

Report of Select Committee No. 4 – Health

Inequalities in health in Wigan Borough -

What are Ashton, Leigh and Wigan Primary Care Trust, Wigan Council, and their partners doing to reduce inequality and encourage people to stop smoking, eat healthier, and take more exercise?

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FOREWORD

This is the second report of the Health Scrutiny Select Committee and outlines our investigation into health inequalities in Wigan Borough and the steps the Primary Care Trust, Local Authority and their partners are taking to address them. We have focused primarily on efforts to address poor nutrition, overweight, obesity, physical activity and smoking cessation in the Leigh Township. Health inequality is a vast area to scrutinise and for this reason we took a relatively narrow focus as outlined in our terms of reference.

Health Scrutiny is a new and challenging area of the Patient and Public Involvement agenda and we are committed to playing our full part. The aim of Health Scrutiny is to make recommendations that lead to improvements in the health and well being of local people.

At the last meeting of the Select Committee I asked my colleagues how they had found this review– *“ I was struck by the enthusiasm and commitment of so many of the people we have spoken too”, “pleased to see that national government also now sees these issues as a priority”.*

I would like to add my personal thanks to the members of the Committee, Cllr’s Coghlin, Mrs Hurst and Rigby and former Councillors Bleakley, Holmes and Topping. Katherine Fairclough and Diane Taylor, Policy Officers from the Council and Pauline Harrison, Head of Communications, Ashton Leigh and Wigan PCT and everyone else that gave evidence – written or verbal or took part in consultations. You can find a list of all these people in the appendices. And finally, one of our members actually quit smoking during the course of this review and if that isn’t reason for celebrating I don’t know what is!

Cllr John O’Brien

**Chairman Health Scrutiny Select Committee
June 2004**

Executive Summary and Recommendations

Introduction

1. In January 2003, Wigan Council was given new responsibilities to scrutinise health services as part of our wider role in health improvement and in reducing health inequalities in our area. This new function is delegated to the Overview and Scrutiny Committee who have established a dedicated Health Select Committee to undertake this new and challenging role.

2. This report describes our second review begun in December 2003. The aim of the review was to understand the inequalities in health in Wigan Borough and explore the steps the PCT, Local Authority and their partners are taking to address them. The review focuses primarily on the effectiveness of local plans to achieve national health inequality targets. This includes issues like nutrition, overweight, obesity, physical activity and smoking cessation. Baseline research identified the many electoral wards in the Leigh areas had high rates of poor health. This research helped us to narrow the review in a more manageable way and to focus particularly on access to primary care and preventative services in the Leigh Township and the experiences, attitudes and behaviours of people living the area.

3. To explore the issue fully we set ourselves a number of tasks – we call this the scope of the review. Our scope comprised
 - To understand health inequalities and health need in the township under scrutiny.
 - To examine local plans to achieve health inequality targets. This will include investigating current approaches to planning, performance management, value for money and joint working.
 - To map current access and availability of primary care and preventative services in the ward under scrutiny.
 - To identify gaps in provision and explore the impact of these on particular groups.
 - To understand local peoples experiences and any barriers to accessing services.
 - To explore good practice nationally and locally.

A number of methods were chosen to investigate the review's objectives – they are summarised below.

- Baseline research to find out the current position

- Consultation with local people and others working in the area. We did this through formal methods like postal surveys and informal consultation like discussion groups and one to one interviews.
- Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust, Acute Trust and the Council.
- Review of national research on good practice in addressing health inequalities and the interventions seen to be most effective.
- Review of local and regional plans to address health inequalities.
- Comparison with other Townships and areas of the country experiencing better health.

Our findings

1. Reducing health inequality is a national and local priority. There are major differences in health amongst social groups, across genders, racial and ethnic groups and ages. Levels of health inequality differ due to geographical location – in certain areas of Britain life expectancy rates are the same as they were in the 1950's. This pattern is mirrored across our Borough – with a gradual widening of the gap in life expectancy in the last 12 years (1991-2002). The main cause of the gap for men and women is coronary heart disease. *(Source May 2004, Letter to Local Authority Chief Executives, Chief Executives PCT's Greater Manchester etc)*
2. Coronary Heart Disease (CHD), type 2 diabetes and cancer are significant causes for concern. A number of interventions have been seen to reduce the prevalence of these diseases and these include reducing the levels of smoking, increasing physical activity, reducing obesity and improving diet and nutrition in the most deprived wards of our Borough.
3. There is no one single issue that leads to inequalities in health – it is a multi - faceted problem. Social status, wealth, the place you live or work, your access to shops, leisure and health services, your own behaviour and physical health also all play a part. Even in the richest countries in the world – like Britain - the better off live several years longer than their poorer counterparts do. People's lifestyles and the conditions in which they live and work strongly influence their lives and

the length of their lives. (*Solid facts, social determinants of Health Eds. Richard Wilkinson and Michael Marmot WHO 1998*)

4. We also find that those areas with the greatest need often have poorest supply or quality of health care provision. This is known as the “Inverse care law”. Many spatial inequalities in health have also been identified. (*Tackling Health inequalities: Turning policy into practice” HAD (date) David J Hunter & Amanda Killoran*)
5. The prevalence of overweight and obesity has increased dramatically in the developed world in the last 20 years the World Health Organisation (1998) describe this as a 'global epidemic'. This increase is attributed to changes in eating patterns and increasingly inactive lifestyles. In our Borough there are on average 36.7% of people overweight and 14.5% obese. On average 4.5% of people have diabetes (*Wigan Borough Health Survey, 2001*)
6. Physical activity is essential in maintaining a healthy lifestyle. The estimated costs of people not taking physical activity in Britain are £8.2 billion per annum. This does not include the cost of obesity. In our Borough 29.8% of people (Borough average) say they take no regular physical exercise. (*Wigan Borough Health Survey 2001*).
7. A diet rich in fruit and vegetables can significantly reduce the risk of many chronic diseases such as CHD, stroke or cancer. Only 9.9% of people in our Borough eat 5+ portions of fruit or vegetables each day, 5.6% eat none and 11.7% eat fried foods 3 or more times a week. (*Wigan Borough Health Survey 2001*)
Breastfeeding is another important nutritional issue that has benefits for both child and maternal health. The average percentage of women breastfeeding in Wigan, is 48%. This is lower for all age groups compared to the UK average, 62%. (*Breastfeeding in Wigan Borough 2002-3 Linda Adhana PCT December 2003*)
8. It is estimated that 1 in 3 adults aged over 16 is a smoker - this equates to a total of 13 million adult smokers in Britain. An average of 29.5% people, in the

Borough, smoke with 9.1% smoking more than 20 cigarettes a day. (*Wigan Borough Health Survey 2001*). One in two lifetime smokers will die from their smoking. Smoking causes one in seven deaths from Coronary Heart Disease.

9. There is a massive range of activity underway locally to address the Borough's health inequalities. We found many plans and strategies, national, regional and local all aiming to deliver health improvement and reduce inequalities. We undertook a brief evaluation of those plans we felt had most relevance to the review. **We found it difficult to see how all this work will actually lead to the achievement of some of the national targets or how health improvement activity is delivering better health for local people.**

Recommendations

Planning and performance management

1. The Director of Public Health to lead the development of an effective and integrated strategic plan that reduces health inequality in the Borough. This should include objectives, targets, and measures of success and identify named individual and agency responsibilities. This plan should be monitored and evaluated bi-annually by the Health and Social Care partnership.
2. The Director of Public Health to lead the development of an interagency performance management system to monitor and evaluate initiatives and mainstream activity to deliver local health improvement objectives.
3. The PCT to implement their existing proposals for service redesign in primary care settings to ensure those areas that have greatest health need have increased access to services.
4. The Committee heard of many positive examples of GP's and allied primary care professionals taking an active role in health promotion e.g. smoking cessation. The PCT needs to take a proactive role in encouraging and measuring the role and impact of GP's and allied primary care professionals in health promotion work.

5. Wigan Leisure and Culture Trust is to lead a review of the Physical Activity Strategy to ensure it contributes to the delivery of health improvement in the Borough.

Children and Young People

6. The need to encourage and enable healthy lifestyles in young people came through strongly in the review. There are a number of interagency activities in place intended to benefit children and young people's health. There is limited information at present on the health needs and attitudes of children and young people. Our recommendations are as follows,
 - a. The Children Young People and Families Partnership must respond to the results of the young people's lifestyle survey to address their health needs and ensure that mechanisms are in place to monitor, evaluate and act on the results of the survey. The development of a strategic approach to planning for the health of children and young people across the Borough would appear an appropriate outcome.
 - b. Food provided in schools is a key health issue for young people and agencies promoting healthy eating. Healthy eating is less well-established in high schools. Wigan Council, Education Department to lead a review of the Food in Schools groups. Elected members have a key role to play in their role as school governors to champion healthy eating choices in schools and should particularly challenge the continued provision of vending machines selling sweets and fizzy drinks in schools. The PCT should give consideration to the provision of a dedicated resource to co-ordination/support healthy eating in schools.
 - c. The PCT in partnership with Education Department to develop an approach that ensures that smoking cessation in schools is available to meet need across the Borough.
 - d. Wigan Council through the Education Department and Elected members as governors to obtain commitment from 100% of all schools to have healthy schools action plans in place. This currently stands at 43%.
 - e. We found no evidence of a joined up strategy for PE, sport and physical activity in schools. The Education Department is to lead the development of interagency strategy to address inactivity in young people during and outside of school hours.

