

Health inequalities in NHS South East Coast

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Presentation overview

- **Policy** – the national policy context and Governmental health inequalities targets
- **Evidence** – national and regional evidence on the nature and extent of health inequalities in the South East
- **Effective action** – what works to reduce inequalities
- **Regional action** – the South East Health Strategy
- **Local action** – the NHS and LAAs

Policy – the national context

- Long history of national policies aimed at tackling health inequalities – most recent include:
 - *Health Inequalities - Progress and Next Steps (Jun-08)*
 - *Choosing Health - Making Healthier Choices Easier (Nov-04)*
 - *Tackling Health Inequalities - A Programme for Action (Jul-03)*
 - *Wanless Report – Securing Our Future Health (Apr-02) & Securing Good Health for the Whole Population (Feb-04)*

Policy – the underlying determinants of health

- Underlying factors affecting health status and driving health inequalities:
 - Age, sex and genetics
 - Lifestyle factors
 - Social and community networks
 - Socio-economic factors – education, employment, income, housing etc.
 - Access to health and social care services

The underlying determinants of health



Policy – National health inequalities PSA target

- By 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth – underpinned by two more detailed targets for 2010:
 - Starting with children under one year, reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole
 - Starting with local authorities, reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and the population as a whole
- This target reaffirmed as part of 2007 PSA 18: Promote better health and well-being for all

Evidence – health inequalities: the picture in England

- In 2004-6, life expectancy at birth for males in Manchester was 73 years compared to 83.1 in Kensington & Chelsea, a difference of 10.1 years
- In 2004-6, the relative gap in life expectancy at birth between England and the Spearhead Group was 2% wider than at the baseline (1995-7) for males and 11% wider for females

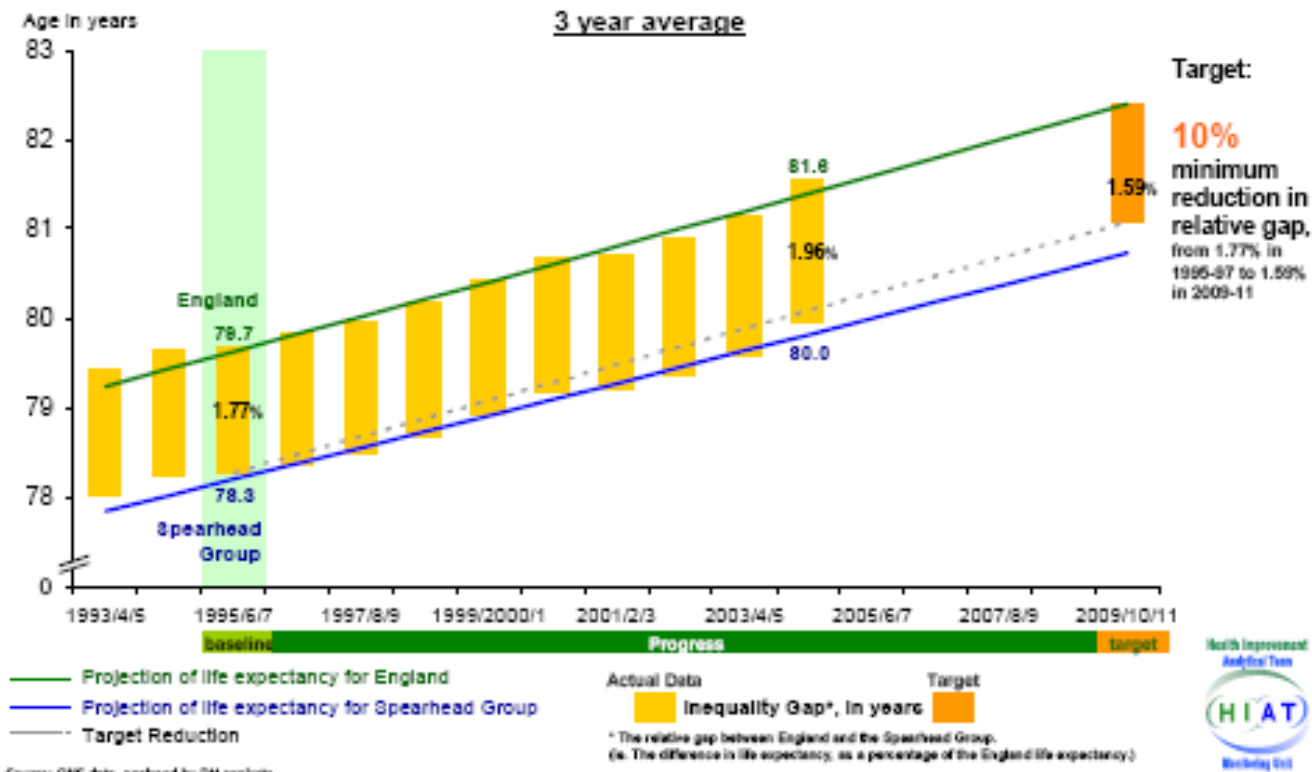
Source:
ONS. Life Expectancy at Birth by Local Authority 2004-6.

