

# Strategies and experiences to tackle health inequalities in England

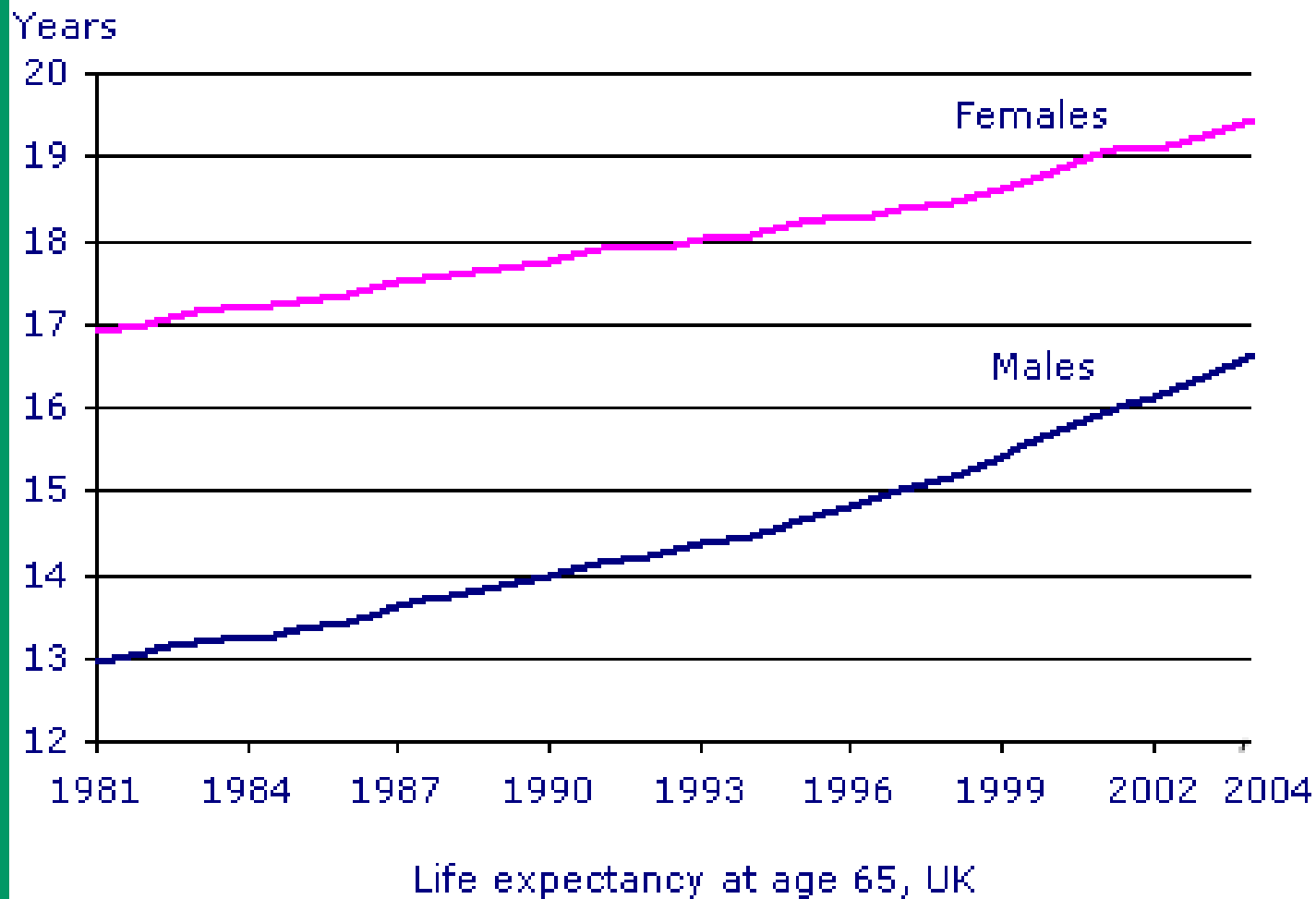
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*Health Inequalities Unit*

*15<sup>th</sup> November 2007*

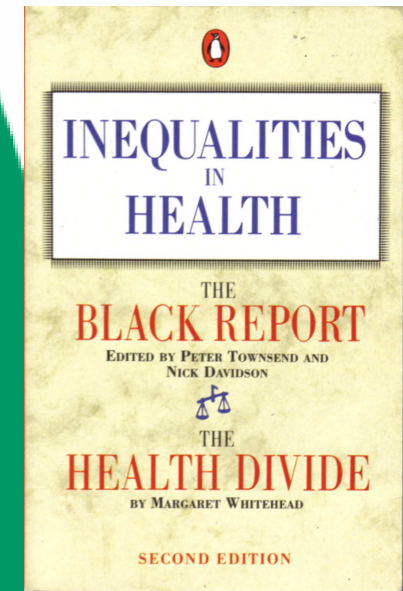
# Life expectancy is increasing...



# And Health Inequalities....

## Black Report (1980)

- Seminal statement of the impact of health inequalities
- Poorer health experiences of lower occupational groups applied at all stages of life
- If the mortality rates of occupational class I had applied to classes IV and V during 1970-72, **74,000** lives of people aged under seventy-five would not have been lost. This estimate included nearly **10,000** children and **32,000** men aged 15 to 64.
- Much of the problem lay outside the scope of the NHS. However, disadvantaged populations made smaller use of the health care system in a number of different respects, yet needed it more.



# And Health Inequalities....

## Acheson Report (1998)

- Reviewed the evidence on inequalities in health in England
- Influenced the White Paper *Saving Lives: Our Healthier Nation* – setting national targets for disease reduction and requiring health improvement plans to be developed by local health authorities



# PSA Target (2001)

*By 2010 to reduce inequalities in health inequalities by 10% as measured by infant mortality and life expectancy at birth.*

**This target is underpinned by two more detailed objectives**

# Infant mortality

- *Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between the routine and manual group and the population as a whole*

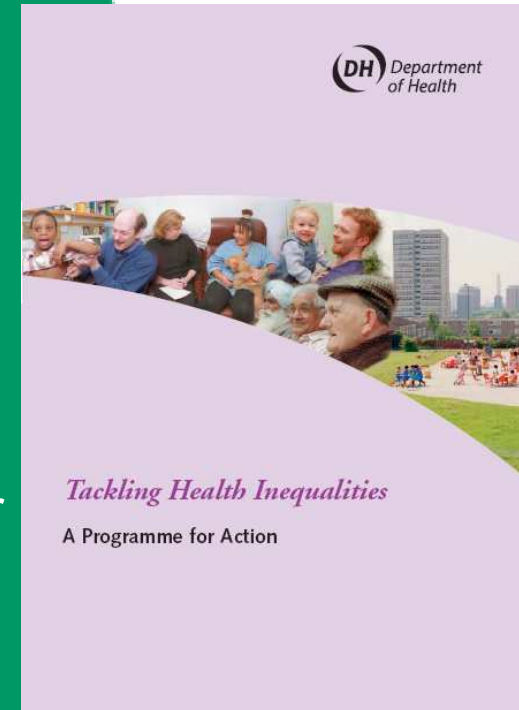
# Life expectancy

- *Starting with Local Authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the “worst health and deprivation indicators” and the population as a whole*

