

Reducing Health Inequalities in East Sussex

Annual Public Health Report 2010/11

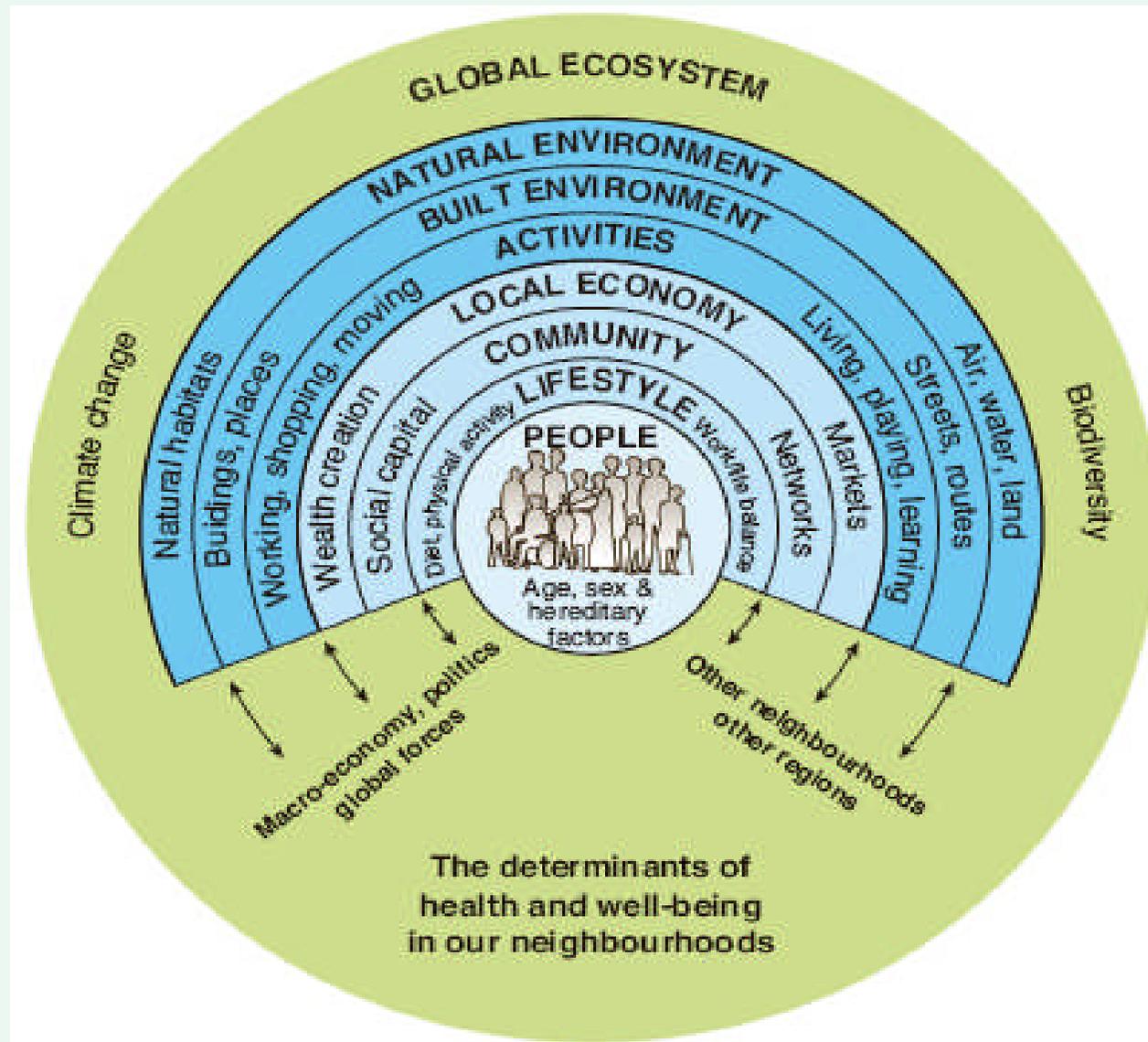
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Comprises 4 chapters:

- What's important about Health Inequalities?
- What is the Health Inequalities gap in East Sussex?
- How are we tackling Health Inequalities?
- How can we achieve more and move forward faster?

Chapter 1 – What's Important about Health Inequalities?

Figure 1: The main determinants of health



Chapter 1 – What’s Important about Health Inequalities

Table 1: Life expectancy and disability-free life expectancy among males at birth, 2001

	Index of Multiple Deprivation 2007 Score	Life expectancy (yrs)	Disability-free life expectancy (yrs)	Difference (yrs)
Eastbourne	23.36	75.3	61.2	14.1
Hastings	32.21	74.2	58.3	15.9
Lewes	14.79	78.7	65.1	13.6
Rother	17.85	77.4	63.5	13.9
Wealden	10.86	78.3	66.0	12.3

