

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **18th November 2010**

By: **Director of Governance and Community Services**

Title of report: **Health Inequalities in East Sussex**

Purpose of report: **To consider the Director of Public Health's 2010/11 annual report which focuses on health inequalities within the county.**

RECOMMENDATIONS

HOSC is recommended:

- 1. To consider and comment on the Director of Public Health's annual report and the issues arising from it in terms of health inequalities.**
 - 2. To identify any specific issues where the Committee wishes to undertake further work.**
 - 3. To request a further report in March 2011 on the implications of the forthcoming Public Health White Paper.**
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1. Background

1.1 The Director of Public Health role involves ensuring, in partnership with others, that the health needs of the local population are assessed and addressed through public health programmes. Many Directors of Public Health are appointed jointly by the local Primary Care Trust(s) and the top tier local authority, reflecting the fact that improving the health of the population is not the preserve of the NHS and requires the active engagement of a range of partners, particularly local government.

1.2 Each year, local Directors of Public Health produce an annual report. This is one of the main ways to communicate their findings and conclusions about local health needs to the public and local organisations. The reports are an opportunity to highlight the key health challenges in the local population and make recommendations about how these can be addressed.

2. East Sussex context

2.1 In East Sussex, the Director of Public Health, Dr Diana Grice, is appointed jointly by NHS East Sussex Downs and Weald, NHS Hastings and Rother (the local primary care trusts) and East Sussex County Council.

2.2 Since her appointment, Dr Grice has published four annual reports in total, as follows:

- 2007/8 – 'Improving Life, Increasing Health'
- 2008/9 – 'The Health and Wellbeing of Children and Young People'
- 2009/10 – 'The Health and Wellbeing of Older People'
- 2010/11 – 'Reducing Health Inequalities in East Sussex'

2.3 This report focuses on the 2010/11 report on health inequalities, which was published in September 2010. A summary copy of this report has previously been circulated to HOSC Members and is available (in summary and full versions) from the NHS website www.esdw.nhs.uk, along with previous years' reports.

3. Health Inequalities in East Sussex

3.1 The report defines health inequalities as, “differences in health status between population groups...associated with many different factors, both at an individual and population level”. It describes the causes of inequalities and why tackling them is important.

3.2 The report goes on to examine the main contributory factors to the gap in life expectancy between the most and least deprived areas in East Sussex and the health gains which could be achieved if the gap could be narrowed. Finally, the report describes work currently going on in East Sussex to address health inequalities and proposes further actions to make an impact in the short, medium and long term, drawing on national evidence.

3.3 Dr Grice will attend the HOSC meeting to present the key findings from her annual report and to discuss the next steps with the Committee. A copy of her presentation is attached at appendix 1. Keith Hinkley, Director of Adult Social Care, East Sussex County Council, will also attend to bring an additional perspective to the discussion.

4. Issues for HOSC to consider

4.1 One of the key aims nationally for HOSCs is for committees to use their role to contribute to improving health and reducing health inequalities. As local government committees, with a remit to review and scrutinise health issues and health services, HOSCs are uniquely placed to review and influence the effective assessment of local health needs and the strategies in place to address health inequalities.

4.2 The Committee will want to consider the issues raised by the report, the current and proposed actions and the role the Committee might be able to play in this work. Areas HOSC may wish to explore could include:

- Whether the assessment of health inequalities is comprehensive and clearly demonstrates the key issues to be addressed.
- The effectiveness of existing work underway to improve health and reduce inequalities, particularly in the most deprived areas of the county.
- The extent to which effective partnerships are in place to deliver action to reduce health inequalities.
- Whether the next steps and recommendations outlined in the report are likely to effectively address health inequalities in the county, and the structures in place to deliver these.

5. The future of public health

5.1 The annual report notes that the NHS White Paper, published in July 2010, sets out the Government’s plans to transfer lead responsibility for health improvement from the NHS to local government – locally, from NHS East Sussex Downs and Weald/Hastings and Rother to East Sussex County Council – from 2012. It is also intended that a National Public Health Service will be created, and local Directors of Public Health will be jointly appointed by Councils and this national service.

5.2 Further details of plans for public health are expected in a Public Health White Paper, to be published at the end of 2010. It is therefore recommended that the Committee request a further report in March 2010 to consider the implications of this White Paper for East Sussex.