# Tackling health inequalities

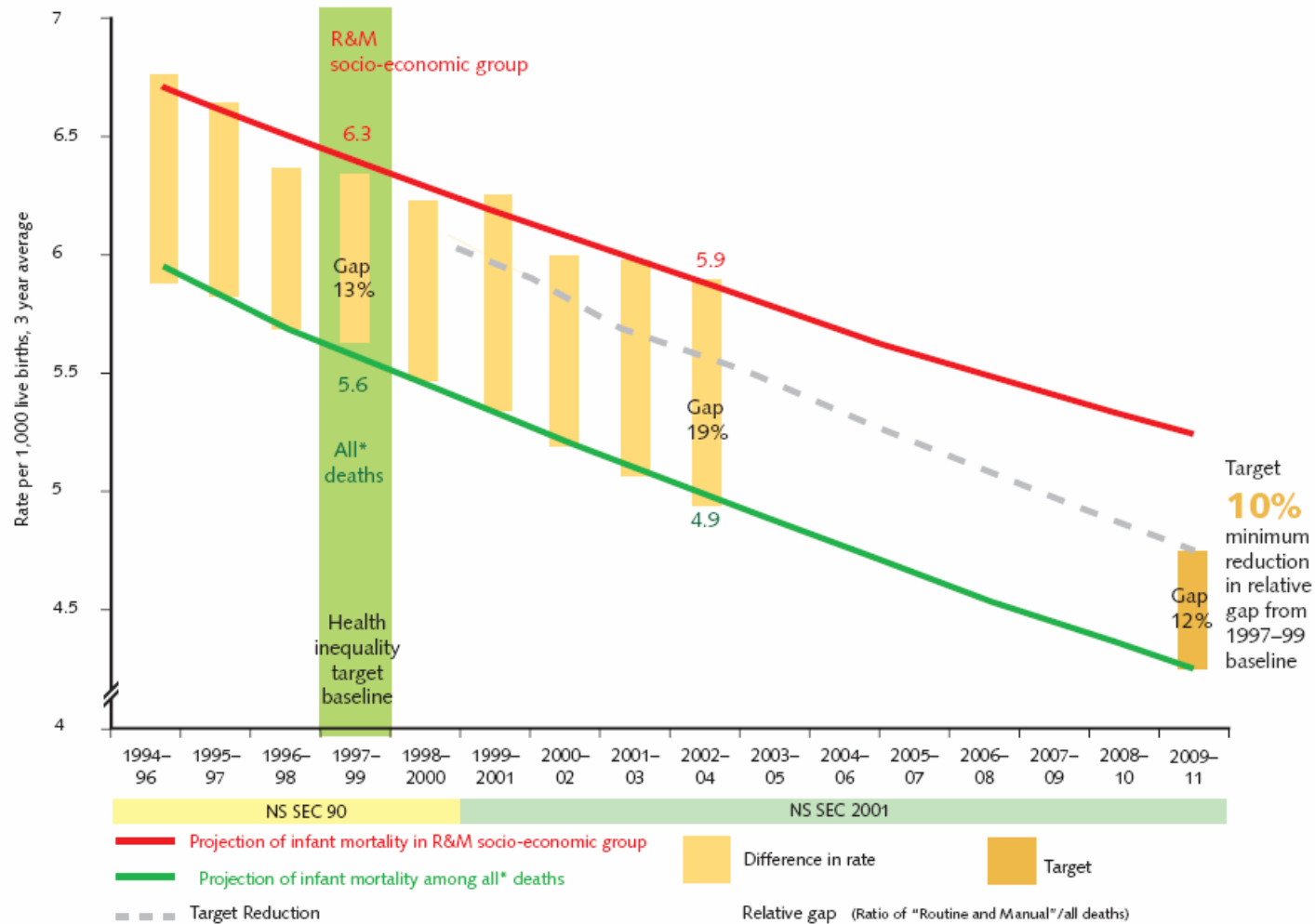
## A Programme for Action (2003)

- Cross government
- Planned action across the health service and the wider social determinants
- Monitor developments against the target and other relevant indicators
- Regular updates of progress
- High level reviews of both aspects of the PSA target





# Infant Mortality

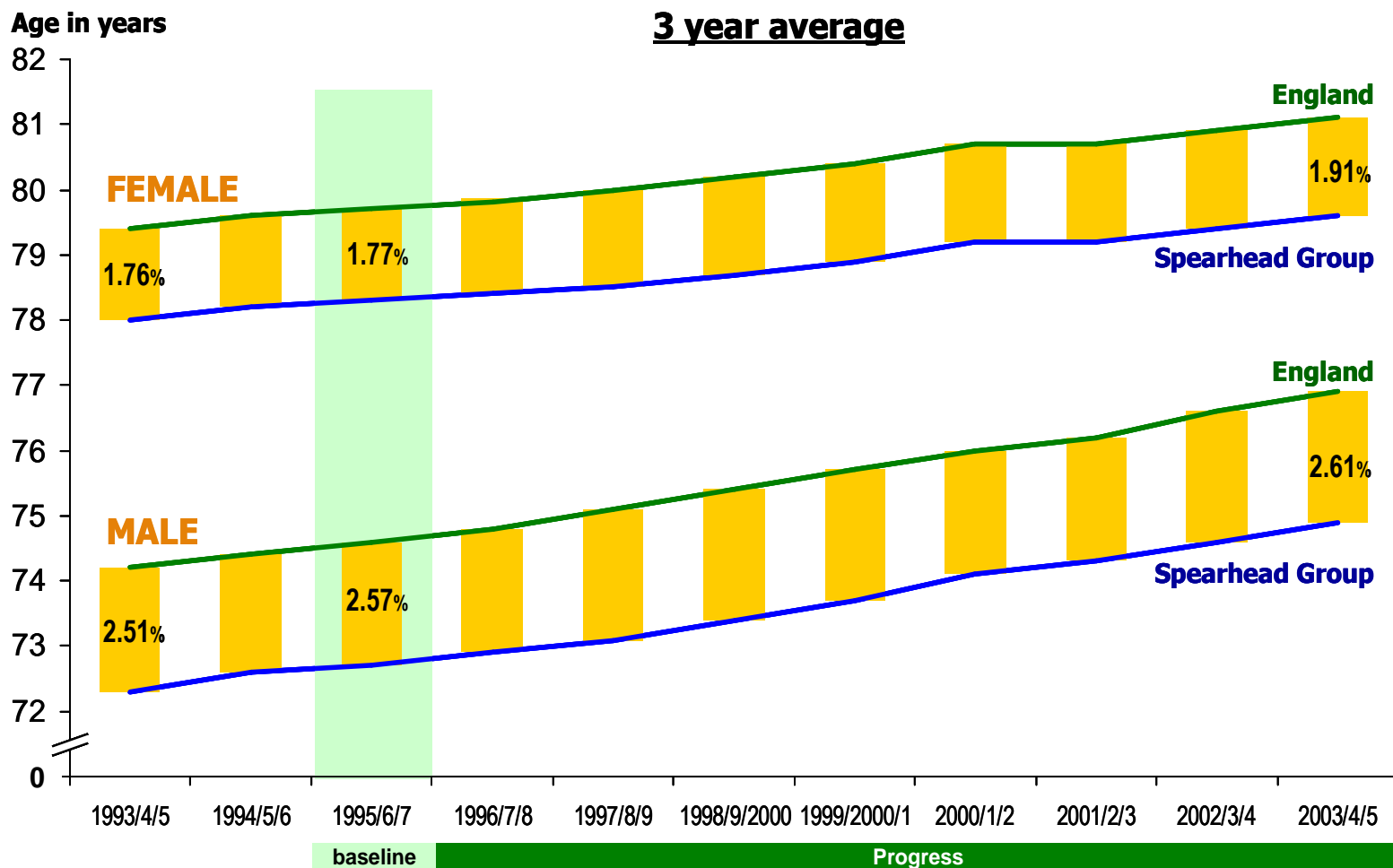


\*All relates to inside marriage and joint registrations outside marriage, not including "social class not specified" for 1995 and 1999. Sole registration and unlinked births are excluded. Information on the father's occupation is not collected for births outside marriage if the father does not attend the registration of the baby's birth. Figures for live births are a 10% sample coded for father's occupation.