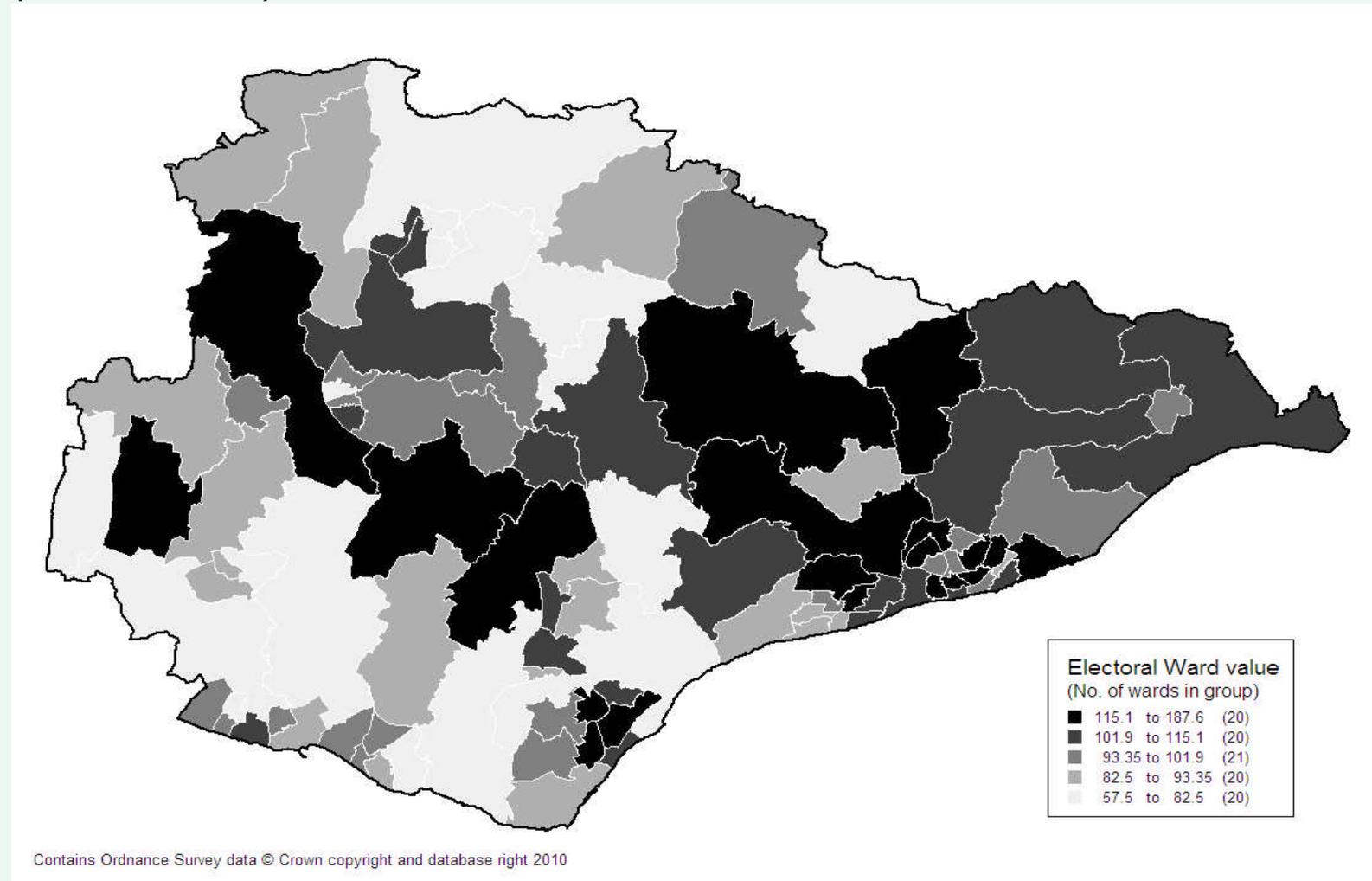
Table 2: Life expectancy and disability-free life expectancy among females at birth, 2001

	Index of Multiple Deprivation 2007 Score	Life expectancy (yrs)	Disability-free life expectancy (yrs)	Difference (yrs)
Eastbourne	23.36	81.7	65.2	16.5
Hastings	32.21	79.6	62.2	17.4
Lewes	14.79	82.3	66.8	15.5
Rother	17.85	81.4	66.3	15.1
Wealden	10.86	83.1	68.5	14.6

Chapter 1 – What's Important about Health Inequalities?

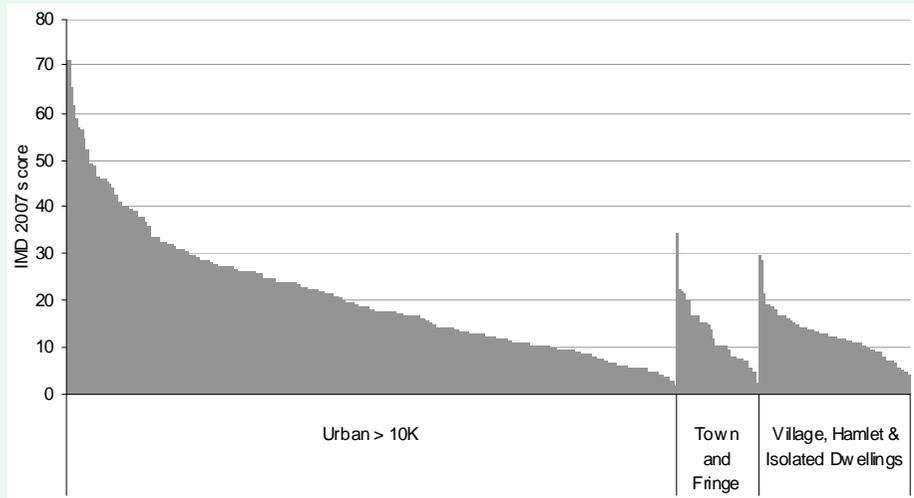
The life expectancy gap across East Sussex is 4.2 years for men and 3.8 years for women between districts/boroughs.