Source:
Department of Health. Health Inequalities Target Monitoring – Life Expectancy at Birth Update (Dec-07).

Evidence – health inequalities: the national picture

Female life expectancy at birth, inequality gap*

England 1993-200 and target and projection for the year '2010'



Key point

- In 2004-6 the relative gap in female life expectancy in England was 11% wider than at the baseline (compared to 8% wider in 2003-5)

Source:
DH. Health Inequalities Target Monitoring – Life Expectancy at Birth Update.

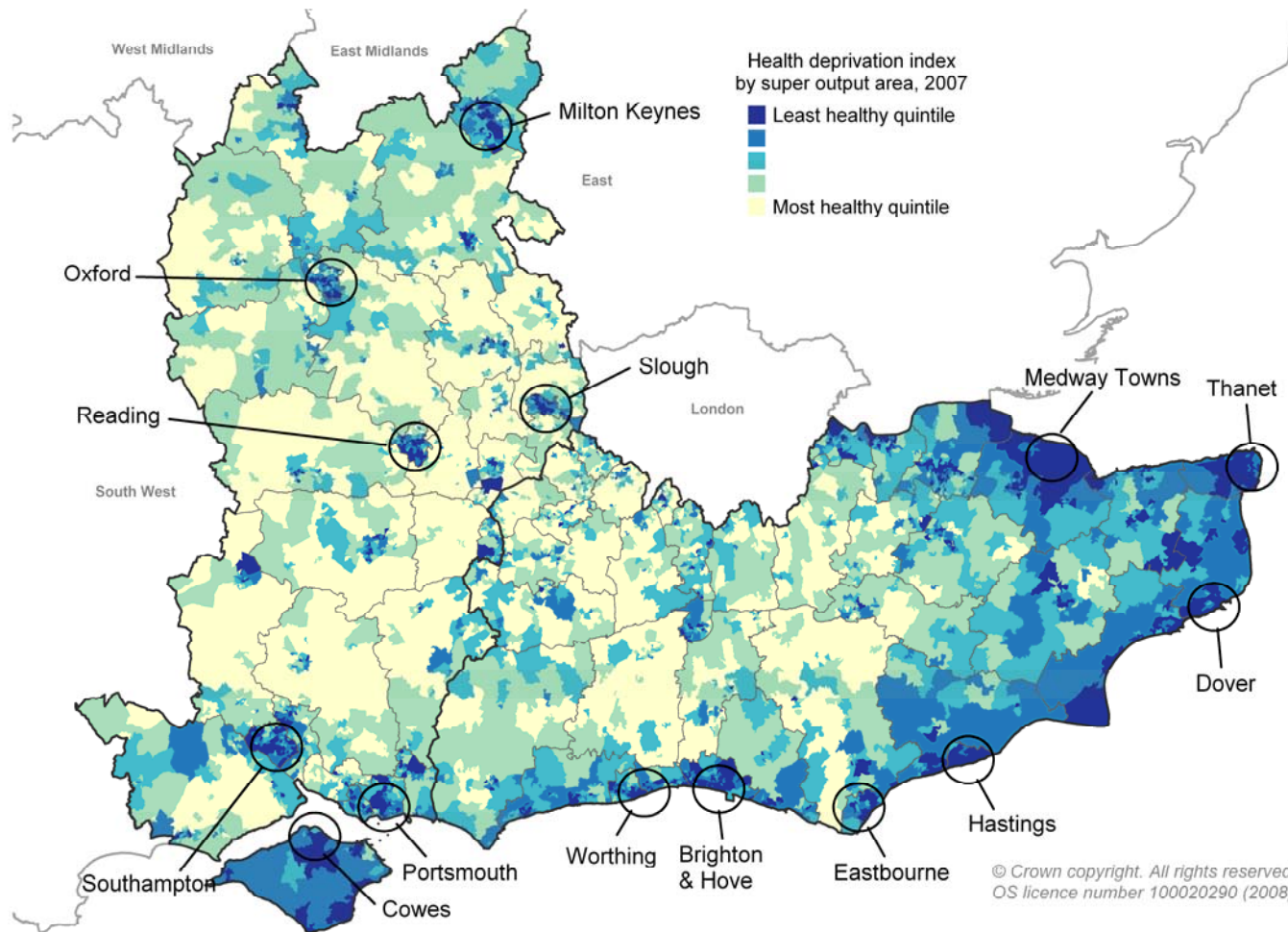
Evidence – health inequalities: the South East Coast picture

- In 2004-6, male life expectancy at birth in Hastings was 75.5 years compared to 80.4 in Elmbridge, a difference of 4.9 years
- The relative gap in male life expectancy at birth between Hastings and Elmbridge was 5.5% in 1995-7 and 6.5% in 2004-6 (an increase of approximately nine months)
- The differences in life expectancy are greater still for smaller areas – there is a more than 15 year gap between the wards with the highest and lowest figures

Source:
ONS. Life
Expectancy at
Birth by Local
Authority
2004-6.