# Life Expectancy

## Inequality gap - female and male life expectancy at birth

England 1993-2005



— Life expectancy at birth, for England  
 — Life expectancy at birth, for Spearhead Group

**Inequality Gap\*, in years**  
 \* The relative gap between life expectancy at birth in England and in the Spearhead Group. As a proportion of life expectancy for England.

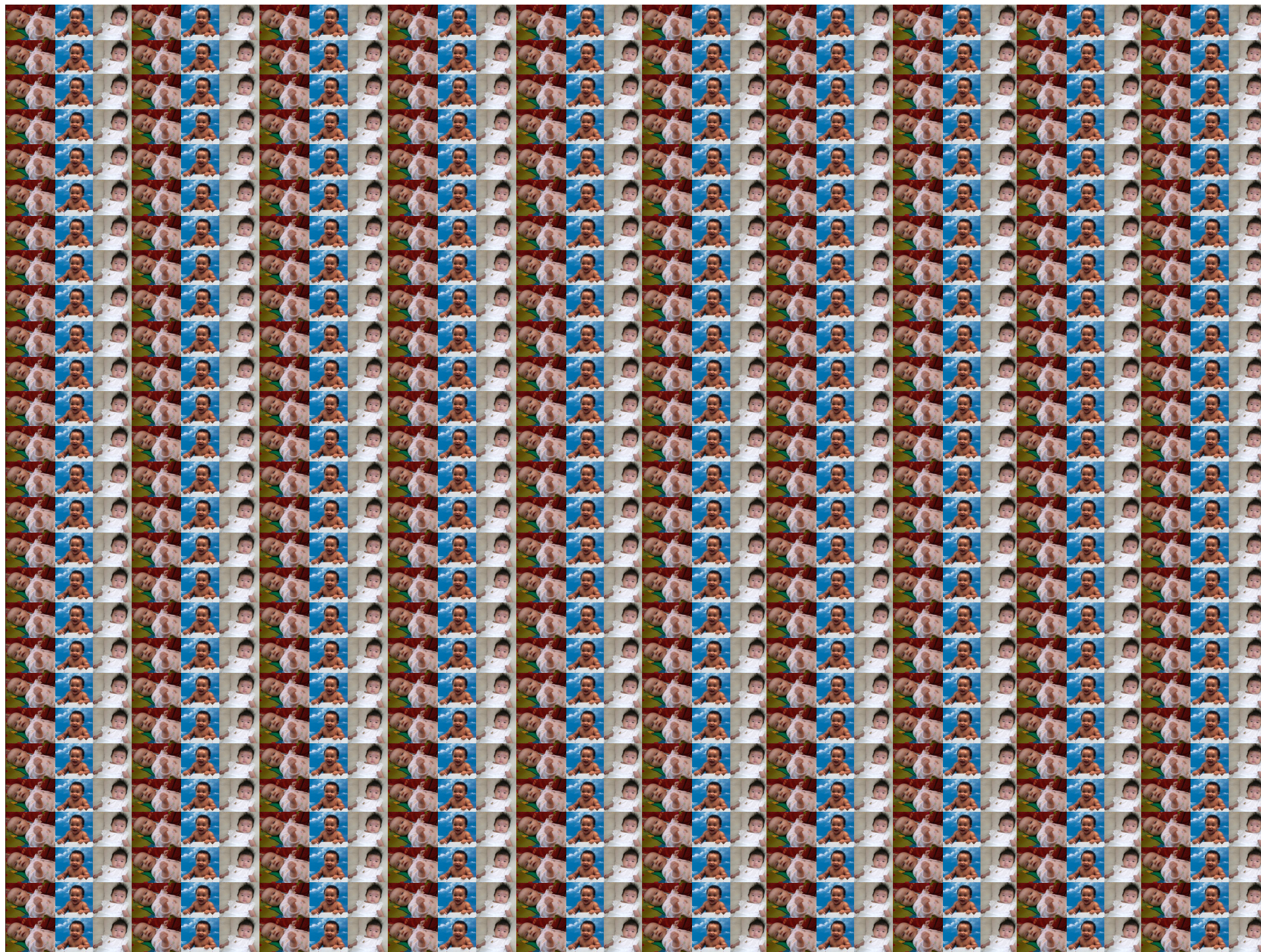
Source: NCHOD Compendium of Clinical and Health Indicators, using ONS data. Analysed by DH analysts


# So what was going wrong?

## Results of high level reviews of LE and IM

- No recognition of the target or the widening gap
- Lack of leadership and systems to support delivery
- Little knowledge of interventions that would deliver by 2010
- Poor handling and use of data and gaps in the evidence base

**Is there another way of looking at the target?**



A photograph of a cemetery with numerous grey gravestones of various shapes and sizes, arranged in rows on a green lawn. A small brown bird is perched on top of a gravestone in the lower-left foreground. The background is slightly blurred, showing more rows of gravestones extending into the distance.

**13,700**

**early deaths in**

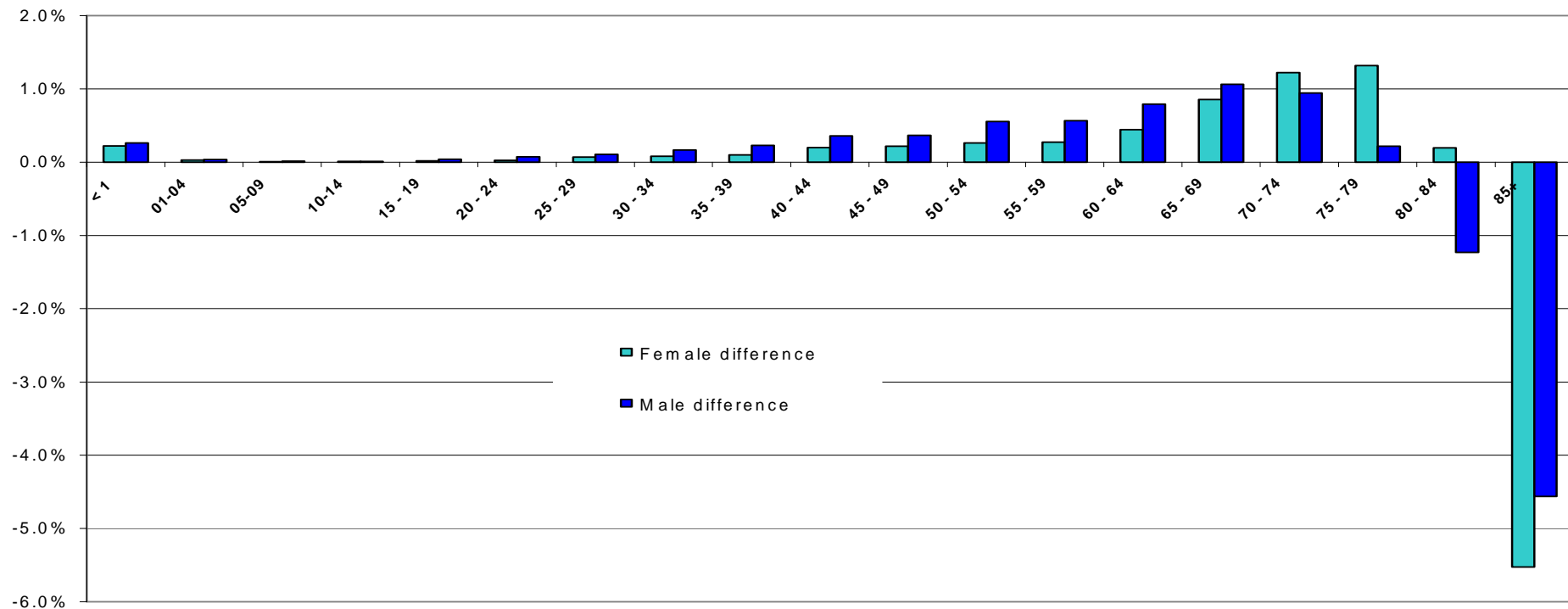
**Spearhead areas**

**a more compelling story?**

# Too many people in Spearhead areas are dying early

- There were approximately 13,700 additional deaths for 30 to 59 year olds in Spearhead groups, across the 3 years 2003-2005, compared to the national average for England
- The focus needs to be on reducing adult early deaths
- Action on the overall PSA target to reduce infant mortality will also help deliver the reduction in life expectancy gap target

bands, 2003-05



# Identifiable actions to reduce the gap in infant mortality by at least 10%

## WHAT WOULD WORK

Reducing pregnancies in <18 years in R&M group by 44% to meet the 2010 target

Targeted interventions to prevent SUDI by 10% in the R&M group

Reducing smoking in pregnancy rate by 2 percentage points by 2010

Reducing the prevalence of obesity in the R&M group to 23%

Other - may include:

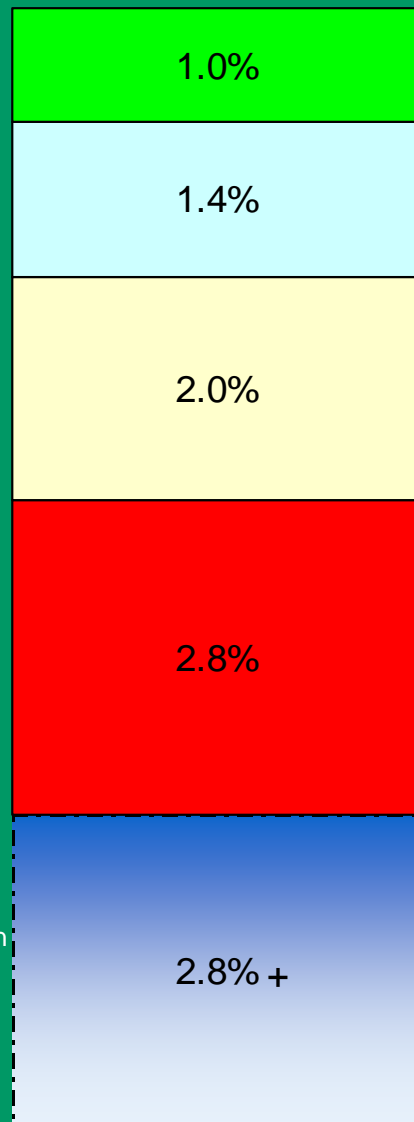
### Immediate Actions

Optimising preconception care  
Early booking  
Access to culturally sensitive healthcare  
Reducing maternal and infant infections

### Long term Actions

Continuing to:  
Improve infant nutrition  
Reduce poverty  
Improve housing / reduce homelessness

## IMPACT ON 2002-04 GAP



## ACTIONS / INTERVENTIONS

Targeted prevention work with at risk teenagers and targeted support for pregnant teenagers and teenage mothers

Maintain current information given to mothers and target the Back to Sleep campaign and key messages for the target group

Smoking cessation as an integral part of service delivery for the whole family during and after pregnancy  
Targeted weight loss programmes  
- Low calorie diet, physical activity and behaviour therapy  
- Drug therapy  
- Surgical procedures

Provide comprehensive preconception services  
Provide advice/support for "at risk" groups within the target e.g. black and minority ethnic groups  
Increase direct access to community midwives  
Provide 24/7 maternity direct line for advice and access  
Implement NICE antenatal and postnatal guidelines  
Health equity audit of women booked by 12 weeks and >22 weeks  
Commissioners and maternity service providers agree improvement plans in contract  
Improve uptake of immunisations in deprived populations  
Implement Baby Friendly Standard

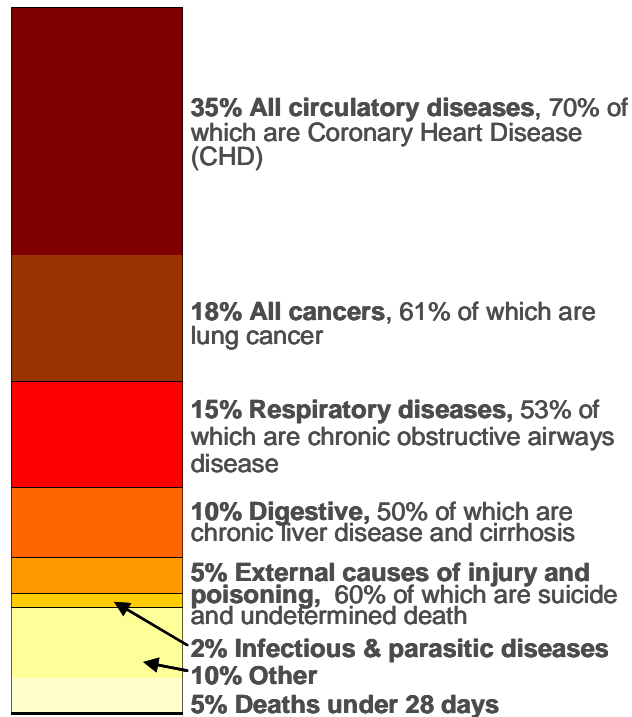
This illustrates a **set of interventions**, which could make a **significant** contribution towards narrowing the infant mortality gap by 10%.

There is a need to **commission research** to improve the evidence base on modelling interventions and outcomes and good practice.

# Know your gap - England

## What is causing the gap for males?

### The Gap – for males



**Contribution to Life Expectancy Gap in Males**  
Breakdown by disease, 2003



# And what can you do about it?

## The Interventions

### Targeted:

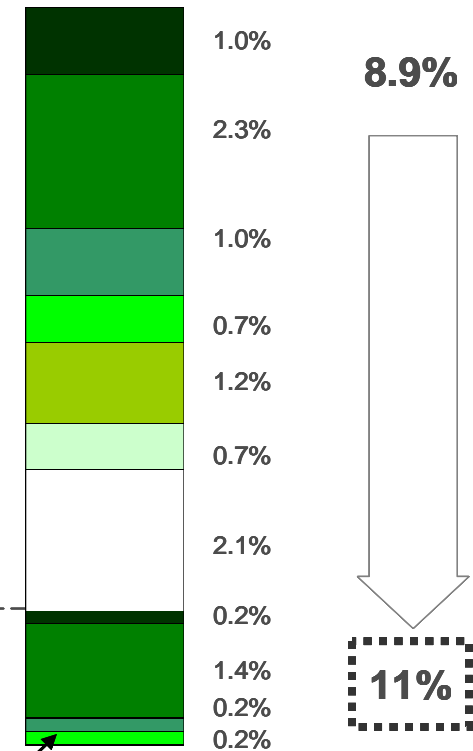
- Smoking cessation clinics: double capacity in Spearhead areas for 2 years
- Secondary prevention of CVD: additional 15% coverage of effective therapies in Spearhead areas 35-74 yrs
- Primary prevention of CVD in hypertensives under 75yrs:
  - 40% coverage antihypertensives
  - statin therapy
- Primary prevention of CVD in hypertensives 75yrs +:
  - 40% coverage antihypertensives
  - statin therapy
- Other\* including:
  - Early detection of cancer
  - Respiratory diseases
  - Alcohol related diseases
  - Infant mortality

\*locally determined

### Universalist:

- Smoking reduction in clinics – as at present
- Secondary prevention of CVD: 75% coverage of 35-74yrs
- Primary prevention of CVD in hptensives under 75 yrs:
  - 20% coverage antihypertensive
  - statin therapy