Figure 19: All age, all cause standardised mortality ratios, East Sussex electoral wards, 2005–2007 (East Sussex = 100)



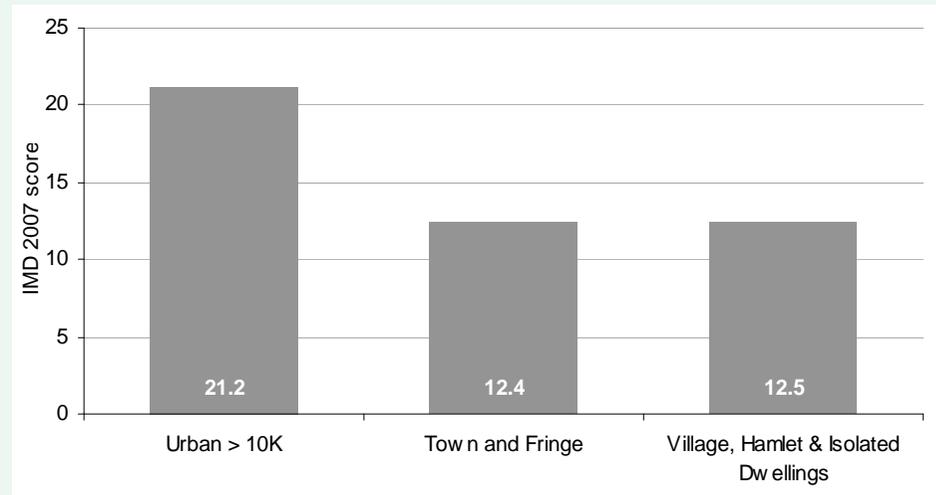
Chapter 1 – What’s Important about Health Inequalities?

Figure 30: Index of Multiple Deprivation 2007 scores at LSOA level by urban / rural classification in East Sussex



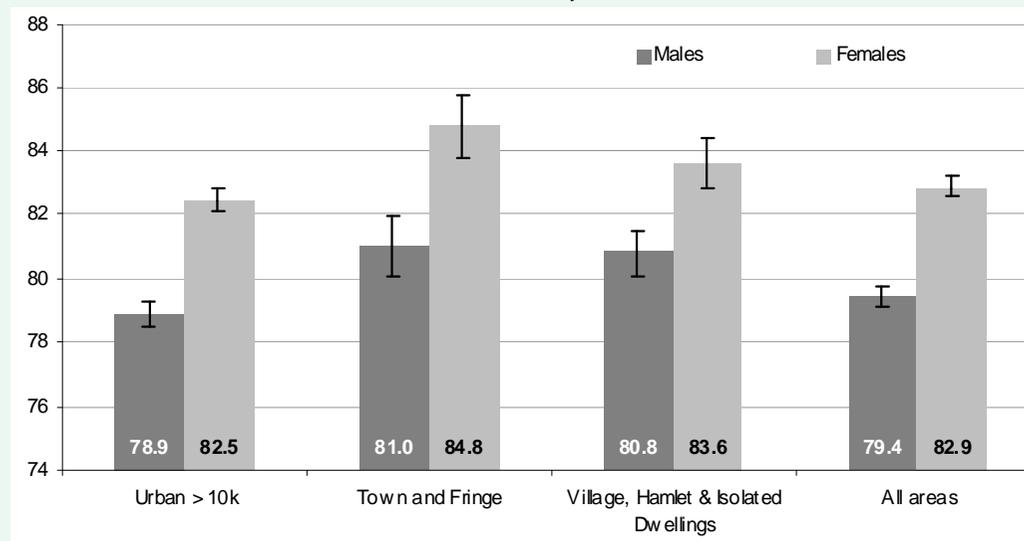
Source: IMD 2007 and Rural and Urban Classification 2004

Figure 31: Average IMD scores for urban and rural areas in East Sussex



Source: IMD 2007 and Rural and Urban Classification 2004

Figure 32: Life expectancy at birth with 95% confidence intervals, by urban/rural classification in East Sussex, 2006–2008



Source: ONS mortality data and PCT LDP and Vital Sign plans

Recommendation:

It is recommended that both sophisticated and simple measures for health inequalities are used with a clear understanding of the parameters of each measure.

Chapter 2 – What is the Health Inequalities gap in East Sussex?

