyshire Dales
65 – 74	8.2%	7.7%	9.7%
75 – 84	5.3%	5.1%	6.2%
85 +	1.7%	1.6%	2.1%
Total over 65	15.2%	14.4%	18%

ONS Population Estimates 2003



The graph demonstrates the physical barriers that this higher number of older people may have in accessing Primary Health Care. In the South of our region the practices have on average 3.4% of patients who live more than 3 miles from the surgery. In the North of the region this figure is 42.2%. The Derbyshire Health Profile (2004) revealed that the percentage of households without a car was similar in both areas (16.8% in the Dales and 16.3% in South Derbyshire). Accessing secondary care is likely to present similar difficulties but with much greater distances involved.

What the PCT has achieved

The PCT has promoted improvement in the health and well being of Older People in our area over the past year and has continued to develop the infrastructure that supports the Older Persons agenda and helps us maintain and build on the local partnerships. The infrastructure we are working within is adapted from a Community Development in Health Model (Smithies and Webster, 1998). The emphasis of this is on co-operation and collaboration between agencies, both statutory and voluntary, and the communities that they serve.

We have developed the Older Persons Reference Group that brings agencies together to focus on the health issues that are important to older people, it also ensures that the National Service Framework (NSF) is fully implemented. Through this group we have developed strong links with the voluntary sector and hope to echo these with the Older Persons Fora that are currently being established. The Older Persons Reference Group facilitated awareness raising events for Community Transport at Health Centres, better information sharing, networking and added value to Adult protection training.

We have established strong partnerships with agencies working with older people in our PCT area. This has enabled us to implement joint initiatives with Social Services, e.g. the development of the Intermediate Care Service, the Single Point of Access for Intermediate Care and Social Services and from the 1st October 2005 the implementation of the Single Assessment Process in the form of Person Held Records. We are also working on a number of falls initiatives including the 'Sloppy Slipper' event.

We have reflected on the services we provide and identified areas for improvement in order to implement the National Service Frameworks for Older people and for Long Terms Conditions. We have held a number of events including two workforce development events entitled 'Aspiration into Action' and a stakeholder event entitled 'Local Services for Local people'. These events were aimed at looking at what we already have, identifying the gaps, and working together to identify what is needed to improve services. From this it is clear that community services for both intermediate care and long term conditions covering 24 hours a day 7 days a week is a priority. It will be necessary to develop the District Nursing Service alongside the Intermediate Care Service, complimented by the development of Generic Care Workers and the role of the Long Term Conditions Matron. The development of Community Health and Social Services will support people to enable them to stay at home longer and prevent unnecessary admissions to hospital.

We have developed a local community based Intermediate Care Service. This has built on the Intensive Home Support Service developed in the mid nineties. We now have additional nursing and therapy staff to focus upon rehabilitation. The service aims to enable people to achieve their maximum function, preventing hospital and care home admissions and facilitating early discharge from hospital. It also offers care to people at the end of their life.

by Dr Gerry Bryant

What the NHS can do:

- ❑ Continue to work to improve communication with our partners, service users and carers, including building even better links with our local voluntary sector.
- ❑ Develop community-based services for adults and older people that enable them to stay at home and prevent admissions to hospital and care homes.
- ❑ Ensure full use of falls assessments.
- ❑ Develop PCT managed Intermediate Care beds in both the North and the South of the PCT area to prevent unnecessary admission to acute hospital beds.
- ❑ To work 'with' people and ensure that every individual receives the 'right care' in the 'right place' at the right time and by the 'right person'.

What our Partners can do:

- ❑ Review the availability of public transport to ensure access to health centres, hospitals and shopping areas.
- ❑ Assist older people in making their homes as energy efficient as possible and ensure that people claim the benefits they are entitled to.
- ❑ Work through local partners to ensure that older people are able to receive appropriate care and stay in their own homes for as long as they wish.

What the Individual can do:

- ❑ Ensure that footwear is safe and use walking aids when required.
- ❑ Use clothing and heating sensibly to keep warm in the cold weather.
- ❑ Ensure that homes are safe, remove loose rugs and arrange for handrails where needed.
- ❑ Those of us who are able can check that our older neighbours have all they need, especially through the winter months.