## The Impact – for males

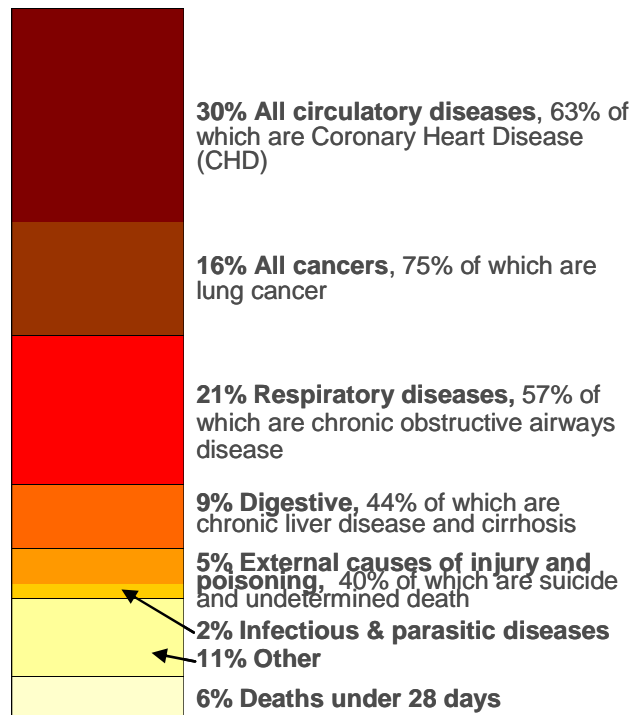


8.9%

11%

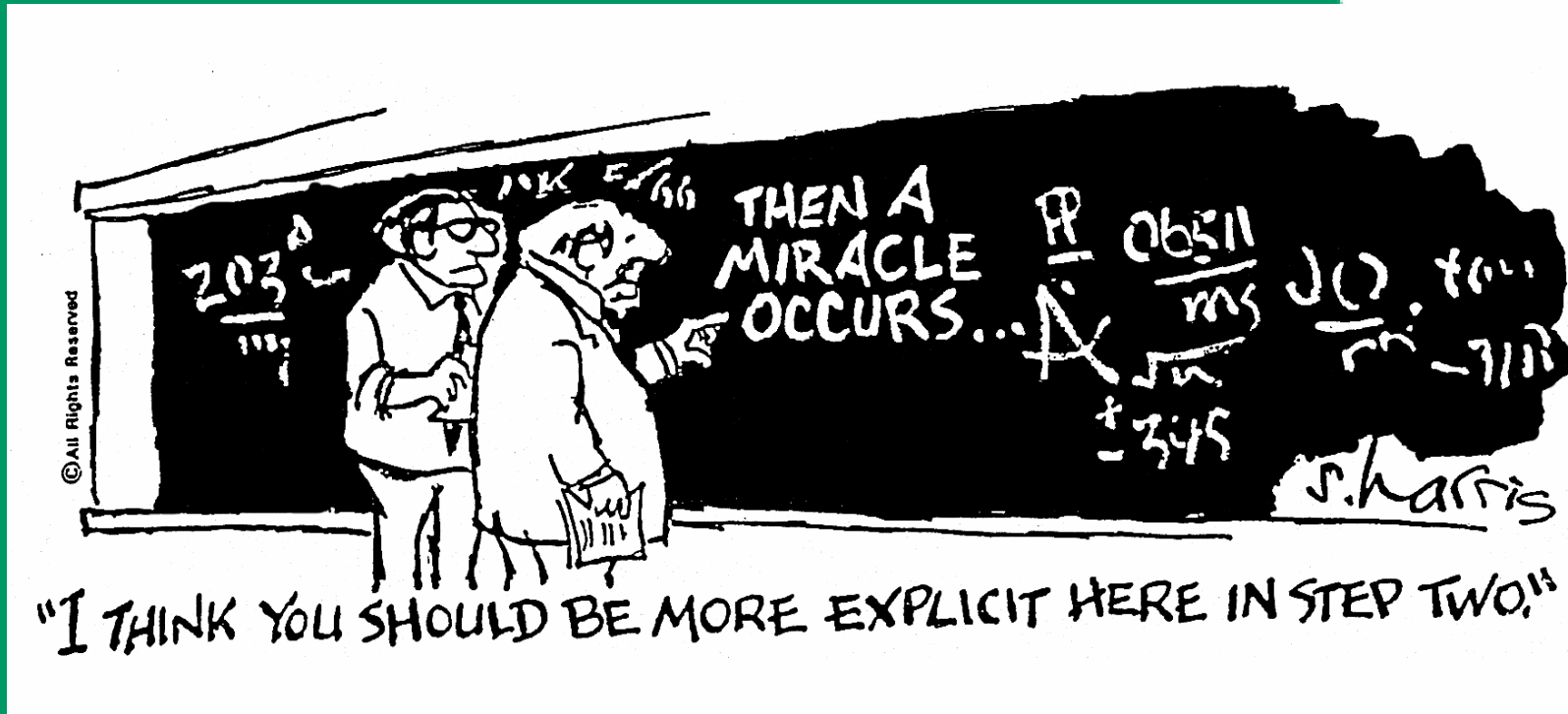
# And for females ?

## The Gap – for females



**Contribution to Life Expectancy Gap in Females**  
Breakdown by disease, 2003

# So what can we do about this?



## So what can we do about this?

- Understand cause of local gap
- Model interventions
- Plan & **IMPLEMENT** interventions

**ENGAGE LOCAL PARTNERS**

# Making it happen locally: support and tools

# National Planning and Alignment of Incentives → Joint Local Planning

DH has aligned incentives for the NHS and Local Government:

- New line on All Age All Cause Mortality as proxy for life expectancy is now mandatory for Spearheads as part of the LAA and LDP processes
- Same Local trajectories agreed in LAA and LDP, based on nationally provided indicative figures
- LDP Refresh: strengthened inequalities elements of existing Blood Pressure, Cholesterol, Practice Based Registers and, in some Spearhead Areas, smoking cessation

# Local Planning: Health Inequalities Intervention Tool



PROTOTYPE

## Health Inequalities Intervention Tool



00EY Blackpool UA

[Go To Model](#)

### Life expectancy gap by disease (2002-04)

Disease	Male	Female
Infectious and parasitic diseases	0.9%	..
Oesophageal cancer	0.2%	2.1%
Stomach cancer	0.6%	0.3%
Colorectal cancer	0.8%	0.1%
Lung cancer	2.4%	9.1%
Breast cancer	0.0%	4.8%
Other cancers	3.5%	9.0%
Endocrine, nutritional, metabolic diseases	2.1%	2.6%
Mental and behavioural disorders	9.1%	2.7%
Diseases of nervous system	3.2%	..
Coronary Heart Disease	8.8%	7.7%
Heart failure	0.7%	3.3%
Stroke	6.5%	6.7%
Other cardiovascular disease	8.3%	7.6%
Pneumonia	3.5%	7.0%
Chronic obstructive airways disease	5.6%	7.5%
Other respiratory disease	1.0%	4.1%
Stomach/duodenum ulcer	1.5%	2.1%
Chronic cirrhosis of the liver	12.3%	13.0%
Other digestive diseases	4.2%	3.9%
Musculoskeletal diseases	..	..
Genitourinary diseases	..	..
Perinatal conditions	0.1%	..
Congenital anomalies	..	0.2%
Ill defined conditions	1.9%	..
Road traffic accidents	..	..
Other accidents	9.2%	3.1%
Suicide and undetermined injury	12.0%	3.3%
Other external causes	0.3%	..
Other	1.3%	..
Deaths under 28 days	..	..
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