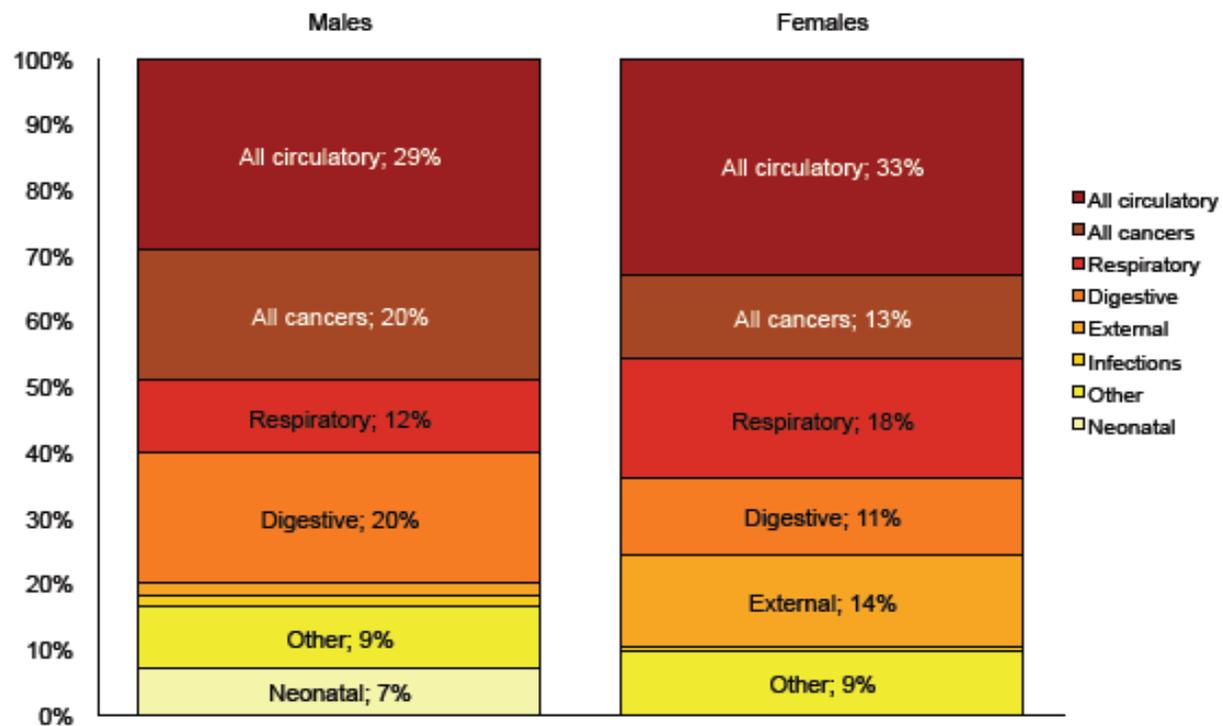
At an East Sussex level, circulatory diseases, cancer and respiratory disease are the three top causes of the life expectancy gap between the most deprived and the least deprived.

Profiles presented for each district/borough which show that the top three causes vary at district/borough level and for males/females.

Lewes district as an example

Chapter 2 – What is the Health Inequalities gap in East Sussex?

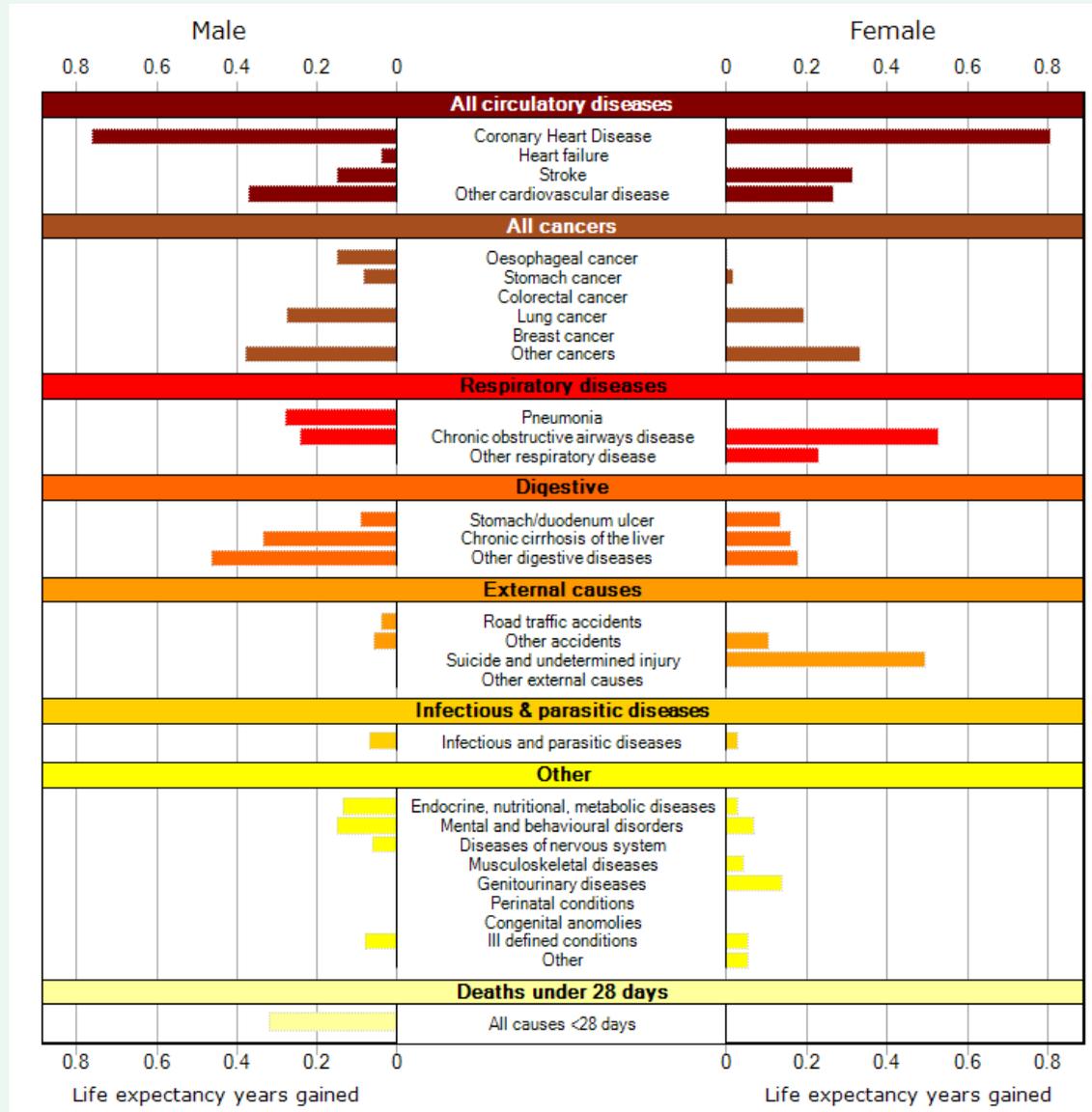
Figure 37: Breakdown of life expectancy gap between the most deprived and least deprived quintile in Lewes by cause of death, 2001–2005