BILL MURPHY

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Background paper: Reducing Health Inequalities in East Sussex, Director of Public Health Annual Report 2010/11, available from www.esdw.nhs.uk or call 01273 481327.

Reducing Health Inequalities in East Sussex

Director of Public Health Annual Report 2010/11

Dr Diana Grice

Director of Public Health & Medical Director

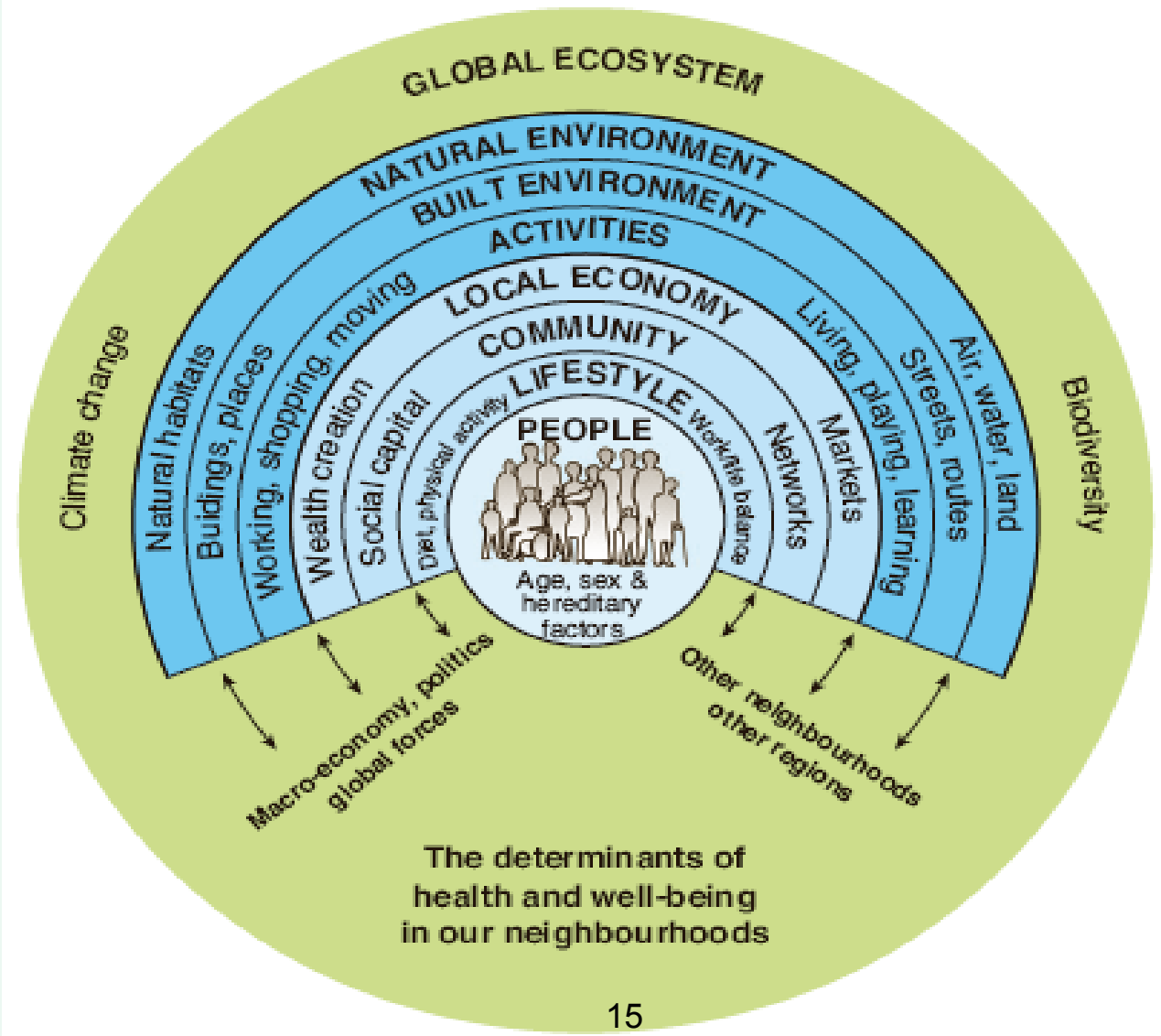
East Sussex Downs and Weald & Hastings and Rother Primary Care Trusts

Better health, better care, closer to home¹³

Reducing Health Inequalities in East Sussex:

- 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?