Prevention, Information and Research

7. Research and information on health need is limited. There is little information on the attitude and behaviours of local people and why they do not adopt health improvement messages. Our recommendations are as follows,
 - a. The Director of Public Health to lead the development of more proactive preventative services that address the needs of those that are likely to become ill in the future.
 - b. The PCT to develop more accurate and local information and research to identify need now and in the future.
 - c. The PCT needs to lead the development of more effective mechanisms to ensure that health improvement schemes are concentrated in areas of greatest need.

Monitoring and evaluation

8. There are many schemes in place intended to improve the health of local people. We could find little evidence of their effectiveness. The PCT to lead on the development of improved monitoring and evaluation of current schemes so that evidence of delivering health improvement is available.

In accordance with the agreed protocol between Wigan Council and Ashton, Leigh and Wigan PCT and that between the Overview and Scrutiny Committee and all Council departments and partners, the members of the Select Committee expect to:

- Receive a response to the recommendations made and an action plan detailing how the recommendations will be implemented by 1 November 2004.

INTRODUCTION

What is health scrutiny?

In January 2003, Wigan Council was given new responsibilities to scrutinise health services as part of our wider role in health improvement and in reducing health inequalities in our area. This new function is delegated to the Overview and Scrutiny Committee who have established a dedicated Health Select Committee to undertake this new and challenging role.

This new power will enable Committees to take a strategic view of health needs within the area and to scrutinise priority issues. These priorities may be thematic on issues of a public health nature, such as homelessness or services for older people or a specific service oriented priority such as the provision of and access to chiropody services.

A number of duties are placed upon NHS bodies in relation to the overview and scrutiny committees. These range from providing information to overview and scrutiny committees to consulting on substantial developments or variations in service.

The outcomes and recommendations of health scrutiny are intended to contribute to policy development on matters affecting the health and well being of communities.

The Health Select Committee was established in May 2002. In the 2003/04 municipal year it had 7 members and was chaired by Cllr J O'Brien. Membership included Councillors R Bleakely (until 21/01/04), M Coghlin, R Holmes, Mrs J Hurst, C Rigby and J Topping. K. Fairclough and D Taylor provide policy support. This committee undertakes formal scrutiny reviews; hears progress reports from health and social care services and is formally consulted on major service developments. All reports are submitted to the Overview and Scrutiny Committee for ratification.

A Forward Plan of areas to be scrutinised is produced annually by the Health Select Committee in consultation with elected members, local people, health and social care agencies, council officers. This sets out a work programme but is flexible and can be amended to respond to new and emerging priority issues. The current plan is

available from Katherine Fairclough, Policy and Performance Improvement Officer, Chief Executives Department, Town Hall, Wigan, telephone 01942 827095.

Our second health scrutiny review

This Select committee review aims to understand the inequalities in health in Wigan Borough and explore the steps the PCT, Local Authority and their partners are taking to address them.

The review focuses primarily on the effectiveness of local plans to achieve national health inequality targets. This includes issues like nutrition, overweight, obesity, physical activity and smoking cessation.

Reducing health inequality is a national and local priority. There are major differences in health amongst social groups, across genders, racial and ethnic groups and ages. Levels of health inequality differ due to geographical location – in certain areas of Britain life expectancy rates are the same as they were in the 1950's. This pattern is mirrored across our Borough – with a gradual widening of the gap in life expectancy in the last 12 years (1991-2002). The main cause of the gap for men and women is **coronary heart disease**. *(Source May 2004, Letter to Local Authority Chief Executives, Chief Executives PCT's Greater Manchester etc)*

Coronary Heart Disease, type 2 diabetes and cancer are significant causes for concern. A number of interventions have been seen to reduce the prevalence of these diseases and these include reducing the levels of smoking, increasing physical activity, reducing obesity and improving diet and nutrition in the most deprived wards of our Borough.

Why we chose this area for review

The Borough Health survey of 2001 demonstrated the areas of poorest health in the Borough and the characteristics of poor health that many local people experience. Anecdotal feedback about poor access to services in some areas of the Borough also raised the profile of this issue with Elected Members. In addition a brief overview of current plans and strategies that included measures to address inequalities demonstrated to us the range and complexity of the issue and gave little insight into actual improvements in performance in the Borough to address inequalities.

Addressing health inequalities is also one aspect of the shared priorities for Local Government and one of the objectives set in revising CPA for 2005/6 was '...full recognition within the CPA framework of performance against the shared priorities for local government agreed by the Central Local Partnership'.

Taking action on health inequalities has also become a burning national issue in the last 12 months and Elected members were keen to see how the PCT and its partners were responding to the challenge.

Listed below are some of the key national targets and initiatives that this review encompasses.

Key national targets and initiatives	Issue	Target/measure
Saving Lives: Our Healthier Nation	Cancer	To reduce the death rate from cancer in people under 75 by at least one fifth by the year 2010.
	Coronary heart disease	To reduce the death rate from coronary heart disease, stroke and related diseases in people under 75 by at least a fifth by the year 2010.
NHS Plan	Access	Increase and improve primary care in deprived areas.
Shared Priorities: Healthier Communities Promoting healthier communities: Narrowing health inequalities, effective combination of key local services, responding to local need and encouraging healthy lifestyles.		
Inequalities	Engaging with communities and individuals	Increase in vulnerable people accessing key services Improvement in mental health of children and families
Inequalities	Prevention and treatment.	Increase in life expectancy and for those councils with the poorest life expectancy a reduction in the gap compared to the average. Reduction in accidents especially amongst disadvantaged groups and areas.
PSA targets - national	Infant mortality and life expectancy	By 2010 reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.

Terms of Reference

The terms of reference are based on an analysis of baseline data that identified one Township as having higher levels of poor health compared to other areas of the Borough.

Aim of Review

To understand inequalities in health in Wigan Borough and explore the steps the PCT, Local Authority and their partners are taking to address them.

The review will focus primarily on the effectiveness of local plans to achieve national health inequality targets. This will include issues such as nutrition, overweight, obesity, physical activity and smoking cessation.

- We will look particularly at access to primary care and preventative services in the Leigh Township
- and*
- The experiences, attitudes and behaviours of people (children, young people and adults) living in these areas.

Scope

1. To understand health inequalities and health need in the township under scrutiny.
2. To examine local plans to achieve health inequality targets. This will include investigating current approaches to planning, performance management, value for money and joint working.
3. To map current access and availability of primary care and preventative services in the ward under scrutiny.
4. To identify gaps in provision and explore the impact of these on particular groups.
5. To understand local peoples experiences and any barriers to accessing services.
6. To explore good practice nationally and locally.

A number of methods were chosen to investigate the review's objectives – they are summarised below.

- Baseline research to find out the current position

- Consultation with local people and others working in the area. We did this through formal methods like postal surveys and informal consultation like discussion groups and one to one interviews.
- Witness hearings, these are formal meetings where key people are interviewed by the Select Committee. This involved officers from the Primary Care Trust, Acute Trust and the Council.
- Review of national research on good practice in addressing health inequalities and the interventions seen to be most effective.
- Review of local and regional plans to address health inequalities.
- Comparison with other Townships and areas of the country experiencing better health.

What causes health inequalities?

There is no one single issue that leads to inequalities in health – it is a multi -faceted problem. Social status, wealth, the place you live or work, your access to shops, leisure and health services, your own behaviour and physical health also all play a part.

Even in the richest countries in the world – like Britain - the more affluent live several years longer than their poorer counterparts do. People’s lifestyles and the conditions in which they live and work strongly influence their lives and the length of their lives. (*Solid facts, social determinants of Health Eds. Richard Wilkinson and Michael Marmot WHO 1998*)

We also find that those areas with the greatest need often have poorest supply or quality of health care provision. This is known as the “Inverse care law”. Many spatial inequalities in health have also been identified. (*Tackling Health inequalities: Turning policy into practice” HAD (date) David J Hunter & Amanda Killoran*)

Poorer people may also live in areas that are damaging to their health (*MacIntyre 1997*). They may have higher exposure to physical hazards like environmental pollution, traffic volume, rates of road accidents (*Dofft 1998*) and may have poorer access to primary care, public transport, shops and recreation facilities (*MacIntyre 1996, 1997*). People that rent, in the UK, tend to have poorer health. Housing and area have a more direct impact on people's health than income and social class (*MacIntyre 2000*)

Our long-term good health is laid down for us in childhood and before. Poor social and economic conditions present the greatest threat to a child's growth and development. And long term health.