Source: London Health Observatory

Chapter 2 – What is the Health Inequalities gap in East Sussex?

Figure 38: Possible gain in life expectancy in Lewes (in years)



Source: London Health Observatory

Joint Strategic Needs Assessment Programme

1. JSNA Indicator Scorecards

Profiles for each district/borough

2. Comprehensive Needs Assessments

List to date and two most recent.

3. Focused Work on Increasing Life Expectancy

Investing in Life

Chapter 2 – What is the Health Inequalities gap in East Sussex?

Table 16: Investing in Life Programme targets, progress to date

	2003/04/05	2004/05/06	2005/06/07	2006/07/08	2007/08/09	2008/09/10	2009/10/11
TARGET Life expectancy in the 20 priority wards (yrs)	77.0	77.4	77.7	78.1	78.4	78.8	79.1
ACTUAL Life expectancy in the 20 priority wards (yrs)	77.0	77.5	78.2	78.6	<i>New 78.8</i>		
TARGET Life expectancy in the remainder (wards)	81.1	81.3	81.6	81.9	82.2	82.5	82.8
ACTUAL expectancy in the remainder (wards)	81.1	81.6	82.0	82.1	<i>New 82.6</i>		
TARGET Life expectancy gap	4.0	4.0	3.9	3.8	3.8	3.7	3.6
ACTUAL Life expectancy gap	4.0	4.1	3.8	3.5	<i>New 3.8</i>		

Recommendation:

The Joint Strategic Needs Assessment programme should be maintained and developed further to ensure a shared evidence base to support commissioning to improve health and wellbeing outcomes and reduce inequalities.

Chapter 3 – How are we tackling Health Inequalities?

Promoting Healthy Lifestyles

Five key areas:

- Sexual health
- Mental health
- Tobacco control
- Diet and physical activity
- Alcohol

Local action plans have been developed on each of these areas, and these are used to plan services that support East Sussex residents, to make health lifestyle choices.

Chapter 3 – How are we tackling Health Inequalities?

The Top 3 Causes of the Life Expectancy Gap

Circulatory Diseases

Cancer

Respiratory Diseases

Children and Young People

Children and Young People's Plan

**Healthy Child Programme, Children's Centres,
Teenage Pregnancy**

Older People

**Living Longer, Living Well: Joint Commissioning
Strategy for Adults in Later Life and their Carers
2010/15**

Chapter 3 – How are we tackling Health Inequalities?

Recommendations:

Promoting Healthy Lifestyles

1. Review health improvement strategy and action plans to ensure that these incorporate the findings of this report, recent needs assessment and new policy guidance
2. Review commissioning for health improvement to ensure that interventions are evidence-based, cost effective and prioritise the needs of the most vulnerable to reduce health inequalities and that there is improved access to health improvement services especially in deprived areas.

Top 3 Causes of the Life Expectancy Gap

1. It is recommended that work continues to reduce the variation in identification, treatment and support provided to patients with: hypertension, high cholesterol, atrial fibrillation, poorly controlled blood sugars and chronic obstructive pulmonary disease (COPD).
2. The NHS Health Checks Programme commenced in 2009/10 in parts of East Sussex and now needs to be extended.
3. Further work to improve cancer survival at one year is needed, especially among lower income groups and men and this should be informed by the evaluation of the PCTs' National Cancer Awareness and Early Diagnosis Initiative (NAEDI) funded campaigns.