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

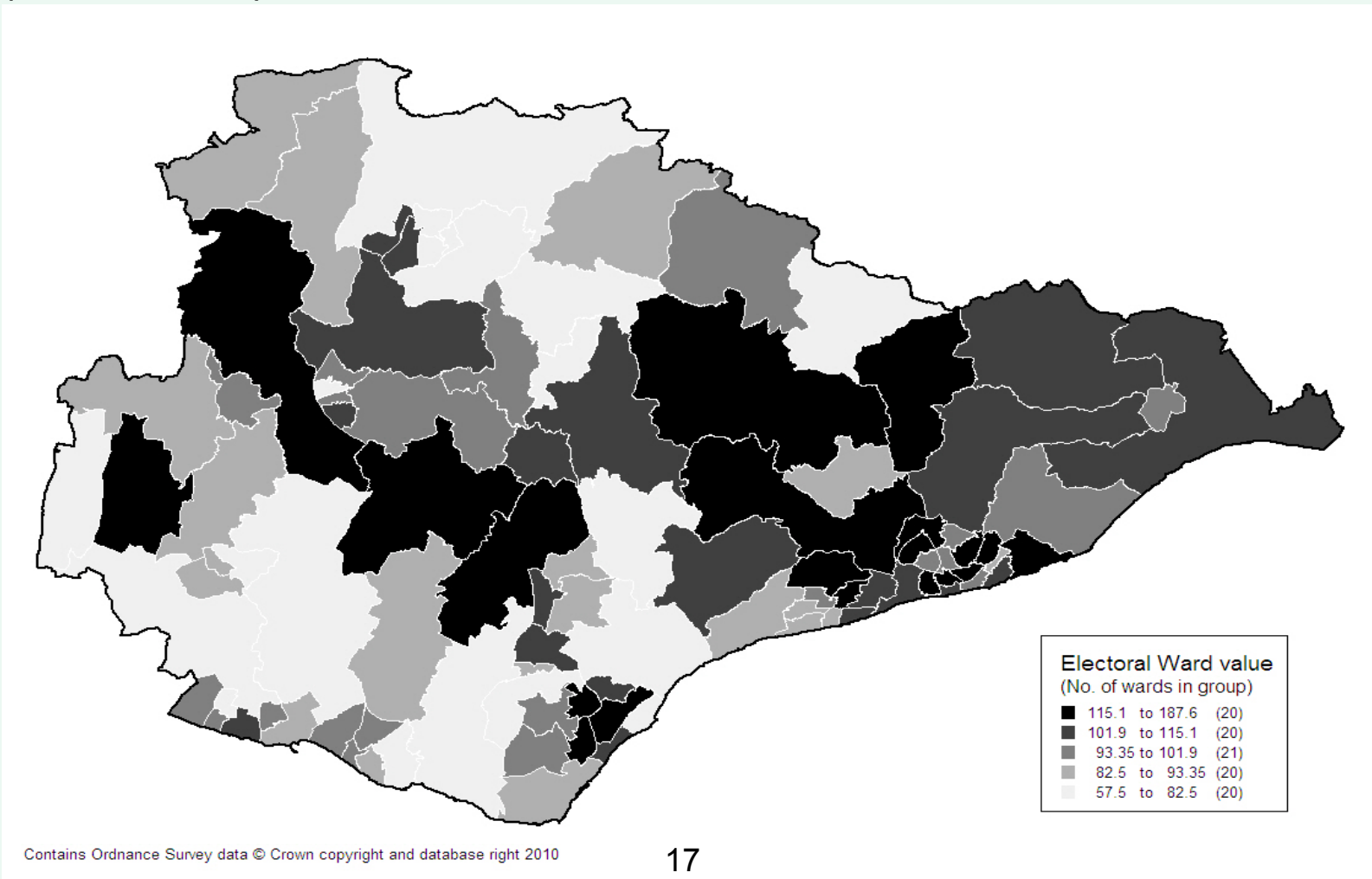
Table 2: Life expectancy and disability-free life expectancy among females at birth, 2001

	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 year for women between districts/boroughs.