Alcohol and Substance Abuse: What Do We Know About It?

Alcohol and substance misuse cause significant harm to individuals, their families and local communities. The healthcare burden resulting from alcohol and substance misuse is considerable e.g. over one third of all accident and emergency attendances and ambulance costs are estimated to be alcohol related.

Although crime rates are low in Derbyshire Dales and South Derbyshire, fear of crime is an important issue for many residents. There was an 89% increase in alcohol related antisocial behaviour offences in Derbyshire Dales in 2002/03. Among every ten residents in Derbyshire Dales who responded to a Community Safety Survey in 2004, four were aware of individuals who misused alcohol or drugs and one out of ten felt that it was fairly easy to obtain drugs in their area. More than half did not know how to find out about drug and alcohol services.

Drug offending rates are relatively low, with the majority of offenders being young men in possession of cannabis. However there is evidence that many offenders use drugs and in South Derbyshire, geographical associations have been noted between violent crime and alcohol and burglary and drug misuse.

There is limited local information available about drug and alcohol misuse. Estimates suggest that there are likely to be about 500 heroin addicts in the PCT area. In England 1 in 3 men and 1 in 6 women report that they consume more than the safe levels of alcohol. 1 in 5 young adults in the East Midlands reported that they had used illegal drugs in the last year (2001/2002).

There are two prisons in the area *(see prisons section)*. National surveys among prisoners have identified that half are heavy alcohol users and 1 in 20 has a serious alcohol problem; half are dependent on drugs; many have a dual diagnosis of psychiatric illness and substance misuse.

TYPES OF DRUG

Stimulants	Increase brain activity. Cocaine, crack, ecstasy, poppers, speed, tobacco, cannabis (sometimes).
Depressants	Slow down brain activity. Alcohol, gases, glues and aerosols, GHB, tranquillisers, heroin, methadone, opiates, cannabis (sometimes).
Hallucinogens	Distort perception of what is seen and heard. Cannabis, ketamine, LSD, magic mushrooms.
Analgesics	Painkillers. Heroin, DF118s (dihydrocodeine).
Anabolic steroids	Promote muscle growth. In excess may have an effect on mood.

What are we doing about it?

The Derbyshire Drug and Alcohol Action Team (DAAT) is a countywide partnership that has responsibility for strategic planning and performance management of the delivery of the National Drug and Alcohol Harm Minimisation Strategies locally.

The key aims of the National Drug Strategy are:

- ❑ Reducing the supply of illegal drugs.
- ❑ Preventing young people from becoming drug misusers.
- ❑ Reducing drug-related crime.
- ❑ Reducing the use of drugs, through increased participation in treatment programmes.

The key aims of the National Alcohol Harm Minimisation Strategy are:

- ❑ Tackle alcohol-related disorder in town and city centres.
- ❑ Improve treatment and support for people with alcohol problems.
- ❑ Clamp down on irresponsible promotions by the industry.
- ❑ Provide better information to consumers about the dangers of alcohol misuse.

The Derbyshire DAAT commissions drug and alcohol treatment and prevention services from statutory and non-statutory organisations.

Alcohol and substance misuse is one of the themes included in the Health Promoting Schools Programme. School communities have been involved in projects to develop drug policies, raise awareness and provide information about alcohol and substance misuse.

Addaction provides Level 2 and 3 Treatment services in this area. They have a base in Swadlincote and a satellite service in Wirksworth. Some people also access services in Derby and Burton. In January, Addaction held an open day in their new premises.

Two General Practitioners in the PCT have a Special Interest (GPSIs) in substance misuse and provide clinics within the specialist drug services.

LEVEL OF DRUG TREATMENT SERVICES	
Tier 1	Signposting and basic information.
Tier 2	Open access treatment for problem substance misusers including assessment and care planning, community based detoxification, shared care prescribing, psychological and complementary therapies and harm reduction.
Tier 3	Self-referral or professional referral including care co-ordination for clients with complex needs, liaison services for those with additional diagnoses, specialist community based maintenance therapy, structured day care and assessment for Tier 4.
Tier 4	Inpatient detoxification, residential rehabilitation, liver units etc.