Chapter 3 – How are we tackling Health Inequalities?

Recommendations:

Children and Young People

1. Ensure that tackling inequalities is a core theme within the Children and Young People's Plan, the overarching plan to improve health and wellbeing outcomes for children and young people.

Older People

1. The Joint Commissioning Strategy, 'Living Longer, Living Well' is designed to meet both existing and future health, social care and housing support needs for adults in later life and their carers. The lead commissioning agencies for this strategy, East Sussex County Council's Adult Social Care Department and the PCTs should ensure implementation.
2. The services commissioned for older people across health and social care should be balanced between locating them in areas of greatest concentration of older people and also targeting those groups of older people who are likely to be in greatest need – socially isolated, income deprived and people aged over 85 years.

Chapter 4 – How can we achieve more and move forward faster?

What can be expected to make an impact in the short term and medium to long term.

Health inequalities are the result of a complex and wide-ranging network of factors and those that are amenable to change can broadly split into:

- **The Lives People Lead – section on promoting health lifestyles**
- **Access to Services – services provided by general practice**
- **The Wider Determinants of Health – The Marmot Review**

Chapter 4 – How can we achieve more and move forward faster?

Access to General Practice

- **Poor Performance**
Analysis of all referrals since 2003
No association with between GP poor performance and deprivation.
- **QOF Clinical Indicators - circulatory diseases, cancer, respiratory diseases clinical indicators**
No or little difference between practice performance and deprivation

However....

Chapter 4 – How can we achieve more and move forward faster?

➤ Disease Registers

Being on a disease register is good for your health!

Figure 19: GP reported CHD prevalence, rate per 1,000 population, GP practice data modelled to electoral wards, 2007/08

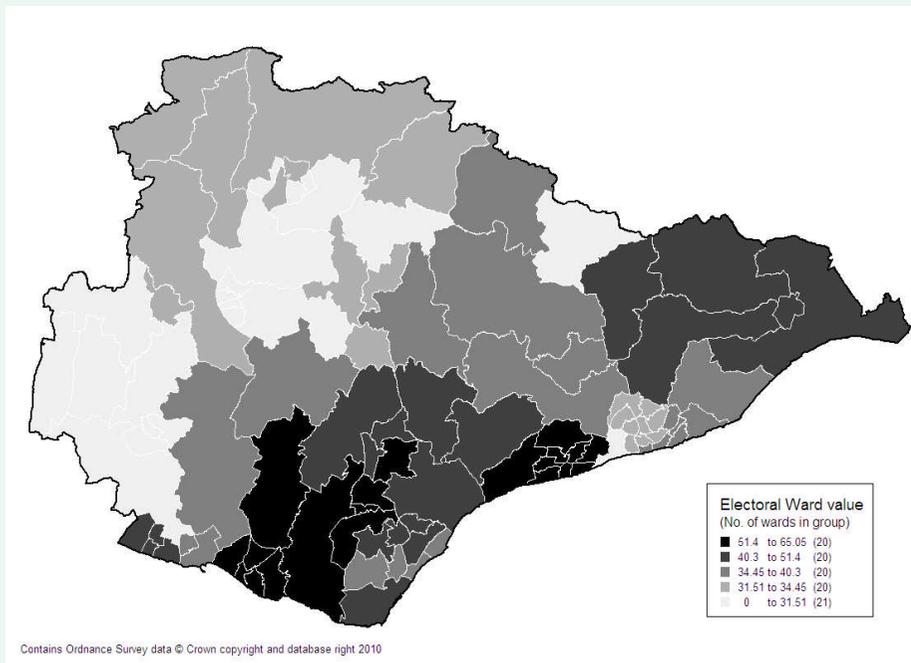
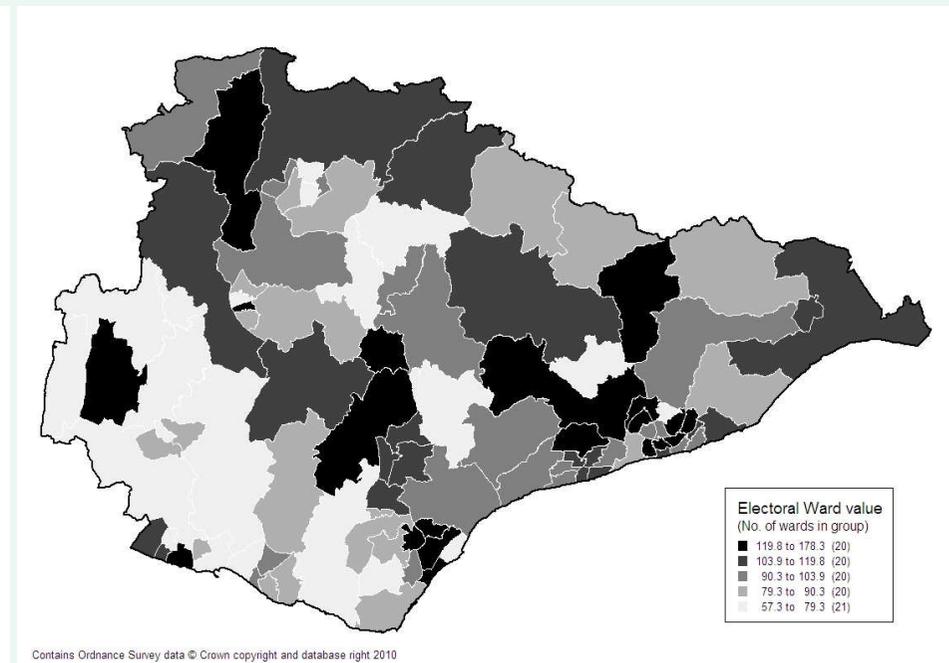