How does obesity, lack of physical activity, poor nutrition and smoking affect people's health?

The prevalence of overweight and obesity has increased dramatically in the developed world in the last 20 years the World Health Organisation (1998) describe this as a 'global epidemic'. This increase is attributed to changes in eating patterns and increasingly inactive lifestyles.

The 1999 Health survey for England revealed that 44% of men and 33% women are overweight and a further 19% of men and 21% of women are clinically obese. Conservative predictions by experts suggest that at least one-third of adults, one fifth of boys and one-third of girls will be obese by 2020. (*Royal College of Physicians, 2004*)

There has been a dramatic increase in overweight and obesity among children. Obesity in children aged 2 to 4 has almost doubled (5 to 9%) in 10 years. Obesity in 6 to 15 year olds has trebled (5 to 16%) in 11 years. Changes in eating patterns and an increase in sedentary behaviour have contributed towards an upward trend in overweight and obesity, which can cause serious health problems and places a high financial burden on employers and the health service. (*Wigan Healthy Weight Strategy 2004*)

What is overweight & obesity?

Obesity has been defined as a "condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired" (*WHO, 1998*).

The body mass index (BMI) is the most commonly used indicator of overweight and obesity. The World Health organisation defines Body Mass Index as $\text{Weight in Kg/Height (m)}^2$

BMI does not take into account of variations in people's stature, frame or body composition. Waist circumference and the ratio of waist to hip circumference have also been proposed as an alternative to BMI.

There has not been the same level of consensus for classifying overweight and obesity in childhood and adolescence because of its complexity. Presently there are two ways to identify overweight and obesity in childhood. UK reference growth charts have been

available for monitoring a child's height and weight since 1995. Since 1996, new paediatric Body Mass Index charts have been available.

Obese people are more likely to suffer number of serious chronic diseases like diabetes and coronary heart disease.

Obesity is a considerable economic burden to the country – in England in 1998 18 million days of sickness were attributed to obesity and total cost of obesity £2.6 billion. (*National Audit Office 2001*).

In our Borough there are on average 36.7% of people overweight and 14.5% obese. On average 4.5% of people have diabetes (*Wigan Borough Health Survey, 2001*)

Physical activity

Physical activity is essential in maintaining a healthy lifestyle. The estimated costs of people not taking physical activity in Britain are £8.2 billion per annum. This does not include the cost of obesity.

Levels of physical activity are low only about a third of men and a quarter of women nationally does enough to protect their health. Children are more active but it's unclear whether this is enough to protect their health either. *(At least five a week: Evidence of the impact of physical activity and it's relationship to health. A report of the Chief Medical Officer 29/04/04)* Participation rates drop dramatically in 16 and 17 year olds with a 70% drop out rate. *(Tessa Jowell, Secretary of State for Culture, Media and Sport, 25 February 2004)*

The current recommendation is to take five 30-minute sessions of moderately intensive activity per week. Benefits of physical activity - not just about weight loss but also brings psychological benefits and consistently shows that it helps relieve depression and anxiety, improves concentration levels, lowers the risk of heart disease and helps lower cholesterol. Adults who are physically active have a 20-30% reduced rate of premature death and a 50% reduced risk of developing diseases like CHD or cancer. *(At least five a week: Evidence of the impact of physical activity and it's relationship to health. A report of the Chief Medical Officer 29/04/04)*

Lack of physical activity can lead to obesity, coronary heart disease. Nationally only about 37% of men and 25% of women carry out the recommended level of physical activity each week. A lack of physical activity causes over one third of deaths from Coronary Heart Disease – more than that attributed from smoking. It is seen to prevent the onset of type 2 diabetes and to help control the effects of this disease in those that already have it.

In our Borough 29.8% of people (Borough average) say they take no regular physical exercise. (Wigan Borough Health Survey 2001)

Nutrition

A balanced diet is key to good health and is one that includes

- Plenty of fibre rich starchy foods like – bread, rice, pasta, potatoes
- Plenty of fruit and vegetables
- Not too much fat – particularly saturated fat
- Moderate amounts of dairy products, meat, fish or alternatives
- Limited sugary drinks and foods
- Lots of water drunk each day

A diet rich in fruit and vegetables can significantly reduce the risk of many chronic diseases such as CHD, stroke or cancer.

Research by the Food Standards Agency – in February 2003 of consumers in the North West of England showed that 59% of people were aware that they should eat 5 portions of a variety of fruit and vegetables each day - but only 28% had eaten the recommended amount. Only 9.9% of people in our Borough eat 5+ portions of fruit or vegetables each day, 5.6% eat none and 11.7% eat fried foods 3 or more times a week. (Wigan Borough Health survey 2001)

Most are likely to claim that they were not very keen on or disliked cooking (31%). They are least likely to claim to regularly eat fresh vegetables/salad/fruit (79%) and to use fast food outlets (38% - joint with the North East)

Breastfeeding is another important nutritional issue that has benefits for both child and maternal health.

Breastfeeding reduces the risk of many illnesses in babies and later in childhood. In particular, it protects against diarrhoea, gastro-enteritis, and chest infections. Asthma, ear infections, eczema, diabetes, and promotes better mouth formation and straight teeth. Breastfeeding also promotes better mental development and bonding between mother and baby. For the mother, there is a lower risk of pre-menopausal breast cancer and ovarian cancer, less risk of osteoporosis in later life and faster return to pre pregnancy weight.

In addition to health benefits, there are also significant financial cost savings as the need for medical treatment is reduced.

The average percentage of women breastfeeding in Wigan, 48%, is lower for all age groups compared to the UK average, 62%. (*Breastfeeding in Wigan Borough 2002-3 Linda Adhana PCT December 2003*)

Rates and prevalence of smoking and impact on long-term health

It is estimated that 1 in 3 adults aged over 16 is smokers - this equates to a total of 13 million adult smokers in Britain. An average of 29.5% people, in the Borough, smoke with 9.1% smoking more than 20 cigarettes a day. (Wigan Borough Health survey 2001). One in two lifetime smokers will die from their smoking. Smoking causes one in seven deaths from Coronary Heart Disease.

If smoking in pregnancy was reduced by 10% it is estimated that the average infant birth weight would increase by 3.5 grammes.

What is national government doing?

Improving the nation's health and addressing health inequalities have emerged as a major government priority. There have been many public statements of the need to reform our approach to public health and there is a growing debate to change national policy stimulated by the publication of a number of high profile research studies i.e. Wanless Review 2004. There was also a large-scale public consultation that concluded in June 2004, "Choosing Health", that sought the public's view on how the nation's health could be improved.

Government policy focuses on a number of key areas to achieve improvements in public health. These include

- All agencies working together - NHS, Local Authority and other parties to reduce health inequalities and cut preventable disease.
- Ensuring that local strategies reflect the high priority of public health and common health priorities for the whole sector.
- Providing more evidence for the effectiveness of public health prevention.
- Improving access to NHS Services in deprived areas/areas of high health need.
- Providing better preventative care for disadvantaged communities - i.e. smoking cessation.
- Raising levels of physical activity particularly amongst children.
- Mainstreaming approaches to addressing the big killers like cancer and CHD.
- Effectively managing performance.
- PCT's to identify a single set of local priorities for health inequalities with LA's and other partners.

Local Council's have a key role to play too and how we contribute to tackling health inequalities will feature in our next Comprehensive Performance Assessment in 2006.

Another practical example of policy reform is the review of the welfare food scheme later this year to allow for vouchers for free fruit and vegetables as well as free milk.

Qualification for the scheme is based on low income or receipt of tax credits. All pregnant women under 18 will also be eligible regardless of income.

The Government has also identified in the ‘Tackling Health Inequalities – 2002 Cross-Cutting Review’ the activities that are most likely to impact on the achievement of the life expectancy target detailed above

- **Reducing smoking** in manual groups through extended cessation services, complementary tobacco education campaigns and other supporting interventions. If smoking amongst men aged 35-69 in social class V was reduced to the level in social class I, it is estimated that this would remove around 50% of the inequalities in mortality experienced by social class
- **Preventing and effectively managing other risk factors** in primary care. This can be achieved through early identification and intervention on poor diet, physical inactivity, obesity and hypertension through lifestyle and therapeutic interventions
- **Improving the environment** to improve housing quality, increase safety at home and to prevent road accidents among old and young users
- **Targeting over-50s** where the greatest short-term impact on life expectancy will be made.

In order to impact upon the achievement of the life expectancy target, further interventions are identified in the report (*2002 Cross-Cutting Review*)

- **Building on Sure Start** to improve early years support in disadvantaged areas
- **Reducing smoking in pregnancy.** Low birth weight is associated with increased mortality and morbidity in the first year of life, and throughout childhood.
- **Preventing teenage pregnancy,** and tackling its causes and effects. The cross-cutting review report identifies that halving the number of teenage births would achieve an estimated 10% of the target reduction in infant mortality rates (the infant mortality rate for teenage mothers is 60% higher than for older mothers)
- **Improvements in housing conditions** for children in disadvantaged areas
- **Other forms of early intervention for the NHS** such as improved diet and increases in breastfeeding and immunisation rates.