We have a Local Enhanced Service to support and encourage GPs to undertake additional training to provide shared care for patients who are stabilised on methadone.

There is a national target to increase the number of people accessing drug treatment services by 100% by 2008. In 2003/04 the Derbyshire DAAT did not meet the interim target. However, in 2004/05 the target of 1,111 individuals in treatment was easily exceeded and treatment was provided for 1932 people, with 63% of individuals continuing in treatment for twelve weeks. Whilst access to drug treatment services has improved, access to alcohol treatment services remain insufficient.

During 2004, a Remand Unit opened at Foston Hall Women's Prison. De-toxification treatment is now provided in the prison setting.

Safe drinking levels:

- ❑ Women: No more than two units of alcohol per day – less than 14 units per week.
- ❑ Men: No more than three units of alcohol per day – less than 21 units per week.
- ❑ At least two alcohol free days a week.

What counts as a unit of alcohol?

- ❑ Half a pint of average strength beer.
- ❑ One (125ml) glass of wine.
- ❑ One standard pub measure (25ml) of spirits.
- ❑ 50ml of fortified wine such as sherry or port.

What the NHS can do:

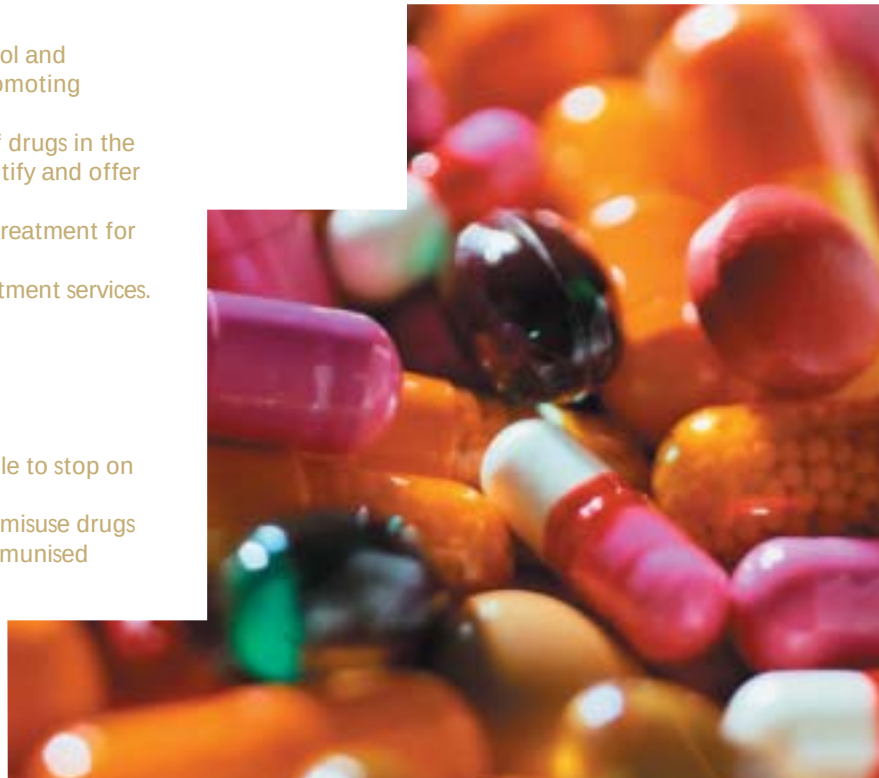
- ❑ Continue to support schools in drugs and alcohol education for young people.
- ❑ Guidance and training to ensure that all health professionals are able to identify alcohol problems early.
- ❑ Consider introducing targeted screening and brief interventions in primary care and hospital settings.
- ❑ Continue to support and encourage the provision of shared care for substance misuse in General Practice.
- ❑ Work with partners in the Derbyshire DAAT to increase access to alcohol treatment services.