### Life expectancy gap by age (2002-04)

Age	Male	Female
< 1 yr	1.4%	..
01 - 04	4.9%	0.2%
05 - 09	1.1%	..
10 - 14	2.4%	0.4%
15 - 19	..	..
20 - 24	3.5%	1.7%
25 - 29	5.9%	2.0%
30 - 34	6.8%	2.3%
35 - 39	10.7%	2.5%
40 - 44	6.0%	6.2%
45 - 49	7.9%	5.2%
50 - 54	4.0%	12.4%
55 - 59	12.2%	10.5%
60 - 64	7.1%	13.0%
65 - 69	8.6%	8.9%
70 - 74	6.8%	11.7%
75 - 79	2.4%	10.4%
80 - 84	4.3%	8.4%
85 - 89	2.8%	2.9%
90 +	1.2%	1.2%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

# Local Planning: Model what to do about it



PROTOTYPE

## Health Inequalities Intervention Tool



**STEP 1 - Select local area:**

00EY Blackpool UA

Calculate Results

Go To Instructions

Go To Home Page

**STEP 2 - View a breakdown of gap by disease and age:**

View Your Gap

**STEP 3 - Select intervention(s) and input user data:**

SMOKING CESSATION

What is your planned number of quitters in the coming year? 

Persons	1,600
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INFANT MORTALITY

What do you want to reduce infant deaths to? 

Male	Female
10	6

  
Please enter total number for a three year period.

ANTIHYPERTENSIVE

What percentage of people with hypertension do you plan to treat with an additional/first hypertensive treatment in the coming year? 

Male	Female
0%	0%

STATIN

What percentage of people with hypertension do you plan to treat with a statin in the coming year (these must be people who will be treated with an additional/first hypertensive treatment)? 

Male	Female
0%	0%

**Current local authority information**

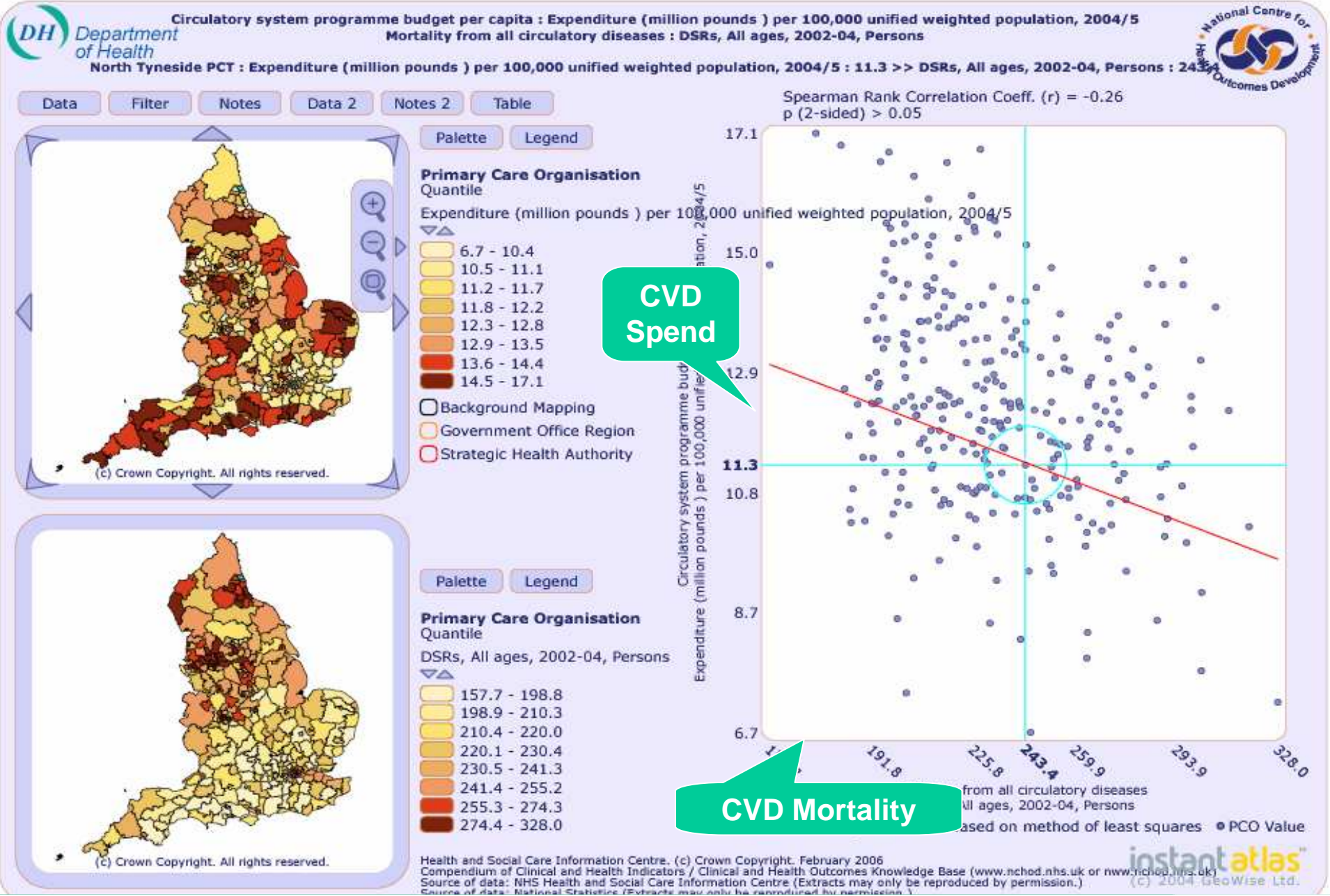
4 week smoking quitters achieved in 2005/06	Persons 1,303	
Number of infant deaths in 2002-04	Male 15	Female 8
On track to meet life expectancy target at 2002-04 at 2003-05	No No	No No
Life expectancy in years (2002-04)	72.8	78.3
Life expectancy gap (2002-04)	4.8%	3.2%