Source:
ONS. Life
Expectancy by
Ward
(Experimental
Statistics)
1999-2003.

Evidence – health deprivation in the South East

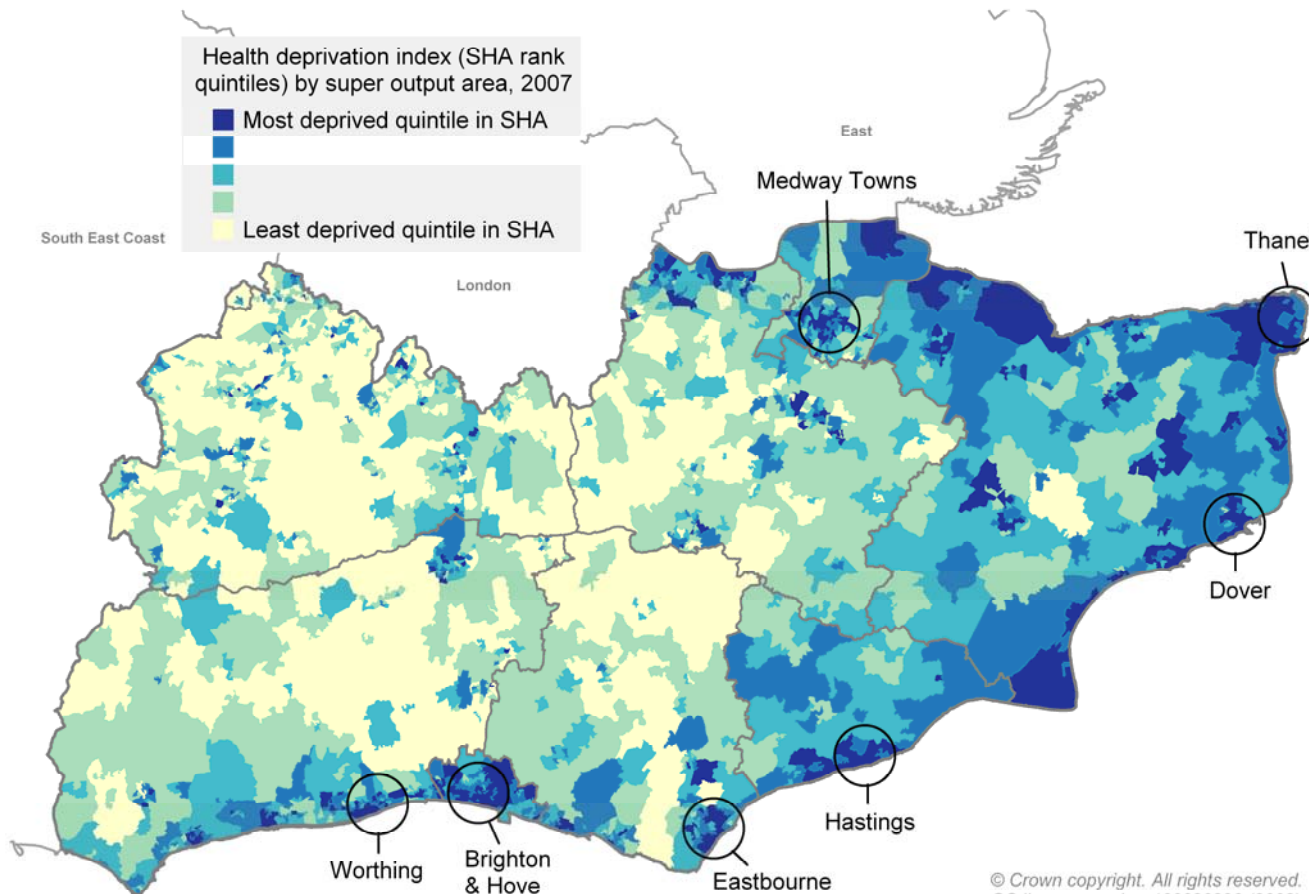


Key point

- Health deprivation in the South East is particularly concentrated in the coastal cities and towns, the major inland urban centres, and isolated rural areas

Source: DCLG. Indices of Deprivation 2007.