The PCT working with Wigan Council intends to use the strategic objectives outlined in the cross cutting review as a basis for health improvement delivery in the Borough. Planning meetings are currently taking place to explore how the Council’s performance

management approaches and particularly the Performance plus software can be used to help make sense of this highly complex area of service delivery.

PLANS AND STRATEGIES – WHAT’S HAPPENING LOCALLY?

There is a massive range of activity underway locally to address the Borough’s health inequalities and this review can only scratch the surface. During the course of the review Elected members continued to be impressed by the enthusiasm and dedication of witness to achieving improvements.

What we also found was a vast range of plans and strategies, national, regional and local all aiming to deliver health improvement and reduce inequalities. We undertook a brief evaluation of those plans we felt had most relevance to the review. These included:

- NHS plan - Improvement, expansion and reform. The next three years. Priorities and planning framework 2003/06.
- Tackling health inequalities - 2002 cross cutting review
- Regional Investment for Health strategy 2003
- Local NSF Primary Prevention Plan work plan 2003/04
- Ashton, Leigh and Wigan PCT Local Delivery Plan
- Wigan Borough Community Plan
- Greater Manchester Strategy
- Opportunity for All – National Strategy for Social Inclusion
- Wigan Borough Neighbourhood Renewal strategy

Our evaluation framework included the identification of stated objectives, targets, measures, performance against targets and a subjective assessment of whether this plan/strategy could be seen to be delivering health improvement.

What we found was a confusing array of objectives and tasks - some targets and even fewer performance measures. It is difficult to get a picture of what is actually happening that will actually lead to the achievement of some of the national targets. Local plans contained lists of tasks and activities but no SMART targets.

What this showed us was that there is a vast range of work taking place confirming what we had been told at the witness hearings and you can read about some of this activity in the section on “Baseline information”. But it was not possible to identify how health improvement activity is delivering better health for local people. We did not find evidence

of how much it is costing to deliver the health improvement agenda in the Borough. Further work is required on a cost benefit analysis of the overall strategy. We did find considerable evidence of joint working in plan development.

There is a need for a clear set of objectives and high level measures linked to national and local performance indicators. A robust performance management framework is necessary to demonstrate whether all this activity and the money spent on it is actually making a difference. This would benefit all the agencies involved in delivering this agenda and all would benefit from being involved in this process.

On a positive note the position in Wigan is one shared by many across the country. At a recent Innovations Forum meeting (April 2004), Kent County Council and Kirklees MBC presented a review of all the relevant National public health targets and performance indicators. These include PSA targets, Local PSA targets, Best Value Performance indicators, Department of Health indicators etc – they amounted to around 155!

Developing a more robust performance management framework locally would place the Borough at the forefront of this national debate and help us to see whether we are making a difference.

LOCAL BASELINE POSITION

All ward based information contained within this section relates to the electoral wards that were in place until June 2004 when the electoral boundary review came into being.

The Leigh Township covers the following neighbourhoods: Pennington, Westleigh, Bedford, Higher Folds, Siddow Common, Lilford and Tamar.

Up until June 2004 the Leigh Township covered the following wards: Leigh Central, Leigh East, Hope Carr, Bedford Astley, Hindley Green. The population figures for these wards as set out within the 2001 Census are as follows:

Leigh Central	11,518
Leigh East	13,975
Bed/Astley	10,518
Hindley Green	13,854
Hope Carr	13,022

Total Township Population of 62,887

Health Survey 2001

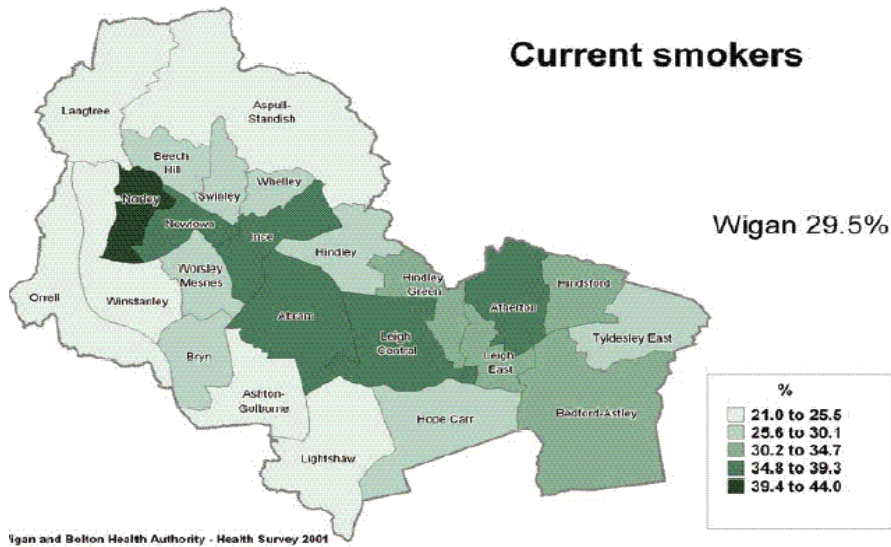
The issues affecting health in the Borough are enormous. To help us to scope this review we have gathered baseline information from the 2001 Wigan Borough Health Survey, which tells us that there are major issues affecting the Leigh Township.

We looked at the results of the Health Survey and how they related to the topics identified in our terms of reference.

Current Smokers

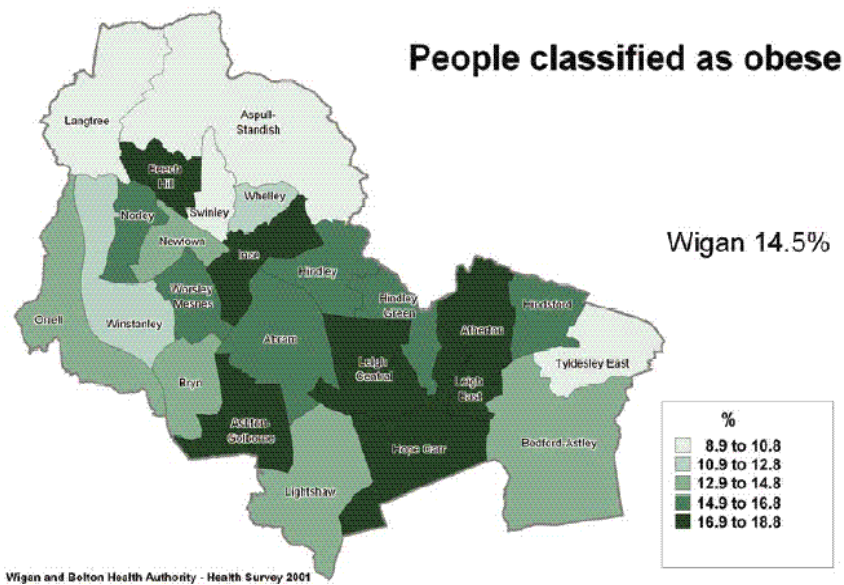
- All wards within the Township other than Hope Carr have more smokers than the Wigan average.

- Leigh Central has one of the highest level of respondents who smoke (36%)



Obesity and Overweight

- Hope Carr, Leigh Central and Leigh East are amongst the highest levels of respondents who are classed as obese.



- All wards within the Leigh Township gave an above average response to the question “my home is not well placed for Leisure facilities.”

- Leigh Central has one of the highest level of respondents who undertake no form of physical activity.

Diabetes

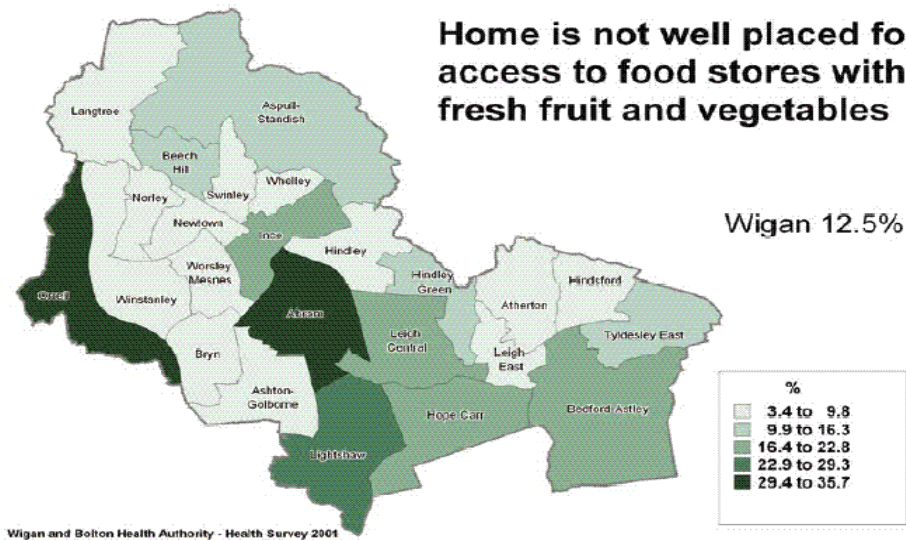


- Within the Leigh Township, Leigh East is the only ward where respondents affected by Diabetes reach above the Wigan Borough average

Nutrition

- 3 out of the five wards within the Leigh Township are amongst the highest respondents who stated that their home is not well place for fruit and vegetable stores.
- Leigh Central is amongst the lowest level of respondents who eat 5+ portions of fruit or vegetables a day.
- Leigh Central is amongst the highest levels of respondents eating no fruit and vegetables a day.