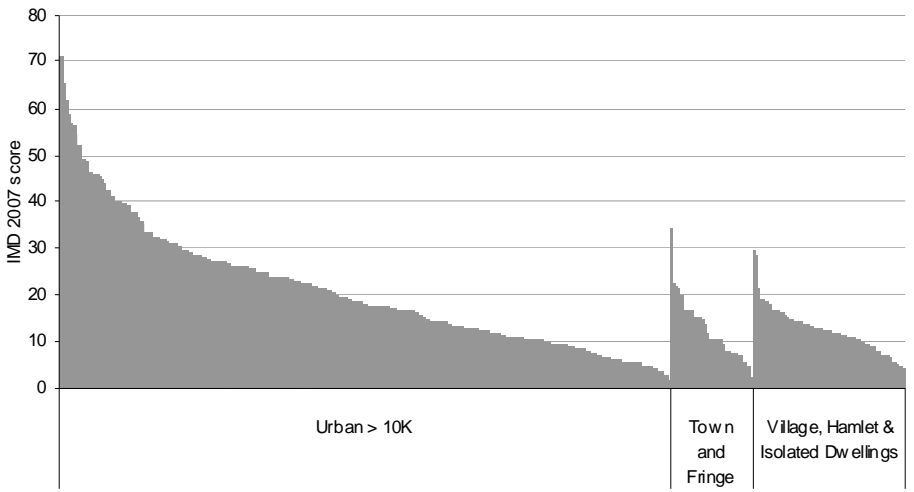
Figure 19: All age, all cause standardised mortality ratios, East Sussex electoral wards, 2005–2007 (East Sussex = 100)



Contains Ordnance Survey data © Crown copyright and database right 2010

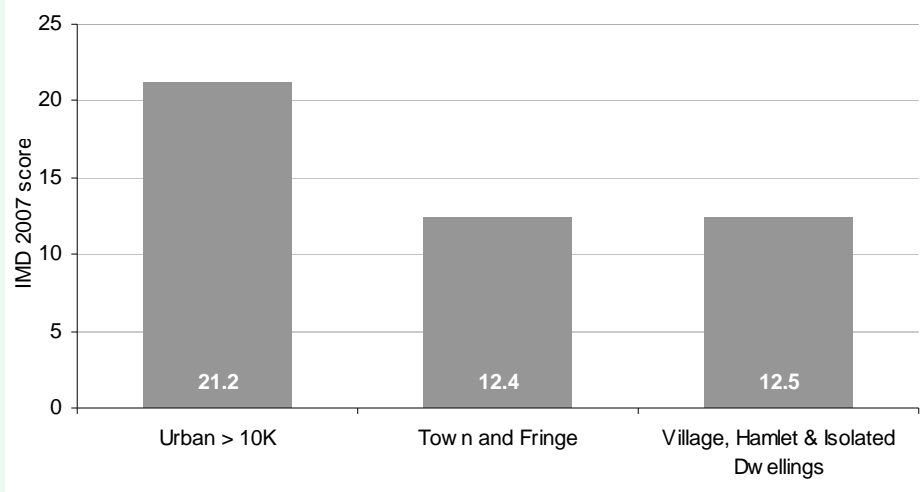
Chapter 1 – What’s Important about Health Inequalities?