Evidence – health deprivation in South East Coast



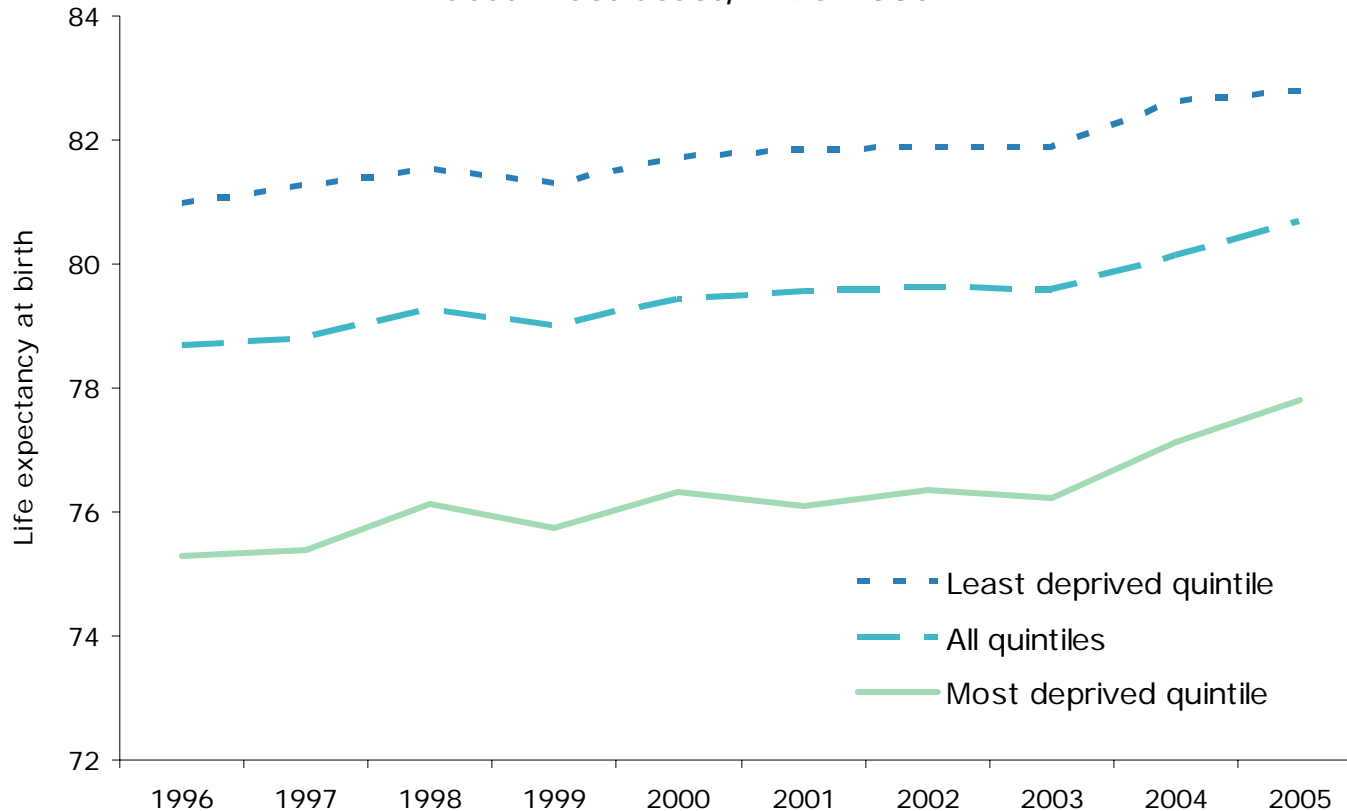
Key point

- The highest levels of health deprivation are found in the coastal cities and towns and in isolated rural areas

Source:
DCLG. Indices
of Deprivation
2007.

Evidence – health inequalities: trends in South East Coast

Change in life expectancy by deprivation quintile, South East Coast, 1996-2005



Key point

- Grouping SOAs by deprivation quintile suggests that the gap between the most and least deprived may be starting to narrow in South East Coast (at round 0.04 years per year or 10% over 7-8 years)

Evidence – measuring inequalities: the regional gap tool



South East England Health Inequalities Gap Measurement Tool (2002-6 update)

Step 1 – select a primary area

Local Authority:

Primary Care Trust:

Step 2 – select a comparator (optional)

Local Authority:

Primary Care Trust:

Step 3 – select a cause of death

All causes

Step 4 – select group and confidence limits

a) Sex: Persons Males Females

b) Confidence limits: Show

Step 5 – select quintiles

a) Primary area (solid lines)

Bottom quintile

Middle three quintiles

Top quintile

Top four quintiles

All quintiles

b) Comparator (dashed lines)