What our Partners can do:

- ❑ Raise awareness and provide information about alcohol and substance misuse to young people through Health Promoting Schools, Connexions and other settings.
- ❑ Continue to identify initiatives to reduce the supply of drugs in the area and work with the criminal justice system to identify and offer treatment for drug misuse among offenders.
- ❑ Ensure that more people are aware of how to access treatment for drug or alcohol misuse should they need it.
- ❑ Increase availability of access to drug and alcohol treatment services.

What the Individual can do:

- ❑ Limit your alcohol intake to safe levels *(see table)*.
- ❑ Avoid binge drinking.
- ❑ Do not misuse drugs.
- ❑ Seek help if you misuse alcohol or drugs and are unable to stop on your own.
- ❑ Minimise harm to others if you choose to continue to misuse drugs (do not share equipment, use needle exchange, be immunised against hepatitis A and B).



Appendix 1: Life Expectancy

Life expectancy at birth in a given population is the average length of life of newborn children born into that population if current age-specific mortality rates in that population remain unchanged in future. It is a useful summary measure of population health status and a relatively accessible concept.

The ward level data for Derbyshire Dales and South Derbyshire presented below confirm the existence of local socioeconomic inequalities in health – wards with low life expectancy tend to be those with the highest levels of socio-economic deprivation.

DERBYSHIRE DALES (S) WARDS

Ward name	Code	IMD 2004 overall score	Life expectancy males 2000-2004*	Life expectancy females 2000-2004*
Ashboourne North	17UFGC	12.62	77.6	80.3
Ashbourne South	17UFGD	13.22	75.8	81.3
Brailsford	17UFGG	9.9	77.8	83.2
Carsington Water	17UFGJ	13.85	79.8	81.8
Clifton and Bradley	17UFGL	11.58	78.3	79.1
Dovedale and Parwich	17UFGN	15.86	79.6	84.5
Doveridge and Sudbury	17UFGP	8.37	82.5	88.2
Hulland	17UFGS	9.67	81.5	85.6
Norbury	17UFGZ	12.17	82.8	78.5
Wirksworth	17UFHD	15.77	77.6	81.6
Derbyshire Dales all 2001-2003*		11.67	77.2	81.3

SOUTH DERBYSHIRE WARDS

Ward name	Code	IMD 2004 overall score	Life expectancy males 2000-2004*	Life expectancy females 2000-2004*
Aston	17UKFW	8.07	77.8	82.2
Church Gresley	17UKFX	22.24	72.7	77.2
Etwall	17UKFY	9.32	77.9	76.1
Hartshorne and Ticknall	17UKFZ	24.51	75.4	78.9
Hatton	17UKGA	11.81	84.3	81.7
Hilton	17UKGB	4.53	80.2	83.5
Linton	17UKGC	19.39	74.5	80.2
Melbourne	17UKGD	7.60	77.1	82.5
Midway	17UKGE	18.18	78.4	81.5
Newhall and Stanton	17UKGF	25.06	73.2	80.1
North West	17UKGG	13.03	78.6	79.9
Repton	17UKGH	8.17	74.6	79.9
Seales	17UKGJ	16.37	75.0	79.3
Stenson	17UKGK	10.89	78.0	93.3
Swadlincote	17UKGL	15.73	76.6	82.2
Willington and Findern	17UKGM	8.43	80.8	84.4
Woodville	17UKGN	17.55	75.4	81.4
South Derbyshire 2001-2003**		16.00	76.4	80.2

* *Based on deaths for the years 2000-2004 and population estimates for mid-2001 – computations carried out using South East Public Health Observatory spreadsheet with methodology based on abridged life tables.*

** *Life expectancy by local authority taken from new Compendium of Clinical and Health Indicators 2004.*

The IMD 2004 overall score has been compiled by John Langley at EMPHO using methodology agreed with ODPM.

Appendix 2: Mortality Under 75

Together, circulatory diseases (coronary heart disease, stroke and related diseases) and cancers are responsible for more than two thirds of all premature deaths (deaths before the age of 75) and a significant burden of ill-health. Many of these deaths are potentially preventable.