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



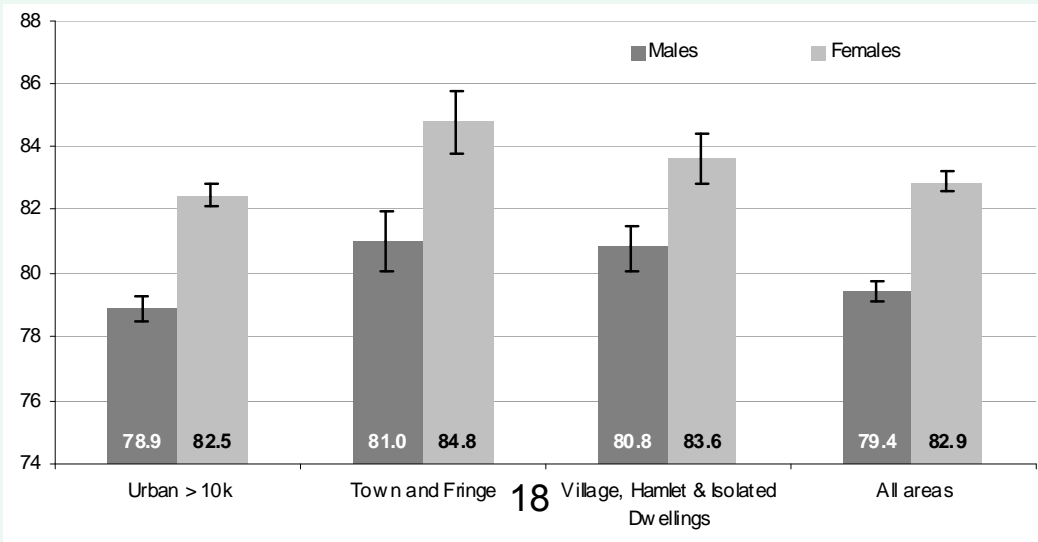
Source: IMD 2007 and Rural and Urban Classification 2004

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?

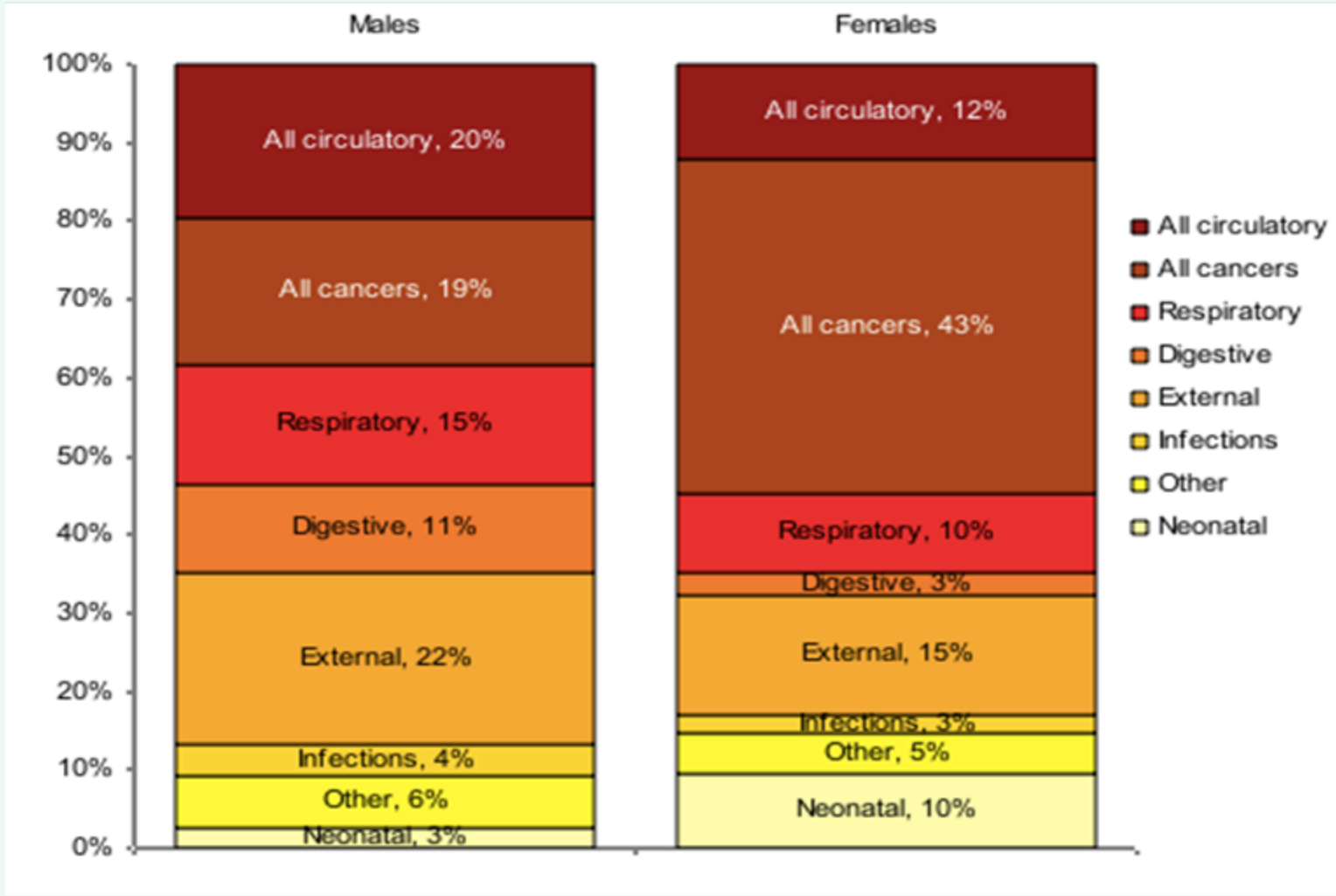
At an East Sussex level, circulatory diseases, cancer and respiratory disease are the three top causes of the life expectancy gap between the most deprived and the least deprived.