Bottom quintile

Middle three quintiles

Top quintile

Top four quintiles

All quintiles

Step 6 – click to display

1 Selected areas as line graph OR on log scale

2 Selected areas as bar chart OR on log scale

3 Gap in rate (two areas only)

4 Relative gaps (two areas only) OR on log scale

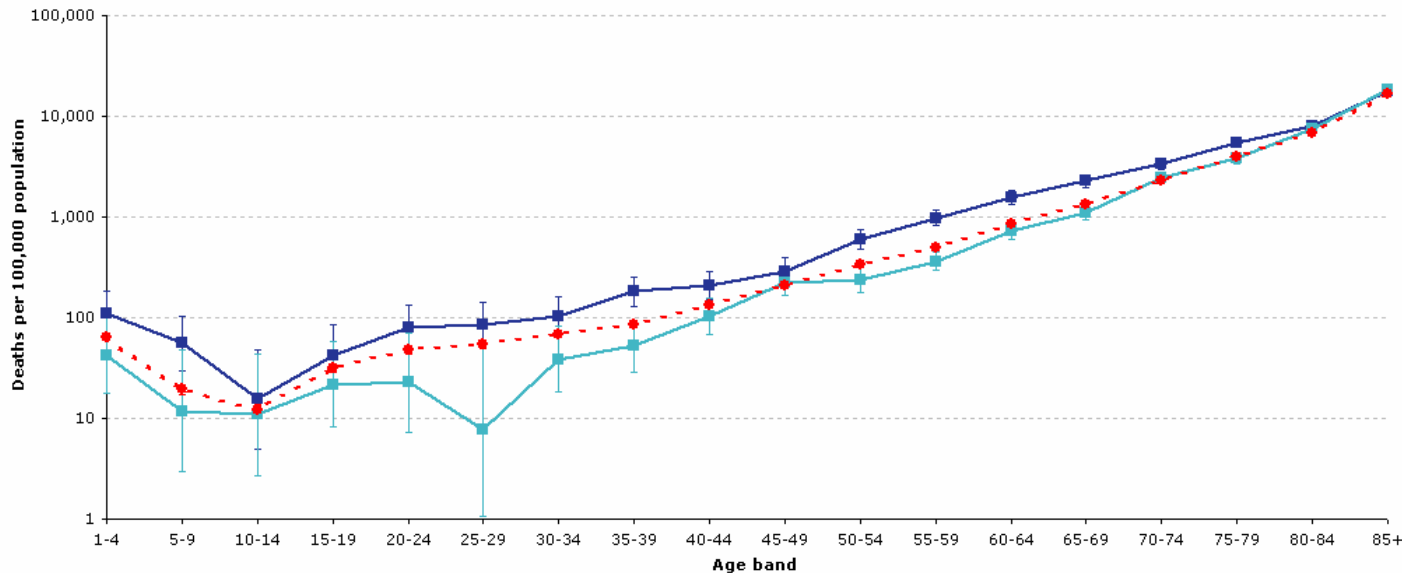
5 Number of deaths & population (one area only)

6 Data table (one area only)

7 Mortality profile as rates OR as percentages

8 Maps and Notes

Age-specific mortality rates per 100,000 population (logarithmic scale)



- Provides a standardised approach to measuring within-area health inequalities using mortality rates for deprivation score-based quintiles of SOAs – for SHAs, PCTs and Unitary Authorities and County Councils

Evidence – measuring inequalities: the regional gap tool

NHS South East England Health Inequalities Gap Measurement Tool (2002-6 update)

Step 1 – select a primary area

Local Authority: Eastern & Coastal Kent PCT
 Primary Care Trust: Eastern & Coastal Kent PCT

Step 2 – select a comparator (optional)

Local Authority: Eastern & Coastal Kent PCT
 Primary Care Trust: Eastern & Coastal Kent PCT

Step 3 – select a cause of death

All causes

Step 4 – select group and confidence limits

a) Sex: Persons Males Females

b) Confidence limits: 95% Show

Step 5 – select quintiles

a) Primary area (solid lines)

Bottom quintile
 Middle three quintiles
 Top quintile
 Top four quintiles
 All quintiles

b) Comparator (dashed lines)

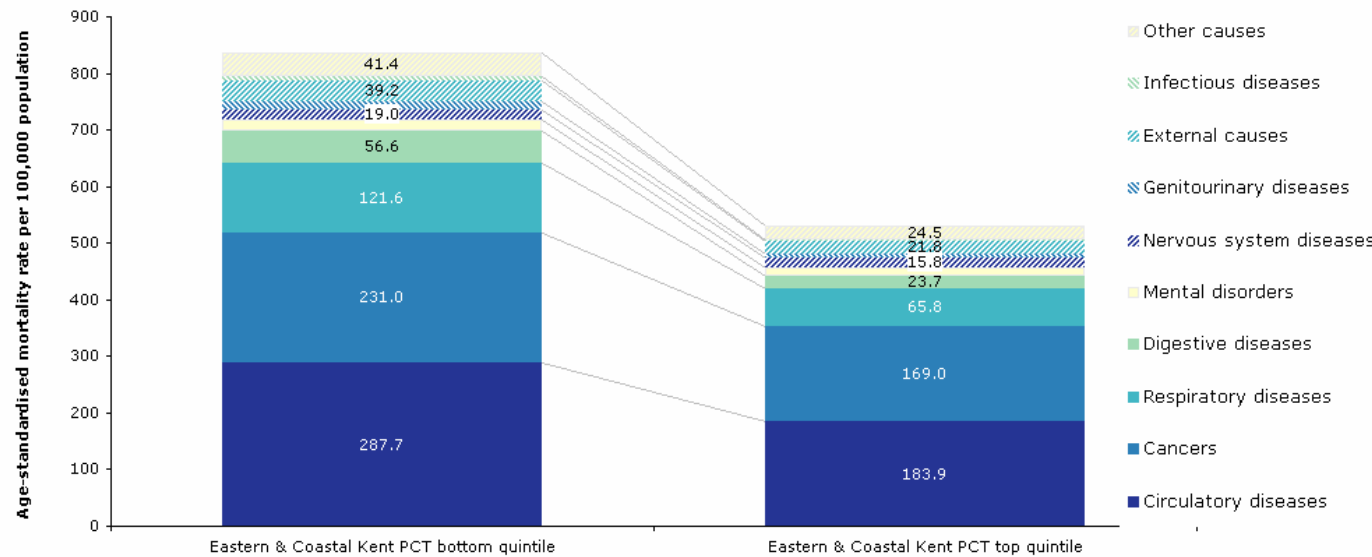
Bottom quintile
 Middle three quintiles
 Top quintile
 Top four quintiles
 All quintiles