Key health improvement indicators in the Saving Lives: Our Healthier Nation strategy include:

- ❑ Direct age-standardised mortality rate from all circulatory diseases for persons aged under 75 (the national target is a 40% reduction by the year 2010 from the baseline rate in 1995-97)
- ❑ Direct age-standardised mortality rate from all malignant neoplasm's for persons aged under 75 (the national target is a 20% reduction by the year 2010 from the baseline rate in 1995-97)

DERBYSHIRE DALES AND SOUTH DERBYSHIRE

Ward name	Code	IMD 2004 overall score	Circulatory diseases deaths <75 2000-2004		All cancers deaths <75 2000-2004	
			Number	Rate*	Number	Rate*
Newhall and Stanton	17UKGF	25.06	56	166.43	54	157.33
Hartshorne and Ticknall	17UKFZ	24.51	32	109.03	39	129.31
Church Gresley	17UKFX	22.24	26	112.43	29	128.72
Linton	17UKGC	19.39	32	101.39	40	148.23
Midway	17UKGE	18.18	35	97.08	38	102.69
Woodville	17UKGN	17.55	17	80.99	26	132.13
Seales	17UKGJ	16.37	38	131.61	31	105.91
Dovedale And Parwich	17UFGN	15.86	13	110.34	4	31.94
Wirksworth	17UFHD	15.77	42	123.30	47	141.16
Swadlincote	17UKGL	15.73	29	89.91	36	117.57
Carsington Water	17UFGJ	13.85	8	71.55	11	101.47
Ashbourne South	17UFGD	13.22	19	84.63	21	108.50
North West	17UKGG	13.03	9	70.97	14	110.03
Ashbourne North	17UFGC	12.62	24	116.22	30	137.74
Norbury	17UFGZ	12.17	6	68.06	11	116.92
Hatton	17UKGA	11.81	10	83.40	10	85.11
Clifton and Bradley	17UFGL	11.58	12	106.51	12	133.16
Stenson	17UKGK	10.89	12	92.97	16	120.60
Brailsford	17UFGG	9.90	6	52.18	8	69.88
Hulland	17UFGS	9.67	6	49.25	9	74.88
Etwall	17UKFY	9.32	24	77.20	23	81.95
Willington and Findern	17UKGM	8.43	22	88.69	25	107.09
Doveridge and Sudbury	17UFGP	8.37	10	78.66	12	94.21
Repton	17UKGH	8.17	29	112.21	23	88.77
Aston	17UKFW	8.07	33	98.23	40	128.26
Melbourne	17UKGD	7.60	21	78.27	32	118.73
Hilton	17UKGB	4.53	9	63.50	16	104.19
Derbyshire Dales & South Derbyshire **(2001-2003)		11.67	352	96.69	404	112.94

* *Death rate per 100,000 population, directly standardised for age based on deaths for the years 2000-2004 and ONS population estimates for 2001 - "circulatory diseases" classified as underlying cause of death code ICD-10 I00-I99 - "all cancers" classified as underlying cause of death code ICD-10 C00-C97 - the standard population used is the European standard population.*

** *Taken from Compendium of Clinical and Health Indicators 2003 for PCTs*

The IMD 2004 overall score has been compiled by John Langley at EMPHO using methodology agreed with ODPM.