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

Hastings borough as an example

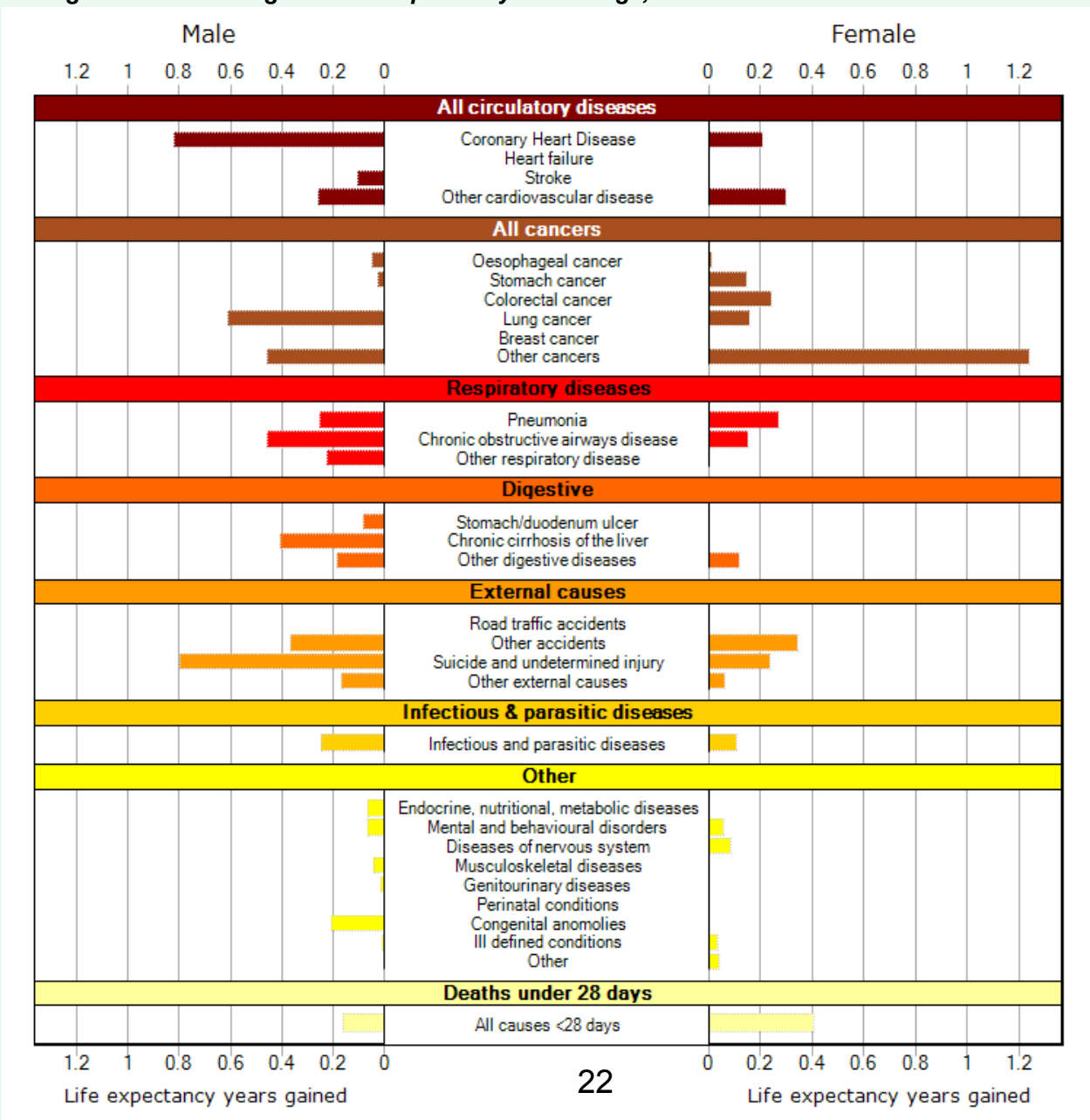
Chapter 2 – What is the Health Inequalities gap in East Sussex?