Figure 20: CHD standardised mortality ratios, East Sussex electoral wards, 2003–2007 (East Sussex = 100)



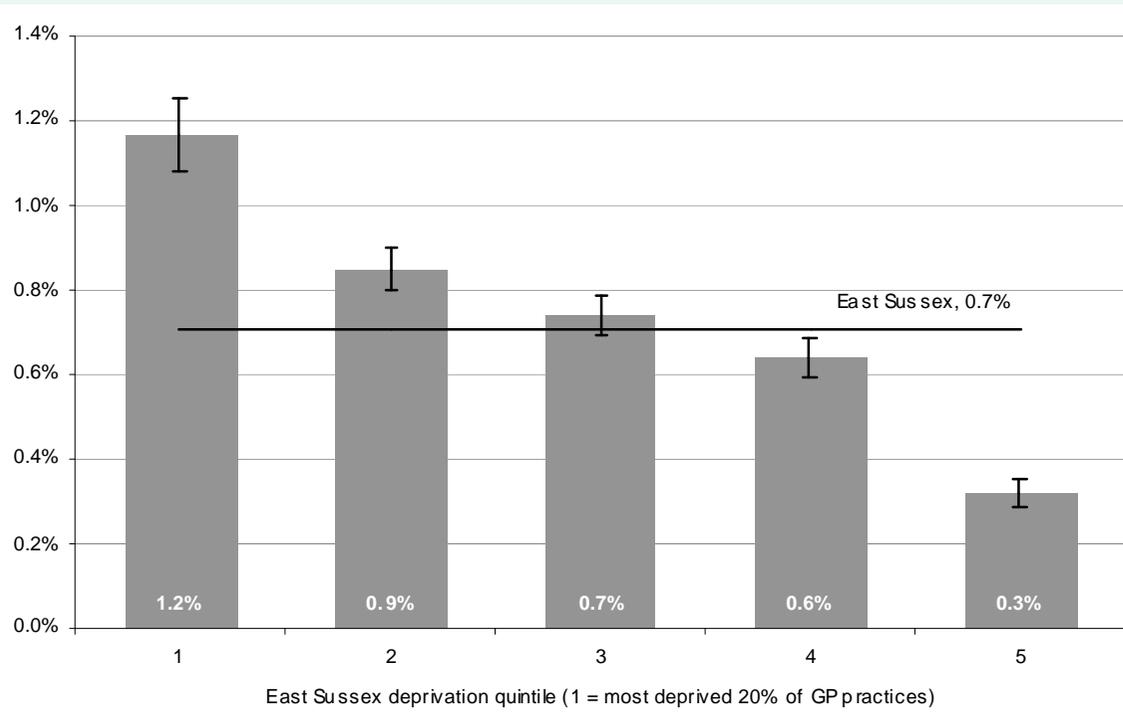
Chapter 4 – How can we achieve more and move forward faster?

- QOF non-clinical indicators
More deprived comparable to least deprived
However....

Patient Registration with Practices

People changing GP practice without changing their postcode.
There is an association with deprivation.

Figure 89: Percentage of patients who have changed the GP practice they are registered with but have not changed their postcode of residence (April 2009 compared to April 2010)



Source: Exeter GP registrations data and IMD 2007

Chapter 4 – How can we achieve more and move forward faster?