Home is not well placed for access to food stores with fresh fruit and vegetables



The information in this section helped us to scope this review – we focused our attention on smoking, obesity, overweight, physical activity and nutrition in the Leigh Township.

METHODOLOGY

Experience of undertaking Best Value reviews suggests that using the 5 C's of Best Value can help in understanding strengths and areas for improvement for any area of service delivery.

- The Challenge element within reviews is both the key to significant improvements and the most difficult to get right. It is important that reviews ask as the outset why a service is provided at all and whether it needs to be provided in the way it is at present.
- Comparing performance with others with a view to getting it right.
- Embracing fair competition as a means of securing efficient and effective services
- Consulting with local taxpayers, customers and the wider business community as well as staff and acting upon what has been said.
- Collaborating with other partners and organisations to deliver services that are shaped around user needs and policies that take a holistic approach to crosscutting problems.

In the forthcoming sections, we demonstrate how we have used the challenge, compare, consult and collaborate elements of Best Value to identify the key recommendations required to improve this service.

CHALLENGE

As part of the Scrutiny process witness hearings were held at various points during the review to identify and clarify issues around health inequality, service provision and strategic direction in the Borough. Witness hearings involved officer representatives from the Primary Care Trust, Acute Trust, Chair of the Professional Executive Committee, Council officers and an officer from Wigan Leisure and Cultural Trust. You can find a full list of the people we interviewed or who presented written evidence in the appendix.

All of our witnesses commented on the poor health of many people in the Borough, causes of ill health and health inequalities and the challenges this brought and how their agency was responding to this.

As part of the challenge process we also,

- Scrutinised local health research that identified significant health inequalities in the Borough. You can read more about this in the section on “Baseline information”.
- Evaluated national, regional and local plans to address health inequalities to identify their aim, purpose, targets and performance. You can see this on page 26.

The table overleaf shows a summary of those responses plus the evaluation of plans with comments, suggestions and links to recommendations for change where appropriate.

Challenge	Comment/Recommendation
<p>Strategic leadership is needed from the PCT to ensure all partners give priority to <u>delivering</u> local health improvement.</p> <p>Many disparate plans and strategies - greater integration of activity and strategic planning necessary.</p> <p>No evidence of strong performance management culture.</p>	<ul style="list-style-type: none"> ▪ Greater opportunities for the PCT to build on existing partnership working. ▪ A single set of health improvement objectives, tasks and measures must be agreed urgently to identify how local health improvement will be delivered. ▪ A robust interagency performance management system is required. ▪ Recommendations 1&2
<p>Primary Care services need to be targeted at those areas of greatest health need. Many areas of poor health experience poorest access to service.</p> <p>Insufficient mainstream funding designated to preventative services.</p>	<ul style="list-style-type: none"> ▪ Services and funding must reflect need if we are to deliver health improvement. ▪ Recommendation 3
<p>A strategic direction and clear way forward on sport and active recreation is needed for adults, children and young people.</p> <p>Greater interagency planning and prioritisation is needed.</p> <p>No joined-up strategy for PE and sport in schools.</p>	<ul style="list-style-type: none"> ▪ Physical activity strategy to be revised. Education, Health and Social Services, Wigan Leisure and Cultural Trust key partners in this. ▪ This should incorporate PE and sport in schools. ▪ Recommendation 5
<p>Limited evaluation of schemes takes place at present. E.g. New Weighs, Fresh Focus.</p> <p>Limited evidence to show long-term impact of schemes.</p>	<ul style="list-style-type: none"> ▪ Draw on and share good practice e.g. LEAP evaluation. ▪ Establish robust performance management framework to evaluate success of schemes. ▪ Learn and share good practice. ▪ Recommendation 2 &7
<p>Limited data on health needs and attitudes of children and young people.</p>	<ul style="list-style-type: none"> ▪ Act on the results of the Lifestyle survey. ▪ Recommendation 6a

Challenge	Comment/Recommendation
<p>Food provided in school is a key issue.</p> <p>Food in schools group not seen as effective.</p> <p>Healthy eating less well established in high schools.</p> <p>Vending machines selling sweets and fizzy drinks available in some high schools.</p>	<ul style="list-style-type: none"> ▪ More effective interagency working required. ▪ Review the role of the Food in Schools Group. ▪ Elected members as school governors have a key role to play here. ▪ Recommendation 6b
<p>There is an inconsistent approach to some preventative work in the community and in workplace settings.</p> <p>Services tend to cater for people once they have a chronic condition i.e. New Weighs, Steps to Health.</p>	<ul style="list-style-type: none"> ▪ More pro-active approach to prevention needed. Good progress on Healthy schools and healthy communities less so in workplace settings. ▪ Primary care staff in the community need to be more involved in preventative work in systematic ways. Work needed to record impact of preventive work in primary care. ▪ The PCT to discuss with GP's how this can be achieved. ▪ Many excellent examples of where it is working – e.g. smoking cessation sessions run by school nurse. ▪ Recommendation 4 & 7a,
<p>Research and information on health need is limited.</p> <p>Limited information on attitudes and behaviours of local people towards health improvement.</p> <p>Little information shared on which interventions have greatest impact on improving health.</p>	<ul style="list-style-type: none"> ▪ Strategic information is required. Gap analysis to be conducted to identify what information is missing and how it can be obtained. ▪ Systematic evaluation of what works is necessary. ▪ Sharing of good practice required. ▪ Recommendation 7c & 8

CONSULT

An important part of this review was to obtain an understanding of local people's attitudes to their own health and their experiences of trying to improve their health. As part of the consultation we asked for views and experiences of their personal health, inequalities and accessing services. The review consulted with a range of local people through various methods. These are described collectively as stakeholders and are listed below with a selection of examples of how they were consulted. We also reviewed previous consultation by other agencies that had looked at these issues. You can find a full list of the people or agencies we consulted in the appendix.

The stakeholders included:

- People that attended the Healthy Living Open day on 22 April 2004
- Health Visitors and allied health professionals
- Community and groups in the Leigh Township
- A local GP
- Members of Leigh Township Forum
- Young people at Westleigh High School.

The main points arising from this consultation, comments and links to recommendations are listed below.

Consultation	Comments/Recommendation
People felt it was difficult to see what the big health issues would be in the future and this made planning difficult.	<ul style="list-style-type: none">▪ An effective strategic plan that reduces health inequality in the Borough is required.▪ Recommendation 1 & 8
Public awareness of health inequality and its causes is low.	<ul style="list-style-type: none">▪ Health inequality not seen as an important issue. There is an acceptance that poor health is part of life. More work is needed to understand and address this view locally▪ Recommendation 7
Health promotion information is not	<ul style="list-style-type: none">▪ More primary care professionals need to

<p>consistently provided to the public in a primary care setting. Services aren't promoted because staff are unaware of their availability or they feel it might be difficult to access or too costly.</p>	<p>be active in health promotion. This includes allied health professionals and administrative teams.</p> <ul style="list-style-type: none"> ▪ Recommendation 4
<p>Health promotion information and schemes should be targeted at children and young people. It's their future health that's important.</p>	<ul style="list-style-type: none"> ▪ General feeling that there is a lot going on across the Borough but that it lacks consistency. ▪ Recommendation 6
<p>People feel that there is inconsistency in the level and quality of health care services across the borough. "It depends which GP you are registered with."</p>	<ul style="list-style-type: none"> ▪ Services need to be directed at areas of greatest need ▪ Recommendation 1 & 7
<p>People said that some preventative services could be costly and difficult to access. For example cost of gyms, alternative therapies.</p>	<ul style="list-style-type: none"> ▪ Issues of barriers to access need to be considered ▪ Recommendation 5
<p>Some people feel that there isn't enough preventative support for things like reducing drinking and other lifestyle changes.</p>	<ul style="list-style-type: none"> ▪ This leads to great demands on acute services. A more proactive approach to prevention is needed ▪ Recommendation 7

COMPARE

The areas we chose to compare for the purpose of this review were:

- Comparing two townships to enable us to highlight any health inequalities.
- To identify examples of good practice in other parts of the country.
- To evaluate evidence of effective public health interventions suggested by the Health Development Agency (HDA).
- The management of overweight and obesity- an analysis of what works.
- Comparing Performance on meeting Life Expectancy targets.

Comparison of Townships

The Department of Health identify a major reason for health inequalities as the ‘inverse care law’ by which people with the greatest need tend to have poorer access to poorer quality services (*Tackling Health Inequalities, A programme for Action*, 2003). This part of the report looks at access to services in the Leigh Township and compares them with another, more affluent township (Standish, Aspull, Shevington).