Step 6 – click to display

1 Selected areas as line graph OR on log scale
 2 Selected areas as bar chart OR on log scale
 3 Gap in rate (two areas only)
 4 Relative gaps (two areas only) OR on log scale
 5 Number of deaths & population (one area only)
 6 Data table (one area only)
 7 Mortality profile as rates OR as percentages
 8 Maps and Notes

- Provides a variety of display options including an overall mortality profile – can compare different quintiles within one area, or compare different areas

Cause-specific mortality profile for Eastern & Coastal Kent PCT bottom quintile and Eastern & Coastal Kent PCT top quintile (using European standard pop)



Effective interventions – what works

- Make **smoking** history – smoking is the single biggest factor behind social class differences in life expectancy
- Target **cardiovascular disease** prevention and improving treatment – circulatory diseases account for the largest proportion of excess deaths in the most deprived areas
- Improve **cancer** detection in deprived communities – after circulatory disease, cancer and respiratory diseases are the biggest contributors to excess deaths

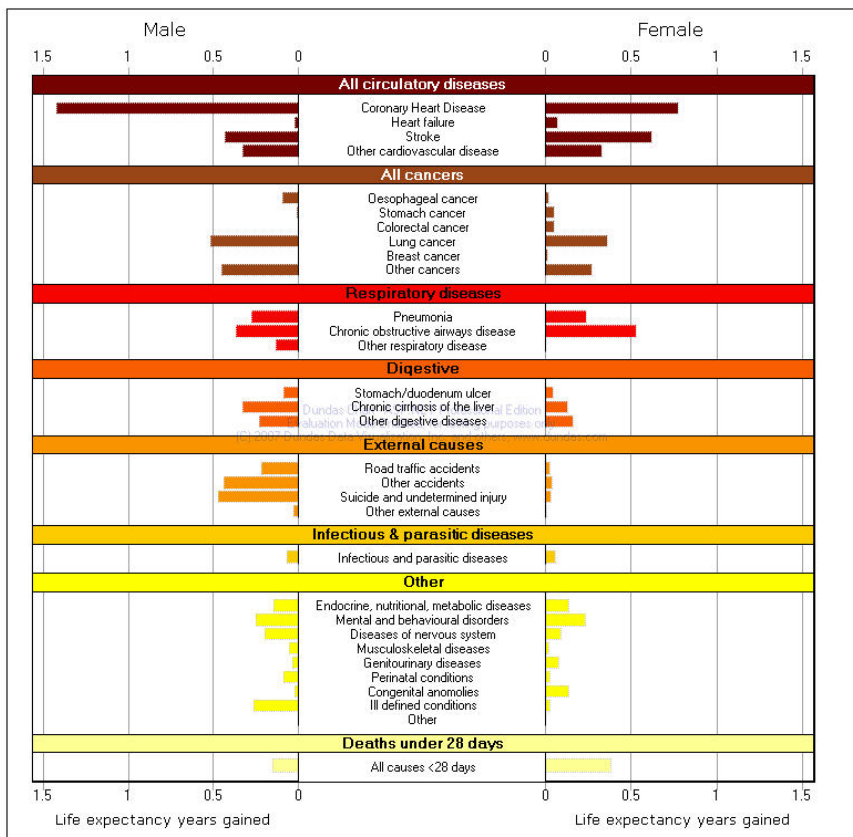
Effective interventions – what works

- Reduce **teenage pregnancy** and improving infant health – young women from deprived backgrounds are more likely to become teenage parents and have low birthweight babies
- Raise expectations and awareness of **healthy lifestyles** – the challenge is to increase the aspirations of the most excluded groups and those living in deprived areas
- **Work in partnership** with local government and the voluntary and community sector – many different organisations have a role to play in tackling inequalities

Effective interventions – the national inequalities tool

Life expectancy years gained if Bristol UA had the same mortality rate as the least deprived quintile in the local authority for each cause of death.

See the [instructions](#) page for more information on how to interpret these charts.