Health Inequalities National Support Team 10 High Impact Changes

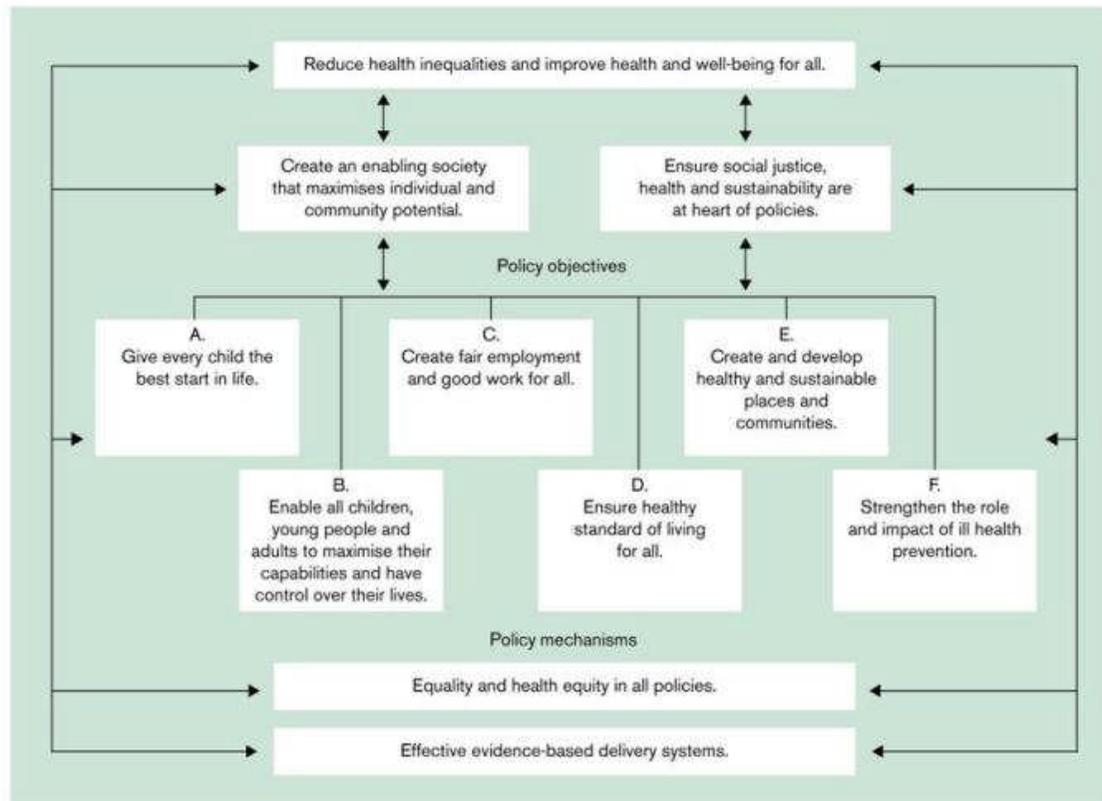
1. Make vision and strategy clear
2. Extend leadership and engagement
3. Make partnership work
4. Get system and scale right
5. Adjust workforce
6. Strengthen primary care
7. Find the missing thousands
8. Capitalise on community engagement
9. 'Raise the bar' on target achievement
10. Utilise population health intelligence

Chapter 4 – How can we achieve more and move forward faster?

Strategic Review of Health Inequalities in England Post 2010, The Marmot Review, February 2010

Proposes the most effective evidence based strategies for reducing health inequalities

Figure 92: Conceptual framework for action



Chapter 4 – How can we achieve more and move forward faster?

POLICY OBJECTIVES:

A: GIVE EVERY CHILD THE BEST START IN LIFE

A1 Reduce inequalities in the early development of physical and emotional health, cognitive, linguistic

A2 Ensure high quality maternity service, parenting programmes, childcare and early years, education to meet need across the social gradient

A3 Build the resilience and wellbeing of young children across the social gradient

B: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

B1 Reduce the social gradient in skills and qualifications

B2 Ensure that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people

B3 Improve the access and use of quality life-long learning across the social gradient

Chapter 4 – How can we achieve more and move forward faster?

POLICY OBJECTIVES:

C: CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

C1 Improve access to good jobs and reduce long-term unemployment across the social gradient

C2 Make it easier for people who are disadvantaged in the labour market to obtain and keep work

C3 Improve quality of jobs across the social gradient

D: ENSURE HEALTHY STANDARDS OF LIVING FOR ALL

D1 Establish a minimum income for healthy living for people of all ages

D2 Reduce the social gradient in the standard of living through progressive tax and other fiscal policies

D3 Reduce the cliff edges faced by people moving between benefits and work

Chapter 4 – How can we achieve more and move forward faster?

POLICY OBJECTIVES:

E: CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

E1 Develop common policies to reduce the scale and impact of climate change and health inequalities

E2 Improve community capital and reduce social isolation across the social gradient

F: STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

F1 Prioritise prevention and early detection of those conditions most strongly related to health inequalities

F2 Increase availability of long-term and sustainable funding in ill health prevention across the social gradient

Chapter 4 – How can we achieve more and move forward faster?

Recommendations:

1. The ten major lessons learned by the HINST should inform work to reduce health inequalities in East Sussex by using programme based delivery and the HINST diagnostic model for interventions.
2. Improving the quality of primary care is one of the key factors to reducing health inequalities and it is recommended that the following actions are taken:
 - a. A GP Practice Balanced Scorecard, including specific metrics to reduce health inequalities, should be implemented.
 - b. Develop an ongoing programme of general practice chronic disease management audits using a z-score-based dashboard focusing on the key life expectancy gap contributory care pathways, such as CHD, cancer, COPD care.
 - c. A system should be developed to group general practices with similar populations to enable like-with-like comparisons
3. An East Sussex Health Inequalities Implementation Reduction Plan needs to be developed to implement the Marmot review.

Thank you

Main report and summary reports available online:

- www.esdwpct.nhs.uk
- www.hastingsrotherpct.nhs.uk

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