Standish, Aspull and Shevington Township

The Standish, Aspull and Shevington Township covers the neighbourhoods of: Standish, Appley Bridge, Crooke Village, Aspull, Haigh, Shevington, Shevington Vale, Shevington Moor. This township includes the wards of Langtree, Aspull and Standish. The population figures for these wards, as set out within the 2001 Census is **35,987** (just over half the population for the Leigh Township). The table below gives us a general indication of the differences in health in the two townships.

	Leigh Township Average %	Standish/Aspull Township Average %	Wigan Borough Average %
% difficulty in managing financially	8.36	5.55	8.3
% people in poor health in last 12 months	10.02	6	9.8
% GHQ score above threshold	21.46	18.15	22.3
% 6+ visits to doctor in last 12 months	16.1	13.8	17.5
% no dental check up in the last two years	27.2	21.85	26.8
% with high blood pressure	24.56	23.55	25
% has had a heart attack	3.54	3.7	3.9
% had a stroke	2.98	2.15	2.8
% suffering with symptoms of angina	10.1	6.45	9.9

We have compared the two townships by looking at the prevalence of smoking, obesity, nutrition, physical activity in each area. In relation to each issue you will find a table showing a comparison of the information taken from the 2001 Health Survey for each Township followed by a description of preventative and current services available to improve the situation.

Smoking

	Leigh %	Standish %	Wigan Average%
Current Smokers	32.14	23.3	29.5
% population who smoke 20+ cigarettes a day	9.48	6	9.1

(Wigan Borough Health Survey 2001)

Services in place to address the issue

Fresh Focus

Fresh Focus is a smoking cessation service with a number of sessions operating in the Borough. During 2001/02, 647 of the borough's population set a quit date with Fresh Focus. The group achieves the best rate of success among smoking cessation services in Greater Manchester. 55% of those that set a quit date actually quit by a 4 week follow up session.

The use of Fresh Focus does not appear to be influenced by levels of deprivation but is influenced geographically. Access is not equal across the borough. Shown below are current venues offered in the townships referred to in this report.

Leigh	Standish
Leigh Walk In Centre Monday – Evening Wednesday – Afternoon Thursday – Afternoon and Evening	Standish Library Tuesday Afternoon
121 Grasmere Street Health Centre Alternative Wednesdays	

Although these venues are offering a service, we have limited information relating to their attendance and effectiveness. From the evidence given to us by witnesses it is also difficult to determine how successful our GPs and their staff are at addressing smoking within a GP setting because they do not collect this data centrally.

Drug treatments for smoking do appear to be targeted at the areas most in need and are prescribed more often in the most deprived areas of the borough (the areas with the highest levels of smoking). Smoking is more prevalent in the Leigh Township and services appear to be in place to address this.

Children & Young Persons (Protection from Tobacco) Act 1991

Each year the Council inspects a sample of shops selling tobacco to make sure that they are not selling this product to people aged under 16 years olds and that they comply with all aspects of the Act. The table below shows inspection and advice visits to tobacco retailers from October to December 2003.

Township	Traders	Inspections	Correct	Incorrect
Ashton-in Makerfield Bryn	67	2	1	1
Atherton	81	10	7	3
Golborne Lowton	72	3	3	0
Hindley Abram Platt Bridge Bickershaw	104	25	24	1
Leigh	157	14	12	2
Orrell Billinge Winstanley	46	8	5	3
Shevington Standish Aspull	79	6	3	3
Tyldesley Astley	70	19	18	1
Wigan North	217	21	16	5
Wigan South	122	20	18	2

Obesity, Overweight and Physical Inactivity

	Leigh %	Standish %	Wigan Average%
% drinking over the sensible alcohol limits	21.28	19.65	20.1
% of no physical activity	29.88	22.8	29.8
% overweight	36.44	37.2	36.7
% obese	16.6	9.85	14.5
% with diabetes	4.24	3.65	4.8
% home not well placed for leisure facilities	34.98	36.7	8.5

Leigh is highlighted as having lower levels of physical activity, higher levels of alcohol drinking and higher levels of those classed as obese. Standish Township has more overweight people and more feeling they are less well placed for the provision of leisure facilities. But more people in this township have access to a car or van.

Car ownership

We looked at the 2001 census data on car ownership. This told us that 27.5% of households in Wigan Borough (34,407) had no access to a car or van. This compared to 35.1% of all households in 1991 and was better than the average of 32.8% for the ten Greater Manchester Authorities. Ince ward has recorded the highest levels of households without access to a car or van (1,984), whilst Langtree had the lowest level (768).

The census did not provide any conclusive information that lack of access to a car or van makes it more difficult to access services.

Services in place to address the issue

The Physical Activity Strategy for the Borough of Wigan (2000-2005) has been developed to encourage and support life-long participation in physical activity.

Research has clearly shown the overwhelming benefits of a physically active lifestyle in maintaining good health and preventing and alleviating a number of serious conditions (e.g. coronary heart disease, obesity and osteoporosis).

A change in emphasis to encourage moderate intensity activity, rather than vigorous, has implications in terms of the provision of local services and the promotion and development of new initiatives. There are a number of schemes operating across the borough to improve these issues.

Next Steps

The scheme is a community outreach programme open to all age groups and linked to the 'Steps to Health' exercise referral scheme. It provides a wide variety of targeted activities. There are a number of venues offering this service in the Leigh Township (14) and a programme of health walks. Most of which are based within older people's residential accommodation – this is because two thirds of participants are aged over 50. Evening sessions are not directly provided in the Leigh Township but can be accessed at Howe Bridge Sports centre. This is intended to serve the wider communities of Leigh and Atherton.

Participants tend to be aged between 50-70 years but there are a few younger members. Is this something to do with the venues? Apparently not, it is more concerned with the fact that older people tend to have experienced some form of chronic illness. And that the services appear to only be offered to those that already have a chronic condition.

Next Steps activity classes do not currently take place in the Standish Township but health walks are organised regularly.

New Weighs (weight management service run by PCT and Active Life Services)

New weighs is a slimming group. It is a 12-week course available across the borough for people who wish to lose weight and become more active. The courses are designed to provide good quality support at a low cost for men and women that wish to lose weight.

Research tells us that in general the sessions are targeted towards the local communities with the highest levels of inactivity therefore targeting the service at those most in need.

Private provision of leisure and weight loss facilities

We have obtained a picture of the provision of health and fitness clubs within the Leigh and Standish, Aspull Townships. This tells us that there are a number of privately run gyms in both townships (6 in Leigh and 3 in Standish), with similar membership figures and costs. Slimming and weight loss clubs such as Weight Watchers and Slimming World are also operating but more successfully in the Leigh township.

In terms of the different schemes available it does appear that they are reactive rather than proactive and that they are in place to address current need – the services are currently in the right place.

Privately run services also appear to be thriving in the Leigh Township and our consultation found that the barriers we identified such as inappropriate services, cost, inaccessibility and lack of childcare didn't prevent people from using them.

Nutrition

When we look the individual wards within the townships and compare the results we can see a direct comparison with the highest and lowest levels of:

- Those eating 5+ portions of fruit a day
- Those eating no fruit or vegetables in a day
- Those stating that their homes are not well placed for fruit and vegetable stores.

	Leigh %	Standish %	Wigan Average %
% eating 5+ portions of fruit or veg a day	10.88	14.45	9.9
% eating no fruit and veg a day	6.6	2	5.6
% eating fried foods 3 or more times a week	11.86	10.5	11.7

% home not well place for fruit and veg stores	15.32	10.9	12.5
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Services in place to address the issue

The PCT provides nutritional advice and support to people with CHD and diabetes (but not general nutritional advice).

Healthy Schools, Healthy Living and Healthy Workforce programmes work to improve the diet of the borough's population. Healthy Schools and healthy living programmes are well established within the Borough, the Healthy Workforce programmes are less so.

Schools

All schools are eligible for the Healthy Schools programme. In Wigan Borough the scheme is concentrating its efforts on those schools that have 20% of children or more receiving free school meals. Within the Leigh township just over half of all schools fall within this free meals category, five of these schools are not taking part in the Healthy Schools Standard - 48% of all schools in the Leigh township are part of the Healthy Schools Standard. In Standish Township there are twelve schools, none of which fall into the 20% this free meals category. However five of these schools are working towards the Healthy Schools standard (41%).

Breastfeeding

Breastfeeding is an important public health issue, which has benefits for both child and maternal health. It reduces the risk of many illnesses in babies and later in childhood. In addition to the many health benefits, there are also significant financial cost savings as the need for medical treatment is reduced.

A report was produced in December 2003 by the PCT which provides a brief overview of issues relating to breastfeeding incidence, prevalence, trend and health inequalities across the Borough.

Wigan Average	48%
UK Average	62%

Leigh Township Average	44%
Standish/ Aspull Township Average	64%

Source: Breastfeeding in Wigan Borough 2002-3, L Adhana)

The average rate of breastfeeding in the Leigh township is lower than that of the Standish Township by 20%.