Selected Local Authority: **Bristol UA**

1. Interventions: Select which interventions below you wish to model and enter data

Smoking Cessation ? Persons
 Infant Mortality ? Male Female
 Antihypertensive ? Male Female
 Statin ? Male Female

2. Current Local Authority Information:

Local Authority **Most Deprived Quintile**

4 week smoking quitters achieved in 2006/07 ? Persons

Number of infant deaths ? Male Female

Estimated number with undiagnosed or uncontrolled hypertension but not CVD ? Male Female Male Female

Life expectancy in years ? Male Female Male Female

Life expectancy gap between MDQ and LA ? Male Female

SPEARHEAD AREAS ONLY

Life expectancy gap between England and area ? Male Female Male Female

HOW TO USE THIS TOOL

- In the interventions box select the interventions you wish to model and enter your planned figures into the boxes
- Use the current local authority information box to help you enter appropriate figures for your area
- Click on the calculate button and to calculate new life expectancy figures for your area. The colour coding helps you compare before and after figure

3. New local authority information after intervention:

	If interventions applied across the Local Authority		If interventions focussed in the Most Deprived Quintile	
	Male	Female	Male	Female
New life expectancy in the LA as a whole ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
New life expectancy in the MDQ ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
New life expectancy gap between the MDQ and the LA ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Percentage change in gap between MDQ and LA ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Change in all age all cause mortality in the LA as a whole ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Change in all age all cause mortality in the MDQ ?	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

ADDITIONAL RESULTS FOR SPEARHEAD AREAS ONLY

New life expectancy gap between area and England ? Male Female Male Female

Percentage change in gap between area and England ? Male Female Male Female

Regional action – the South East Health Strategy

- The first Health Strategy for South East England
- Provides a strategic framework for partnership working at regional and local level to improve the health and well-being of all people living and working in the region, and to reduce the inequalities in health that exist across the South East
- Builds on national policies and initiatives, and part of a wider suite of regional strategies

The South East England Health Strategy

A strategy for improving health and well-being in the South East region



Regional action – developing the Health Strategy

- Developed during 2007 in partnership with South Central and South East Coast SHAs, GOSE, SEEDA, SEERA and other key stakeholders
- Not intended to cover all the health issues in the South East, or to be prescriptive – the goal is to bring focus to existing work
- The Strategy focuses on the wider determinants of health, not just health service delivery and the role of the NHS: 'health is everyone's business'

Regional action – the Health Strategy themes

- The Health Strategy has six themes:
 - reducing health inequalities
 - promoting a sustainable region
 - creating safer communities
 - increasing the positive relationship between employment and health
 - improving outcomes for children and young people
 - improving outcomes for older people
- Each of the themes has a single aim, five objectives, and a range of actions against which progress is being monitored and reported

Regional action – the five Health Strategy theme aims

Health inequalities	A sustainable region	Safer communities	Employment & health	Children & young people	Older people
Reduce health inequalities and raise the life expectancy of the most socially disadvantaged	Promote a vibrant, healthy, safe and sustainable region to maximise the impact on people's health, and address climate change	Reduce violence and create safer communities promoting social cohesion and well-being in relationships, families and communities	Improve workplace health and social inclusion in employment to create a more productive workforce and promote greater population well-being	Promote the physical and mental health and well-being of children and young people	Improve the healthy life expectancy of older people and reduce inequalities in health by adding years to life, adding life to years and adding dignity to care