Figure 35: Breakdown of life expectancy gap between the most deprived and least deprived quintile in Hastings by cause of death, 2001–2005



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

Figure 36: Possible gain in life expectancy in Hastings, 2001–2005



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</i> 78.8		
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</i> 82.6		
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</i> 3.8		

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.

Promoting Healthy Lifestyles

Five key areas:

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

We've developed local action plans on each of these areas, and these are used to plan services that support East Sussex residents, to make health lifestyle choices.

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.

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**

Health Inequalities National Support Team

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

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....

➤ 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

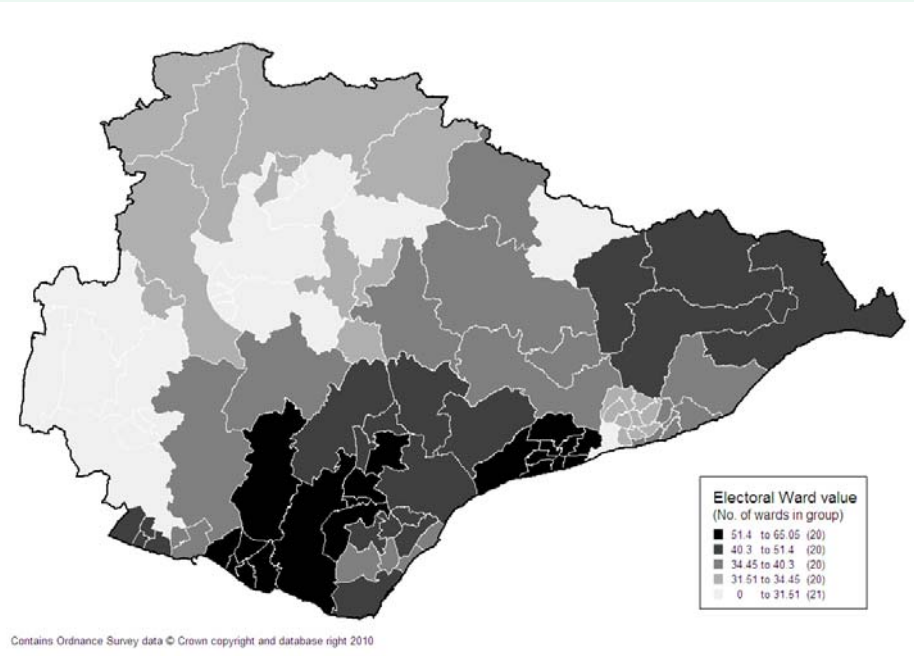
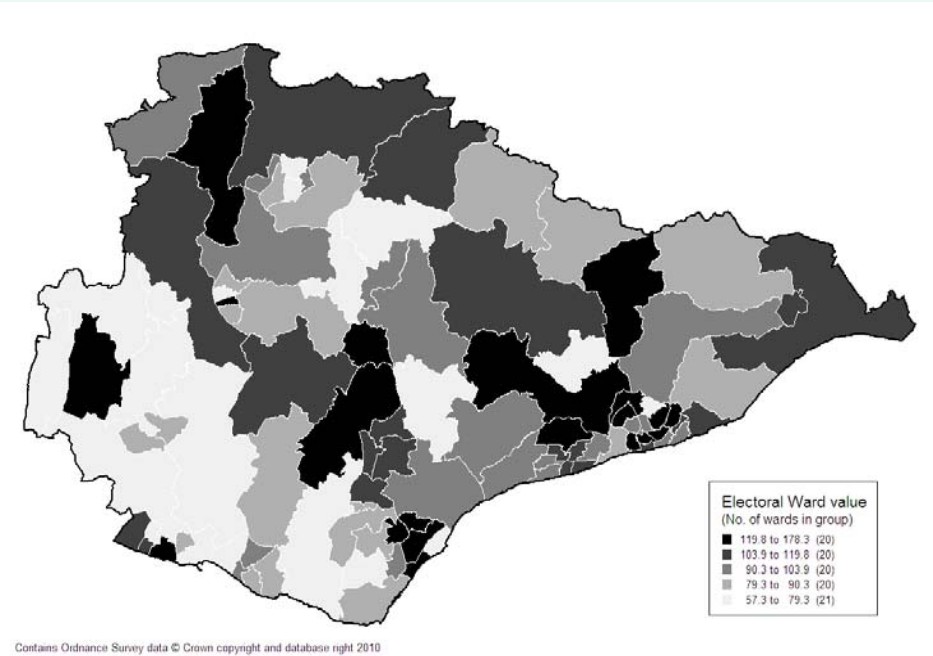