Glossary

Addaction: A UK charity working with individuals who have a drug addiction.
Adult Protection: Ensuring against the abuse, neglect or exploitation of adults who are vulnerable because of their age or disabilities.
Brief Intervention: A short period of time (5-10 mins) in which a health professional raises the issue of safe drinking levels and reducing alcohol intake with a heavy drinker.
Bq/m3: A scientific measurement of Radon levels, Becquerels per cubic metre.
Chlamydia: A sexually transmitted disease that can lead to fertility problems if left untreated.
Chronic Obstructive Pulmonary Disease: Broad term that includes chronic bronchitis and emphysema, both long term lung diseases.
CMO: The Chief Medical Officer, Sir Liam Donaldson; the Government's medical adviser and the professional head of all doctors in England.
Common Assessment Framework: A nationally standardised approach to assess the needs of a child or young person and decide how those needs should be met.
Connexions: A Government initiative providing personal advice to young people between the ages of 13 and 19 years.
Coronary Heart Disease: A group of diseases associated with hardening of the coronary arteries (blood vessels to the heart) including angina, heart attacks and heart failure.
CPA (Care Programme Approach): A framework used to organise and plan the care of those with severe or enduring mental illness.
DAAT: Drug and alcohol action team. A partnership of local organisations including the County Council, Derbyshire PCT's, Probation, Mental Health services and the Police, whose main role is to deliver the National Drug Strategy.
Detoxification: The process of becoming 'clean' or clear from drugs or alcohol.
Dinosaur Schools: Programme encouraging children's social skills, particularly around classroom behaviour and resolving conflict.
East Midlands Public Health Organisation: EMPHO. An organisation that provides health information regarding indicators and trends to the East Midlands.
Emergency Hormonal Contraception: Medication that can be taken up to 72 hours after unprotected intercourse to reduce the risk of pregnancy.
Environmental Health: Assessing factors in the environment that may affect health and working to improve them, e.g. food safety inspections.
Freshstart: An NHS service in Southern Derbyshire to support those who wish to quit smoking.
Gold Standards Framework: A practice-based system to improve the organisation and quality of palliative care services for patients who are at home in their last year of life.
GPSI's: General Practitioners with a Special Interest, who can provide an intermediate level of service within communities.
Health Needs Assessments: A process of investigating the needs of a population and how to meet them.
Health Promoting Schools: Government programme to encourage schools to cover core areas of personal, social and health education, healthy eating, physical activity and emotional health and wellbeing, involving the entire school to make changes.
Health Protection: A specialist area of Public Health concerned with infectious disease, radiation and chemical hazards.
Homestart: A charity that provides support, friendship and practical help to parents with children under five through volunteers and home visiting.
Intermediate Care: Extra care that can be provided either with more input in the home, or in temporary residential setting. Focus is on rehabilitation and prevention of unnecessary hospital admissions.
Liverpool Care Pathway: A framework produced by Marie Curie Cancer Care to improve care given at the end of life.
Local Enhanced Service: A mechanism by which local GP's can be paid to provide extra services that are not covered in their contract, but for which there is a local need, for example providing Primary Care for the Homeless.
Local Strategic Partnership: A non-statutory, multi-agency body, which matches local authority boundaries; comprises local council, PCT, private, community and voluntary sectors. Their purpose is to pool funds and resources to work together to tackle local issues.
Long Term Conditions: Chronic diseases that require long term treatment e.g. arthritis, COPD or coronary heart disease.
Looked after children: Children cared for by Social Services.
LPG: Liquid petroleum gas, a fuel for vehicles that produces less harmful emissions.
Maintenance Programme: A drug programme, usually methadone, where a patient is stabilised on a particular dose, and continues to take it for the long term, rather than reducing to stop.
Malignant Neoplasm: Cancerous growths.
MRSA: Methicillin Resistant Staphylococcus Aureus. Staphylococcus aureus is a commonly found bacterium which is usually sensitive to antibiotics but there are a few strains that have become resistant to many antibiotics.
National Service Framework: Long term strategies produced by the Government to improve specific areas of care, e.g. coronary heart disease. They set up national standards and ensure progress through targets.
ODPM: The Office of the Deputy Prime minister.
Office for National Statistics: A Government department that produces a wide range of economic and social statistics, registers life events (births and deaths) and carries out the census.
Person Held Records: A written health record held by individuals and used by all professionals involved in their care to improve communication.
Practice Based Commissioning: A process by which funds for services are given to GP's for them to purchase the care for their patients; due to be implemented in the near future.
Primary Care Teams: Health Professionals working together in the community, for example General Practitioners, District and Practice Nurses and Health Visitors.
PSHE: Personal, Social and Health Education, part of the National Curriculum.
Pyramid Trusts: A programme that works with Primary Schools to build children's self esteem and resilience.
Quality and Outcomes Framework: New funding system for GP's based on outcomes of care rather than numbers of patients.
Remand: Individuals held on remand have been charged with but not convicted of an offence, and it is felt not appropriate for them to be bailed whilst awaiting trial.
Sure Start: A Government initiative available to families with young children in areas of relative deprivation, including education, childcare and family support.
UNICEF: United Nations International Children's Fund.

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