Prevalence of Cancer

Cancer is one of the big killers in the Borough. It was not possible to obtain data at a township level so the following information provides a borough wide picture.

Please also note that any figures quoted relate to those actual cases initially dealt with at Wrightington, Wigan and Leigh NHS Trust and not **all** cases of cancer. Some people may be seen initially at other acute hospitals in the region.

Between 1996 – 2001 there were 7953 cancers reported for all age groups in the Borough, the largest amount of these (7044) related to people aged 50 years and older. During the same period there were 4747 cancer-related deaths. Colleagues from Wrightington, Wigan and Leigh NHS Trust told the committee that survival rates were poor for lung, colon and oesophageal cancers in our Borough. These are the types of cancers caused by smoking, poor diet and nutrition.

There are many reasons for these low survival rates and these include for example

- patients presenting late with advanced diseases
- GP's see relatively few cases and may have difficulty identifying those most at risk
- Delays in acute services due to staff and equipment shortages
- Health inequalities

Once people are referred to hospital performance is good with 99% of people seen within 14 days. (*Source: WWL NHS Trust presentation to Select Committee 29/04/04*)

Comparison of General Primary Care provision in the two townships

Physical condition of practices and list sizes

Table A and B attached at the end of this section show the information described below in more detail.

Leigh

There are 14 GP practices in the Leigh Township, 7 are single handed, the rest are group practices. 78% of these practices are judged as having poor or very poor physical facilities i.e. buildings (*Source, Contractor Services Dept PCT*). These practices provide services to just under **50,000** patients with an average patient doctor ratio of **2176**.

Standish

In the Standish Township there are 3 GP practices, all are group practices. One has been judged as having less than acceptable facilities. No facilities were judged as poor.

The practices provide services to just under **30,000** patients with an average patient doctor ratio of **1893**.

Immunisation and screening

When we look at the immunisation and vaccination data for these practices. The rates of take up for eligible patients are the same for both townships at 94%. This compares favourably with the national average as shown below. (For the purpose of this review immunisation for all diseases have been collated together).

Nationally

- 94% had been immunised against diphtheria and tetanus, the same level as in 2001-02, but lower than the peak coverage of 96% achieved in 1996-97.
- 93% had been immunised against polio, pertussis and Haemophilus influenzae b (Hib), similar levels to those in 2001-02 but lower than the peak coverage achieved in 1996-97.
- 82% had been immunised against measles, mumps and rubella with the combined MMR vaccine, compared with 84% in 2001-02; lower than the peak coverage of 92% achieved in 1995-96.

The cervical screening programme nationally screens nearly 4 million women each year in England. The programme is estimated to prevent up to 3,900 cases of cervical cancer each year.

National figures show the percentage of women aged 25-64 screened for cervical cancer as 83.7% (2001) and 83.0% (2002). Both townships compare well with this figure with Leigh at 84% and Standish at 90%.

A new campaign for Flu immunisation for people aged 65 and over was introduced in 2000-01. Data collection undertaken by the Department of Health found take up for this age group in England to be about 69% in 2002-03 compared with 68% 2001-02 and 65% in 2000-2001. This compares favourably with both townships with a reported figure of 67%.

TABLE A Comparison of General Health provision within the two townships

	GP Practice (represented by number)	Quality of Premises	No. of GPs in practice	List size	Patient Doctor Ratio per WTE	% takeup of eligible patients receiving imms & vacs	Boosters	Cytology % adequately smeared	Flu
Leigh Township									
	1	Modern Purpose Built	5	8867	1773	95.11	92.86	83.9	70.3
	2	Very poor	1	2350	2350	90.63	85.00	78.3	79.4
	3	Very poor	1	2409	2409	88.1	88.46	81.7	62.3
	4	Very poor	1	2754	2754	92.65	85.71	84.3	62.4
	5	Portacabin	2	1997	1331	92.65	100.00	85.3	74.0
	6	Poor	1	2344	2344	97.43	89.36	83.9	74.9
	7	Very poor	1	3041	3041	97.14	94.44	81.3	71.9
	8	Very poor	1	2689	2689	84.62	86.67	82.8	59.6
	9	Poor	2	2970	1980	No data	No data	84.5	69.5
	10	Poor	3	3875	1722	87.27	90.24	87.9	57.9
	11	Very poor	1	2503	2503	98.53	87.10	82.1	54.8
	12	New Purpose Built	5	7084	1761	95.45	95.05	78.9	66.9
	13	Poor	2	2702	1801	100.00	92.86	88.6	74.2
	14	Good	2	2000	2000	99.49	91.80	90.3	63.4
				47585	2175.6	94	91	84	67

TABLE B									
Standish Township									
	GP Practice (represented by number)	Quality of Premises	No. of GPs in practice	List size	Patient Doctor Ratio per WTE	% takeup of eligible patients receiving imms & vacs	Boosters	Cytology % adequately smeared	Flu
	15	Less than acceptable	6	10974	1995	95.14	91.20	91.7	73.2
	16	Modern Purpose Built	9	12746	1699	93.8	91.67	86.1	67.2
	17	Requires on-going maintenance	3	5956	1985	No data	No data	92.4	59.3
				29676	1893	94	91	90	67
Notes:									
<p>Please note limitations of practice level data: These figures relate to the registered population in each practice. The 'Township' of each practice is determined by the location of the main branch surgery of each practice. It is therefore likely that figures for a practice would include people who reside outside of the township boundary and even outside of the Wigan Borough boundary. Townships are areas of resident population and as such would seem to be a little at odds with the information provide above. Therefore, I would advocate an element of caution is used when registered population information as a proxy for townships.</p>									

As the review progressed it became apparent that the lack of performance monitoring and evaluation of schemes meant we were not in a position to determine the effectiveness of local schemes in meeting health need. In addition it emerged that access to primary care services, the quality of buildings and doctor patient ratios was unequal. And this led us to conclude that the people with the greatest need appear to have poorest access to services.

What's happening elsewhere?

We have provided below a brief summary of the range of activities currently underway in Kirklees.

General

- 'Kirklees and Calderdale Food Futures' initiative obtained £35,000 from the National Lotteries Charities Board. 'Food Futures' is working with local groups to develop a sustainable food economy. Work has been targeted in ten deprived wards to help reduce coronary heart disease.
- Targeting action to increase levels of physical activity of those most at risk by doing no activity such as children and young people, older people, people on low incomes, and the Asian community – especially women.
- Improving access to high quality primary care services in the most deprived communities by developing primary care resource centres.

Smoking

- Employing a Midwifery Specialist Smoking Cessation Advisor to work with midwives and other health workers to encourage and support pregnant smokers to stop smoking.
- Collaborating with Kirklees Council's debt counsellors. Debt workers advise clients who smoke to consider giving up and encourage them to contact the Smoking Cessation Service as a means of resolving financial problems.
- Providing an 'outreach' specialist smoking cessation advisor to liaise closely with single-handed GPs in areas of deprivation to provide smoking cessation support.
- Collaborating with Sure Start initiatives regarding smoking cessation, e.g. the Smoke-Free Home campaign as a means of protecting children from passive smoke and the stop smoking support available.
- Widely publicising the availability of the smoking cessation service in areas of deprivation, e.g. through the local media, attendance at high profile events, articles in community newsletter.

Obesity, overweight and physical activity

PALS (Practice Activity and Leisure Scheme) – this is a GP referral scheme in partnership with local health agencies. Individuals are given an introductory consultation at one of the sports centres; this involves a healthy lifestyle assessment, introduction to the facility and a 10-week activity programme. **HEAL** (Healthy

Employees through Active Leisure) this scheme offers employees advice and the opportunity to take part in some regular physical activity. **Keeping Healthy Minds Active** provides healthy food options both in schools and in the 'meals on wheels' service. Active for Life offers suggestions for people to become; **Active at Home**, In the Lounge, In the Kitchen, Climbing the Stairs, In the Garden.

Wigan's Active Living team has been formally benchmarking with the Kirkless physical activity team for the past three years.

Which public health interventions make a difference?

We also then went on to look at what works to improve public health and looked at a Health Development Agency document "Evidence about effective public health interventions that has been collected, synthesised and reviewed (2000)." They recommend that:

Smoking

Government should ensure that cigarette prices remain high. This is particularly beneficial in preventing children and young people from smoking. Smoking bans in public places and workplaces should be actively pursued. High profile mass media and public education campaigns on the dangers of cigarette smoking. And the advertising ban on cigarettes should be enforced and loopholes closed in the current arrangements. Lower income groups should be the principal target for smoking cessation as they make up the largest numbers of smokers.

Locally – through the NHS

Smoking cessation services among the more disadvantaged sections of the community should be maintained. Effective treatments for smokers in more disadvantaged sections of the community must be developed. The involvement of all health professionals in smoking cessation should be encouraged. GP's should maintain and enhance their work stopping smoking as part of routine general practice consultations. Formal smoking cessation advice must be a part of ante-natal care to prevent low birth weight.