Figure 20: CHD standardised mortality ratios, East Sussex electoral wards, 2003–2007 (East Sussex = 100)

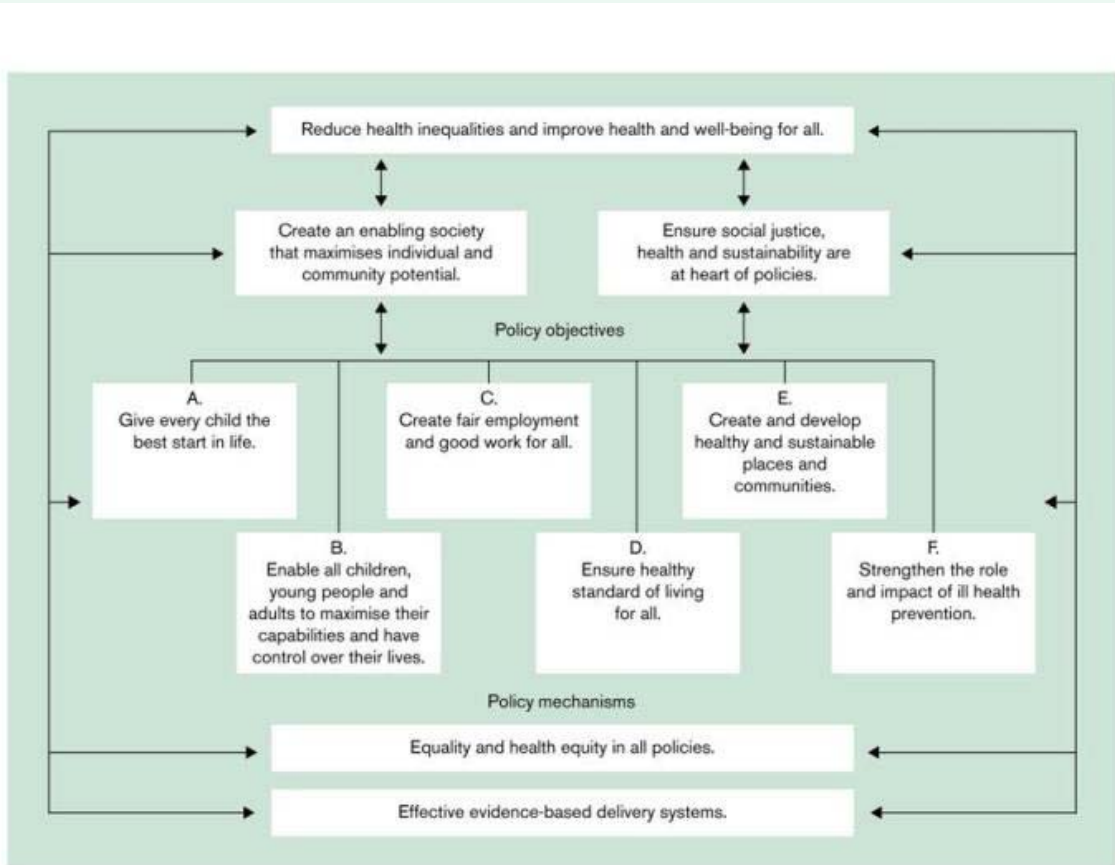


Chapter 4 – How can we achieve more and move forward faster?

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?

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 and the recommendations outlined in this report.

Thank you

Online report:

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

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