**Results**

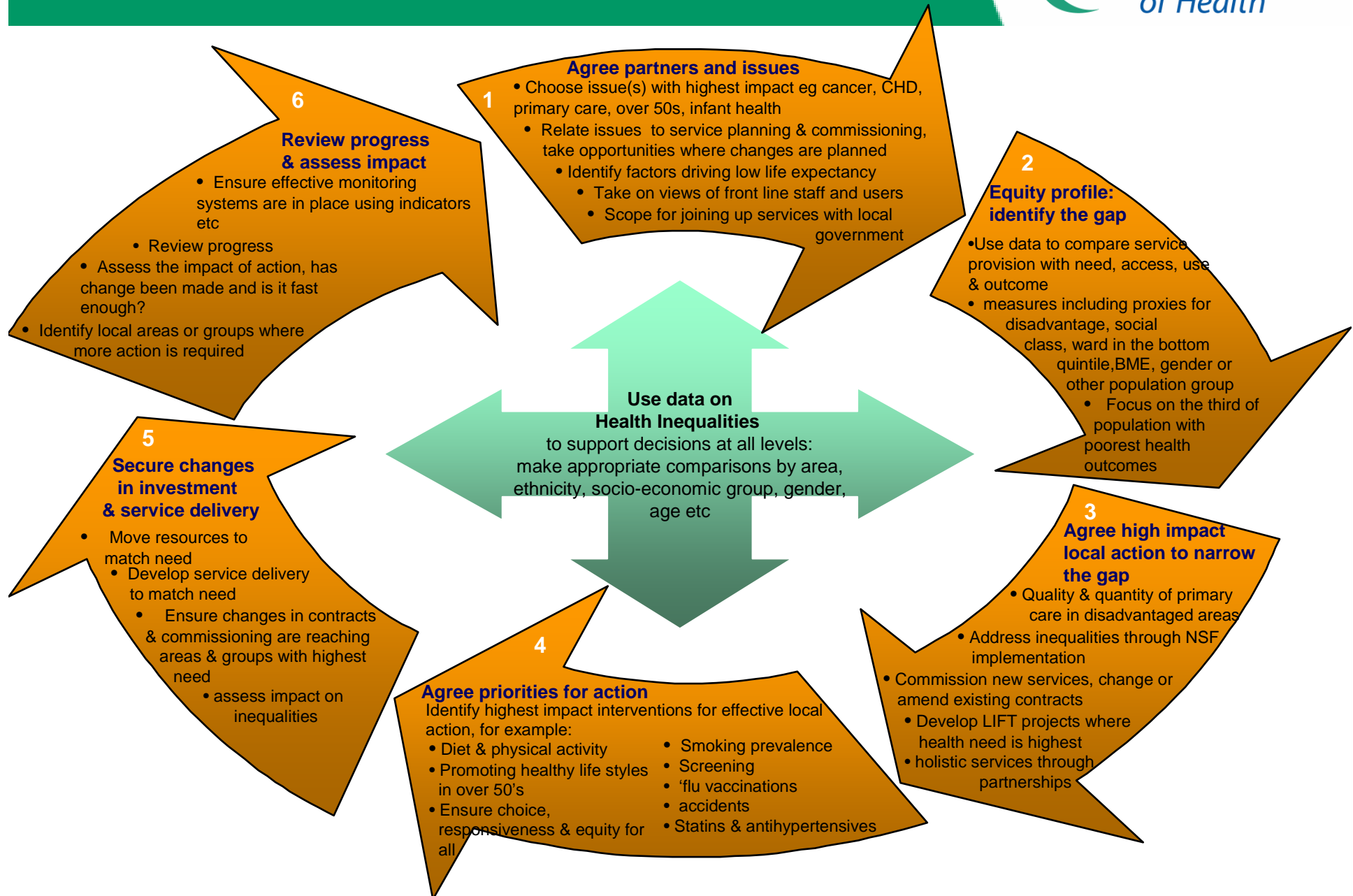
New life expectancy in years	Male 73.0	Female 78.4
New life expectancy gap	4.6%	3.1%
Effect of interventions on life expectancy gap	4.5% narrowing	3.4% narrowing
Absolute change in all-age all-cause mortality rate	13.8 decrease	5.2 decrease



# Tools: Programme Budgeting – CVD Correlation



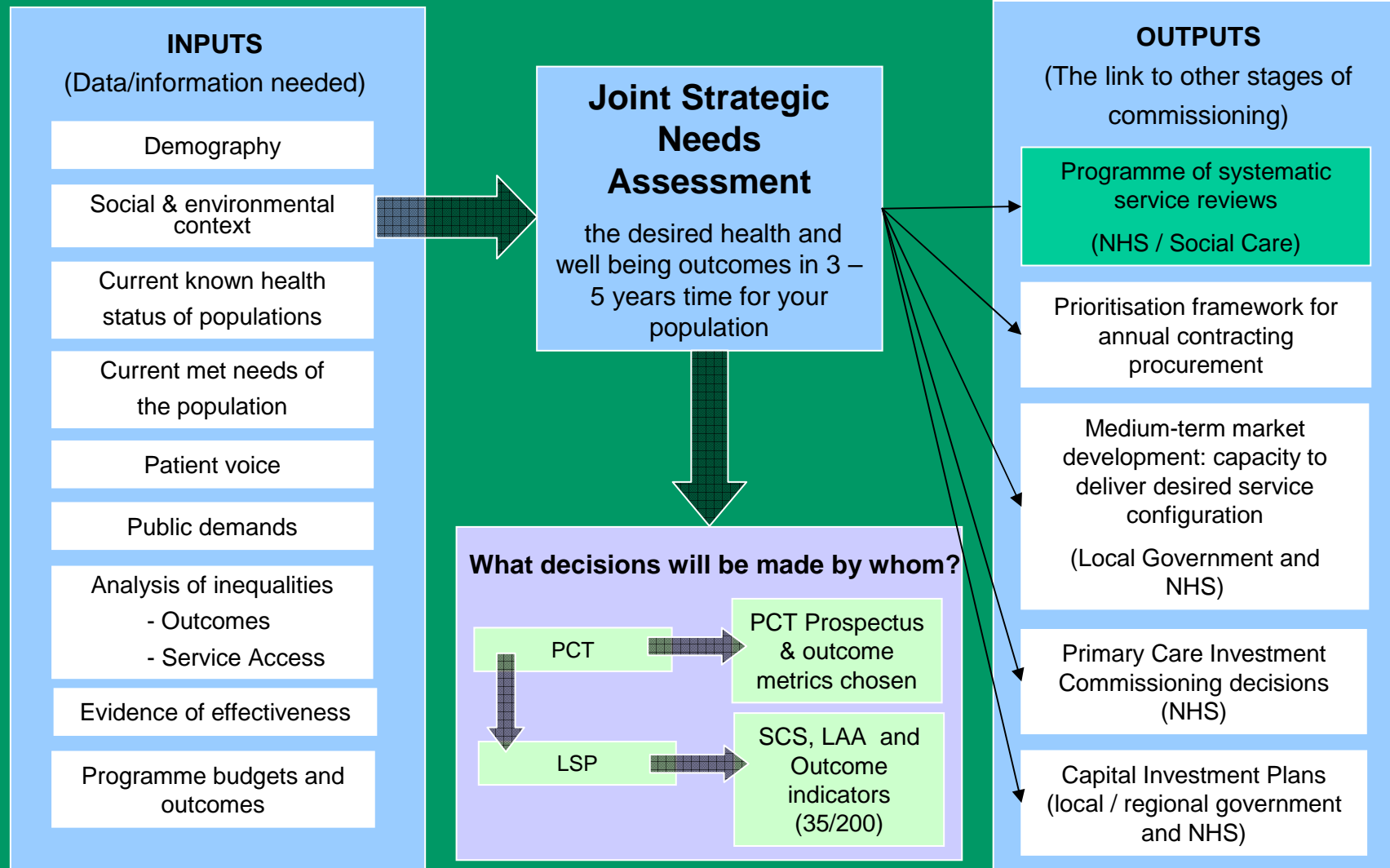
# Local Planning: Health Equity Audit



# Joint Strategic Needs Assessment

- **Key building block of the commissioning process**
- **Will be a duty of the local authority and the PCT (DPH, DASS, DCS)**
  - LAA and local targets based on the SNA
- **Must be focussed on outcomes**
- **Must be focussed on the future**
  - 3-5 years: improvements in outcomes/reductions in health inequalities
  - 5-15 years: for major infrastructure planning (transport, housing, healthcare facilities)
  - 1 year: contractual changes at frontline / PBC level

# JSNA and the Commissioning Cycle



# Life Check

Early Years Life Check

Teen Life Check

Mid-Life Life Check



HM Government

**Our health, our care, our say:**  
a new direction for community services

Health and social care working together in partnership

Teen Life Check - Home - Microsoft Internet Explorer

Address: http://nlc.ned2know.co.uk/(S(cagyaawf33zsz554n1o4b))/Default.aspx

## Teen LifeCheck

Check it before you wreck it

[ASK DR ANN](#)

Do the Life Check to check out your life and see how you're getting on. Find out what help you can get, if you want to. This is not a test. There are no right or wrong answers. And no-one will see what you've written. So be honest with yourself.

How Old Are You?  
Select Your Age...

What is the first part of your postcode (eg. LE1, NG2, SW14)? This means we can direct you to local services should you want to use them. It doesn't allow us, or anyone else, to identify you.