Physical Activity

The preservation of playing fields and other open spaces is essential to encourage people to take regular activity. Quality and safety concerns among users; safe play environments within open spaces, including ranger and park keeping schemes and safe walking environments are also essential in encouraging greater take up of resources.

Local NHS

Discussion and advice to promote physical activity should be a routine part of primary care using referral to properly trained and resourced physical activity and lifestyle coaches. Encouraging people to walk more and take activity that doesn't mean they have to attend facility is most likely to lead to sustainable increases in

overall physical activity. Linking social activity and community settings with is seen to increase rates of physical activity. In schools, PE and activity should be maintained and enhanced.

Overweight and Obesity- an analysis of what works

Prevention in children and young people

There is considerable evidence to show that multi faceted school based interventions to reduce obesity and overweight in school children - particularly girls - work in preventing overweight and obesity. These interventions include nutrition education, activity promotion, reduction in sedentary behaviour, behavioural therapy, teacher training, curricular material and modification of school meals and tuck shops.

The evidence suggests that successful treatment works best when it targets the parent and the child together. There is no conclusive evidence to say that seminars, educational packages media messages go any way to preventing overweight and obesity in children and young people.

Adults

The evidence suggests that diet, physical activity along with behavioural therapy are the best ways to prevent overweight and obesity in adults. To maintain healthy weight it is suggested that self help, weight charting and physical activity are the best methods.

The evidence suggests a number of settings where these methods might work best. There is limited evidence for example that work places are effective.

But health care settings and the role of healthcare professionals where highlighted as being effective in the following ways:

- Reminders to GP's to prescribe diets
- Brief educational input on obesity management delivered by behavioural psychologists to GPS's
- Encouraging shared care between GP's and hospital service
- Use of inpatient obesity treatment services
- Training for health professionals and leaders of self help weight loss clinics.

The report concluded that there is a need for more evidence on what works to prevent overweight and obesity. A more strategic approach and improved policy

interventions and more work in schools to encourage health eating and physical activity is recommended. (Source *“The management of overweight and obesity: an analysis of reviews of diet, physical activity and behavioural approaches”* C Mulivill and R Quigley (2003) London HAD.)

Comparing Performance on meeting Life Expectancy targets

The government has set improving life expectancy (and reducing infant mortality) as a national target that will measure reducing health inequalities. This is as follows

- Starting with Health Authorities (now based on local authorities), by 2010 to reduce by at least 10 per cent the gap between the quintile of areas with the lowest life expectancy at birth and the population as a whole (baseline is 1997-1999).

This target has also been incorporated into Primary Care Trusts Local Delivery Plans (Health Inequalities section) and Local Public Service Agreements.

To reduce the widening gap in health inequalities both within Greater Manchester and between Greater Manchester and England, the Department of Health is undertaking a stock take of progress in all Primary Care Trusts in the bottom 25% of local authority life expectancy areas. This will provide the Strategic Health Authority with a picture of their position to help them to improve.

Current Position in Wigan

Wigan is among the local authorities who are unlikely to achieve the national target of local authorities with a difference between 'expected' and 'target' life expectancy equal to or greater than – 0.5 years.

Wigan has also shown a gradual widening of the gap during the past 12 years (1991-2002). The main cause of the gap for men and women is **coronary heart disease**.

Current position in Greater Manchester

In 1997-99 (the baseline year for the target), the average life expectancy at birth in Greater Manchester was nearly 2 years less than in England for women, and over 2 years for men. (Life expectancy was 78.2 and 80.0 years respectively for women and 72.9 and 75.1 years respectively for men in Greater Manchester and England).

The latest data (2000-2002) shows that:

- Overall, life expectancy in Greater Manchester rose slightly in males (72.9 years in 1997-99 to 73.9 years in 2000-2002), and in females (78.4 years in 1997-99 to

79 years in 2000-2002). However, **Greater Manchester is still the SHA with the lowest life expectancy in England.**

- The gap in life expectancy between Greater Manchester and England reduced marginally from 2.2 to 2.1 years for men and 1.8 to 1.6 years in women between 1997-99 and 2000-2002.
- However, if the trend in life expectancy continues the gap is projected to increase from 2.2 years to 2.5 years between 1997-99 and the target period of 2009-2011 in men and stay at 1.8 years for women. This means that in Greater Manchester the national target for life expectancy is unlikely to be achieved.
- Although the causes vary across the conurbation, the single most important cause of the inequality in life expectancy is **coronary heart disease**.

Although Greater Manchester is currently the worst for life expectancy at birth in England lots of work is underway to reverse this trend. There has been a large investment and commitment in Greater Manchester by local authorities and the health services – which may not have an impact during the time frame of the current target

(Source May 2004, Letter to Local Authority Chief Executives, Chief Executives PCT's Greater Manchester etc)

Compare	Comment/Recommendation
<p>A number of schemes demonstrating good practice in improving health inequalities. However little within the good practice information to demonstrate the effectiveness of these schemes.</p> <p>Wigan Borough has a number of similar schemes operating within the borough. We found little evidence of their effectiveness.</p>	<ul style="list-style-type: none"> ▪ Improved monitoring and evaluation of current schemes is needed ▪ Recommendation 8.
<p>Lots of work being undertaken in schools to improve health. Evidence shows that by involving parents in the schemes operating within the school environment, children and young people become more aware of their health needs and how they can be addressed.</p>	<ul style="list-style-type: none"> ▪ Improving work in schools on healthy eating and physical activity needed. ▪ Recommendation 6
<p>The evidence suggests that intervention by health professionals in primary care settings can help to improve health inequalities.</p>	<ul style="list-style-type: none"> ▪ More proactive approach to preventative care and health promotion work needed in primary care. ▪ Recommendation 4

COLLABORATE

What current partnerships are in operation to address the Borough's health inequalities?

The principal partnerships in the Borough are,

- Wigan Borough Partnership – the Local Strategic partnership charged developing a strategic vision and delivering this via the Community Plan. It's membership includes Chief officers from local Public sector bodies, like Council, Health services plus their senior non executive members, Police, private and voluntary sector Chief officers.
- Wigan Health and Social Care partnership - this group is made up of senior officers and members from the Council, PCT, Acute Trust, Mental Health Trust and voluntary sector. This group sets the direction for health and social care services locally.
- Healthy Wigan group is a sub group of the Health and Social Care partnership and has a specific remit around inequalities.

Our review has also identified a great deal of activity involving partnership working on individual strategies and plans for example Physical Activity, Healthy Weight, Healthy Schools etc. All our witnesses expressed the strong need to work with others, including local people, to address the Borough's health needs.

The main issues that emerged are summarised in the table below.

Collaborate	Comment/Recommendation
<p>A strategic direction and clear way forward on sport and active recreation is needed for adults, children and young people.</p> <p>Greater interagency planning and prioritisation is needed.</p> <p>No joined-up strategy for PE and sport in schools.</p>	<ul style="list-style-type: none"> ▪ Physical activity strategy to be revised. Education, Health and Social Services, Wigan Leisure and Cultural Trust key partners in this. ▪ This should incorporate PE and sport in schools. ▪ Recommendation 5 and 6e
<p>Food in schools group not seen as effective.</p>	<ul style="list-style-type: none"> ▪ Review the role of the Food in Schools Group. ▪ Recommendation 6b
<p>Strategic leadership is needed from the PCT to ensure all partners give priority to delivering local health improvement.</p>	<ul style="list-style-type: none"> ▪ Great opportunities for the PCT to build on existing partnership working. ▪ Recommendation 1&2

Appendix

Witnesses that gave evidence and people that took part in consultation.

Julie Hotchkiss
Director of Public Health
Ashton Leigh and Wigan PCT

Nick Colledge
Physical Activity Co-ordinator
Wigan Leisure and Culture Trust

Sue Elliott
Strategic Manager PSHE & Citizenship
Wigan Council

Dr. Marwan Ghalayini
Chairman of Professional Executive Committee of AL&W PCT
and Standish GP

Helen Turner
Food Policy Co-ordinator
Healthy Weight Strategy
Ashton Leigh and Wigan PCT

Tony Henshall
Health Development Manager
Smoking Cessation
Ashton Leigh and Wigan PCT

Tom Pickering
Director of Service Development
Wrightington, Wigan and Leigh NHS Trust

Rebecca Larder
Cancer Services Development Manager
Wrightington, Wigan and Leigh NHS Trust

Yvonne Gandy
PE & Sports
Wigan Council

Geoff Long
Strategic Manager
Metropolitan Catering and Cleaning Services
Wigan Council

Linda Adhana
Community Health Development Worker
Ashton Leigh and Wigan PCT

People that attended Healthy Living Open Day 22nd April 2004

Previous consultation with Young people from Westleigh High School

Group of practitioners and administrative workers based within Grasmere Street Health Centre at Leigh who support the child health provision.

A Leigh GP

Members of Leigh Township Forum

Members of the Willow Project community group