

# Chapter 6

## Summary of Recommendations

### Chapter 1 – Health Improvement (National Target Focus)

#### Life expectancy, cardiovascular disease and cancer mortality

- Although South Yorkshire communities are showing very positive trends, both in improving life expectancy and narrowing internal health inequalities gaps, work must be undertaken to ensure these trends continue at the same rate to enable targets to be achieved.
- Local evidence has suggested that targeting general practices in deprived neighbourhoods for extra support can reduce inequalities in cardiovascular disease mortality. Work must continue to ensure that all patients with coronary heart disease are registered, and evidence based secondary prevention therapies are systematically applied.
- The South Yorkshire PCTs should augment the findings in this report with further analysis, particularly those communities where inequalities gaps do not appear to be narrowing.
- Where the inequalities gaps have apparently narrowed, opportunities to explore possible cause and effect relationships through, for example, regression analysis should be sought.

#### Infant mortality

- South Yorkshire communities should develop a strategy and action plan to close the infant mortality gap, initially on the England and Wales average, but ultimately on the experience in Northern Europe.
- Such strategies and plans will be multi-component, including:
  - antenatal care and environment
  - neonatal care
  - postnatal care
- Neonatal care will need to incorporate collaborative elements of a managed care network across North Trent if consistent standards of evidence based care are to be available to all.

### Chapter 2 – South Yorkshire Health Trends

#### Successes

##### 1. Coronary heart disease

- If South Yorkshire is to narrow the mortality gap further against the England average within the next five years, all communities must systematically improve the access to and use of recommended medical ‘secondary’ prevention treatments by people with established coronary heart disease.

- Levels of coronary heart disease itself will only be reduced if, through the organised efforts of society, and healthier individual choices, diets are improved; levels of physical exercise are substantially increased and tobacco consumption is dramatically reduced.

## **2. Cancer**

- Implementation of central Improving Outcomes Guidance for main cancers should be given ongoing priority by commissioners and providers.
- Earlier diagnosis of common cancers should be promoted by:
  - examining ways to further improve uptake on cancer screening of breast and cervix
  - ensuring that uptake of the new bowel cancer screening programme, as well as earlier clinical presentation, is effectively promoted to all segments of the eligible population from its' inception, particularly in more deprived communities
  - enhancing sensitivity to the early signs of lung cancer by front line workers, and improve the frequency of use of chest x-ray in vulnerable populations.
- Commissioners should address the high level of Death Certificate Only (DCO) registrations of cancer seen in South Yorkshire communities.
- Hospital providers should use new data systems (eg Cancer Waits database), to significantly improve registration rates and particularly capture staging data, as the basis of audit and improving performance.

## **3. MRSA**

- Vigilance and effective action must be maintained at a high level.
- Control measures should be extended into the community as appropriate.
- The 'Saving Lives' initiative, signed up to by all Trusts, should be fully and effectively implemented.

## **4. Orthopaedic waiting times**

- Commissioners should carry out health quality audits on orthopaedic services to ensure all are benefiting from improved access.
- Thresholds for access to orthopaedic services need to be systematically addressed to ensure that opportunity costs don't exceed benefits achievable by other initiatives and services.

## **5. School Fruit and Vegetable Scheme, Healthy Schools Standard**

- Healthy Schools targets need to be given priority, as the programme will provide an important foundation for Choosing Health strategies eg addressing childhood obesity.
- The focus for Healthy Schools should be to prioritise schools with a deprived catchment population.

## Challenges

### 1. HIV/AIDS & other sexually transmitted infections

- It is vital that, even when finances are tight, sufficient resources are directed effectively at prevention, treatment and contact tracing of sexually transmitted infections. Every delay allows the 'silent' reservoir of infection to expand making the situation more difficult to retrieve.
- The HIV epidemic has changed its pattern dramatically, and numbers are increasing rapidly. Strategies and services should be re-examined to ensure appropriate fit with changing epidemiology, and modified as appropriate.
- HIV education and prevention work should be stepped up and work to detect and treat new cases increased in proportion to the expanding epidemic.
- All communities should commit to timely implementation of the National Hepatitis C control strategy.

### 2. Dental health in 5 year olds

- Progress towards national targets for decayed, missing and filled teeth (dmft) will not be made without substantial increases in resources for oral health protection and disease prevention.
- Fluoridation is the strongest evidence based strategy for improved dental health, with greatest potential to reduce inequalities in more deprived communities.

### 3. Teenage pregnancy

- If progress is to be made, all areas of public policy, including Health, Social Care, Education, and Regeneration must collaborate to tackle issues of low educational achievement, self-esteem and aspirations associated with living in poverty and deprivation.

### 4. Smoking

- All enclosed public spaces and workplaces should be smoke free.
- The NHS should lead the way, offering support to all staff to give up.
- The necessary resources should be made available to hit smokestop targets. This is cost effective use of public money.
- Hospital Trusts should work to maximise their referrals of patients who smoke and ensure that they actively engage with smokestop services. Local targets should be set to achieve major improvements in these areas.

## 5. COPD prevalence and mortality

- South Yorkshire spearhead communities, in particular, should systematically apply best practice to primary and secondary prevention for people at risk of, or with established, COPD.
- Communities should examine how pulmonary rehabilitation and self-managed care be systematically applied to best effect, using segmentation approaches to tailor use of resources.
- PCTs should encourage practices to register all moderate/severe COPD patients, by calculating benchmarks of 'expected' numbers.
- The Rotherham 'Breathing Space' project should be evaluated on an ongoing basis, with a view to rolling out successful elements to other communities.

## Chapter 4 – Taxonomy of Neighbourhoods in South Yorkshire

- An education package to raise awareness of the South Yorkshire taxonomy of neighbourhoods should be developed by the Public Health Network.
- This package should be used to raise awareness across the academic and service communities so as to promote its' use.
- An action programme to take full advantage of the learning potential derived from the taxonomy should be developed, engaging the university sector.
- In particular, a roll-out of successful interventions should be targeted first within cluster to capitalise on knowledge of similar environments.

## Chapter 5 – A Stocktake of Deprived Neighbourhoods in South Yorkshire

- PCTs should use the full stocktake analysis as available to review with local strategic partners the targeting of resources to input as full a range of evidence based interventions as possible to 'spearhead' neighbourhoods.
- Doncaster should consider targeting Sure Start schemes, "young people friendly" information shops and National Healthy Schools Programme more towards the most deprived neighbourhoods.
- Substance misuse services may be better targeted towards the most deprived neighbourhoods in South Yorkshire.
- Further opportunities should be explored for engaging the local unemployed and local businesses in the provision of services for the NHS.

The page features a light blue map of South Yorkshire at the top and bottom. A solid red line follows the top and bottom edges of the map, while a dashed red line follows a similar path below it. The text is positioned between these lines.

## **And finally....**

**This Annual Report demonstrates excellent progress in relation to health improvement and redressing health inequalities across South Yorkshire. It also demonstrates important areas requiring much greater progress.**

**The Directors of Public Health are concerned that, at a time of great organisational change and financial stringency, there is a danger that public health specialist and practitioner capacity may be lost.**

**We recommend, therefore, that positive action is taken by health and social care organisations in South Yorkshire to safeguard and develop that capacity as a measure to optimise the chances of capitalising on the potential for positive change in the health of the population.**