Supported by NHS and ned2know.co.uk

**GIRLS** > START HERE

**ARE YOU A GIRL OR GUY?** <- ENTER HERE ->

**GUYS** > START HERE

**NHS choices** your health, your choice

Condition, hospital or postcode  [search](#)

## Our good health...

is exactly what this site's all about. It's full of information and advice to help anyone choose a healthier way of life.

**Give a little, get a lot**  
To receive information and advice that's tailored around you, just type in a few details. [Personalise my choices](#)

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Get more out of life with lots of great ideas to help you eat, sleep and breathe just a little more freely.

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The latest facts, figures and insider information in one place, it's easier to choose the ideal health service for you.

[find out more](#)

Recommended Links: NHS Direct, My HealthSpace, Choose a Book, NHS Scotland, NHS Wales, NHS Northern Ireland, About Choices, About the NHS, Site notes, Accessibility, Contact Us, Legal Disclaimers

# NHS Health Trainers

## National agenda – local delivery

- Lifestyle not social determinants of health
- Focus on health inequalities
- Not another ‘professional’ advice giver
- Visible and accessible
- Engage with people where they are to be found
- Motivate, support, set goals, overcome barriers
- Competent to practice

# What we think health trainers do:



## *What is a Health Trainer?*

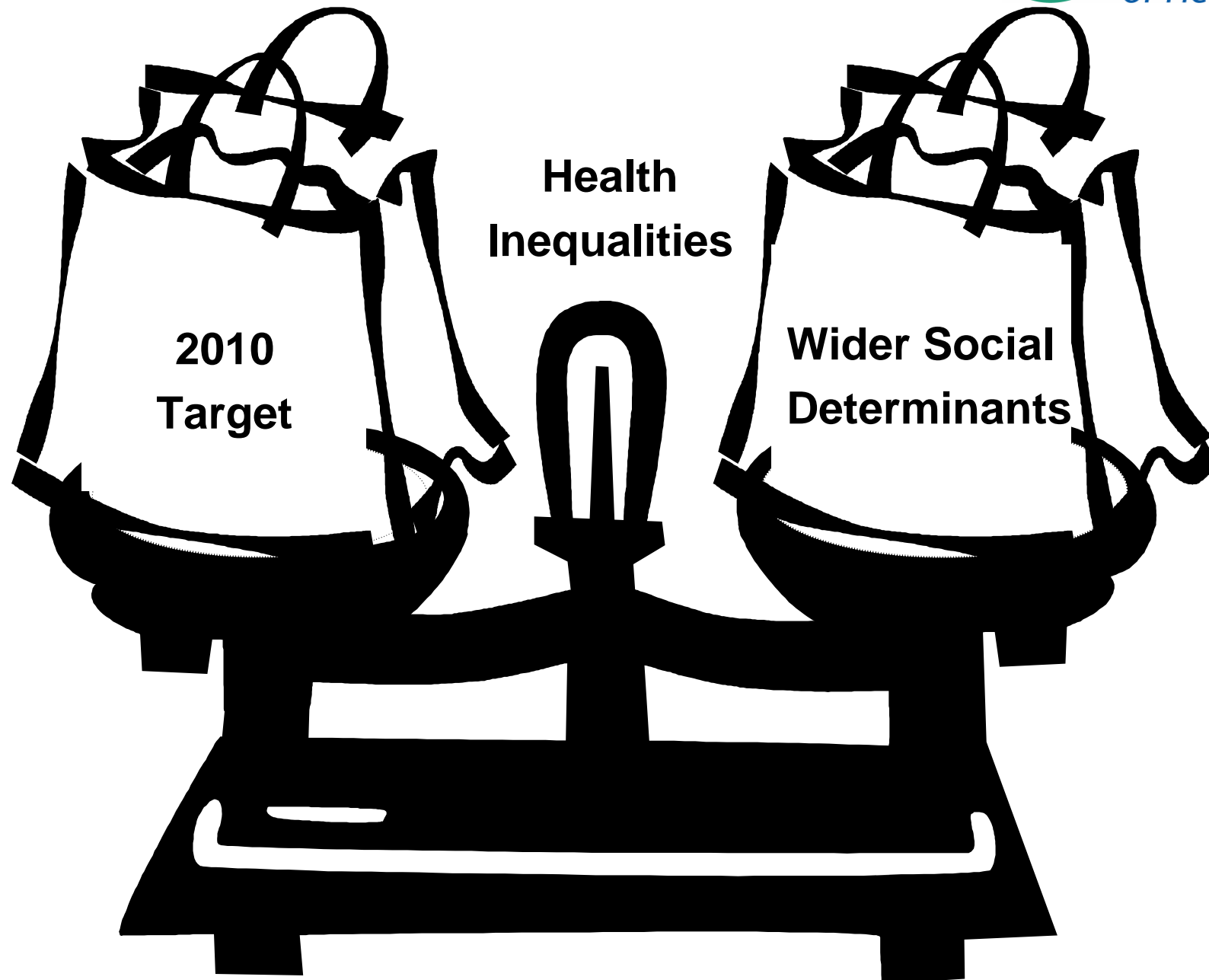
- A key tool in addressing Health Inequalities.
- Drawn from the local community or knowledgeable about the community they will serve.
- Either paid or unpaid within the NHS or be part of a 3rd party partner organisation
- They will be:
  - trained in a variety of settings, determined according to local requirements, including classroom-based learning and on the job training.
  - accredited locally in the first instance and, once the appropriate mechanisms are in place, nationally.
  - either identify, or have referred to them, appropriate 'clients' drawn from hard to reach, disadvantaged groups. Clients can self refer too
  - work with those clients 1:1 to assess their lifestyle and wellbeing and identify any areas they wish to work on
  - work with the client to set goals, agree an action plan and provide individual support where necessary focussing on behaviour change
  - monitor and review their clients progress and revise the plan where necessary to meet the clients goals
- There are many examples where health trainers are delivering their service within different settings.

# National Support Team for Health Inequalities

- We have developed a National Support Team (NST) for Health Inequalities
- The NST aims disseminate best practice across all Spearhead areas, and to provide intensive support to those areas that need it
- The NST use a diagnostic tool which is used to systematically identify gaps in current provision and use of services
- The recommendations made by the NST form the core of local action on health improvement and reducing health inequalities



# Achieving Balance



# Achieving balance – infant mortality



## **NHS actions**

- Provision of high quality, safe maternity and paediatric care
- Promotion of early access to antenatal care
- Provision of smoking cessation services
- Support to breastfeeding
- Advice regarding prevention of sudden unexpected deaths in infancy
- Screening and immunisations

## **Action on wider determinants**

- **Department of Work and Pensions**  
Meeting the 2010 and 2020 child poverty target
- **Communities and Local Government**  
Reducing overcrowding
- **Department for Children, Schools and Families**  
Reducing under 18 conception rate  
Promotion of healthy diet and exercise

# Lessons Learned

1. Targets can help focus action but are not enough
2. Local engagement is key
3. Tell a good story....

# Next Steps

- Comprehensive strategy for reducing health inequalities
- Our NHS Our Future
- New PSA on promoting better health and wellbeing



# Web addresses

- **Health Inequalities Intervention Tool**
  - [www.lho.org.uk/HEALTH\\_INEQUALITIES/Health\\_Inequalities\\_Tool.aspx](http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx)
- **Commissioning framework for health & Well being**
  - [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_072604](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604)
- **Programme Budgeting**
  - [nww.nchod.nhs.uk](http://nww.nchod.nhs.uk)
- **Health Equity Audit**
  - [www.dh.gov.uk/healthinequalities](http://www.dh.gov.uk/healthinequalities)
- **Health Poverty Index**
  - [www.hpi.org.uk](http://www.hpi.org.uk)

## Contact:

- **Dr Marilena Korkodilos**
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