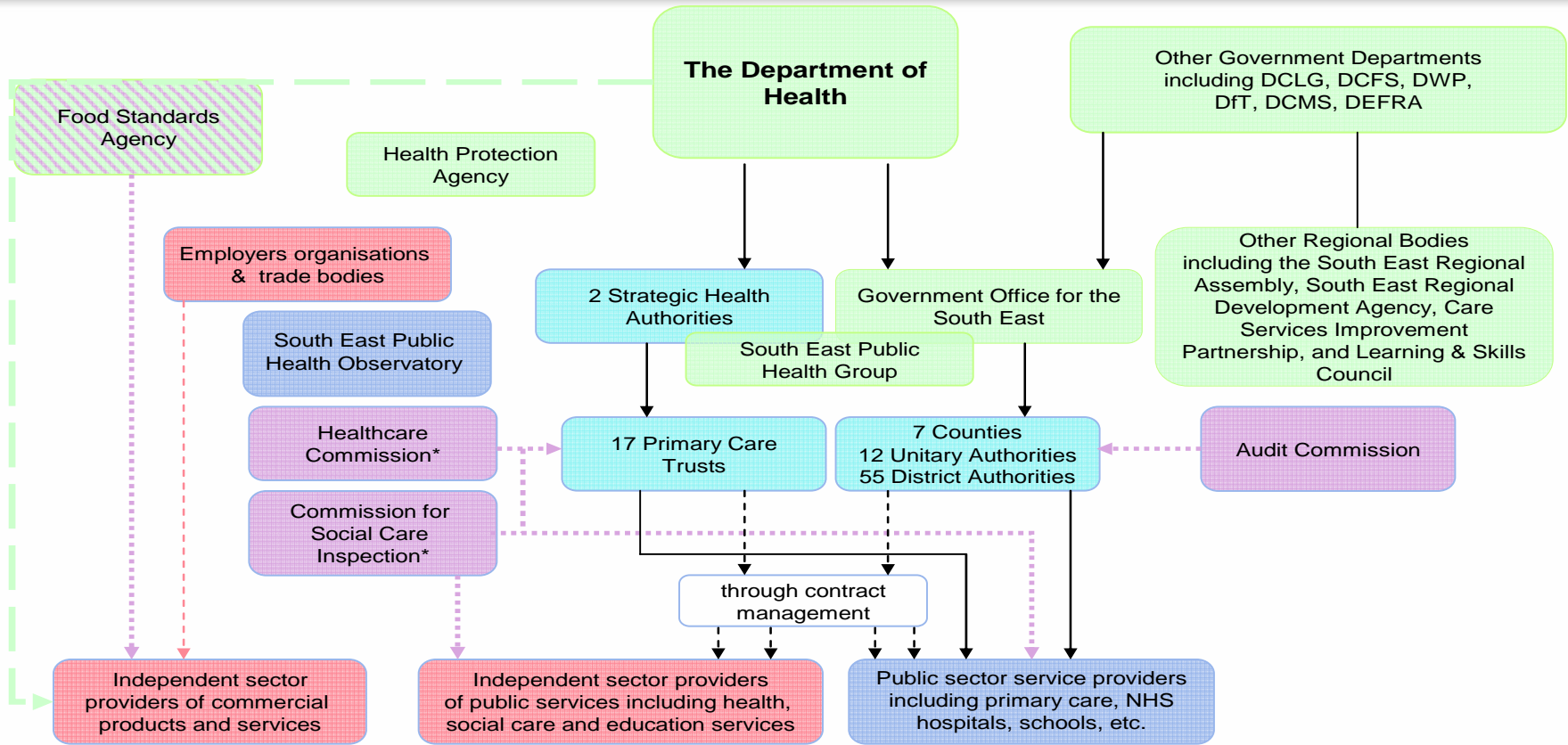
Regional action – the health inequalities theme objectives

- Reduce mortality from cardiovascular disease and cancer by reducing smoking and the population's cholesterol and blood pressure levels by enhancing healthy eating and physical activity
- Tackle infant mortality by reducing the number of teenage conceptions, smoking in pregnancy, and the number of young women who are obese
- Reduce avoidable illness and death by improving coverage of screening and immunisations
- Embed the reduction of health inequalities in the decision-making process of all public agencies
- Ensure that all LAAs include plans to reduce inequalities

Regional action – delivering the theme objectives

- The NHS, Local Authorities, the voluntary and community sector, business sector and other stakeholders all have a role to play in helping achieve the Health Strategy aims
- Delivery mechanisms:
 - PCT Operational Plans
 - LSPs and Local Area Agreements
 - Regional Sustainability Framework – including the Regional Economic Strategy and South East Plan
 - Social marketing and behaviour change in the population

Regional action – public health partnership working



Key

- Government & Leadership
- Management
- Independent Sector Provider
- Direct funding or management relationship
- Contractual or commissioning relationship
- Regulatory oversight

- Regulator
- Public sector Provider

Local action – lessons from the National Support Team

- Adopt a strategic, evidence-based approach
- Scale action to the size of the problem locally
- Lead from the top
- Ensure the quality and quantity of primary care
- Actively seek out people who already have a disease or are at high risk but not accessing services early enough
- Capitalise on community infrastructures to engage individuals, families and communities
- Ensure that partnerships are effective
- Be aware of the workforce implications
- Innovate – always look for new ways to solve problems

Local action – PCT Operational Plans

- Set out PCT plans for delivering **national targets** (MRSA, 18 week waits), **national priorities** (early deaths from circulatory disease and cancer, teenage pregnancy) and **local priorities** (hospital admissions for alcohol, social care services)
- Strong health inequalities dimension central to these plans
- Supported by the South East Coast SHA health inequalities strategy – sets a target of increasing the life expectancy of the most deprived by 18 months by 2011, as well as detailing actions eg. increased work with primary care to reduce inequalities

Local action – Local Strategic Partnerships and LAAs

- LAAs set out the priorities for a local area agreed between central government and the Local Authority and LSP and other key local partners
- New performance framework for current round of LAAs based on the National Indicator Set – 198 indicators with LAAs reporting on 35 agreed local priorities
- Indicators relevant to health inequalities found across all four NIS themes (children and young people, safer and stronger communities, healthier communities and older people, economic development and environment)
- Reducing within-area health inequalities targets a strong theme in the 2008/9 round in the South East

Links

Department of Health inequalities webpage

<http://tinyurl.com/2f2ut9>

South East health inequalities gap measurement tool

<http://tinyurl.com/69gy9j>

APHO health inequalities intervention tool

<http://tinyurl.com/ysx72a>

South East England Health Strategy

<http://tinyurl.com/3xp6ls>