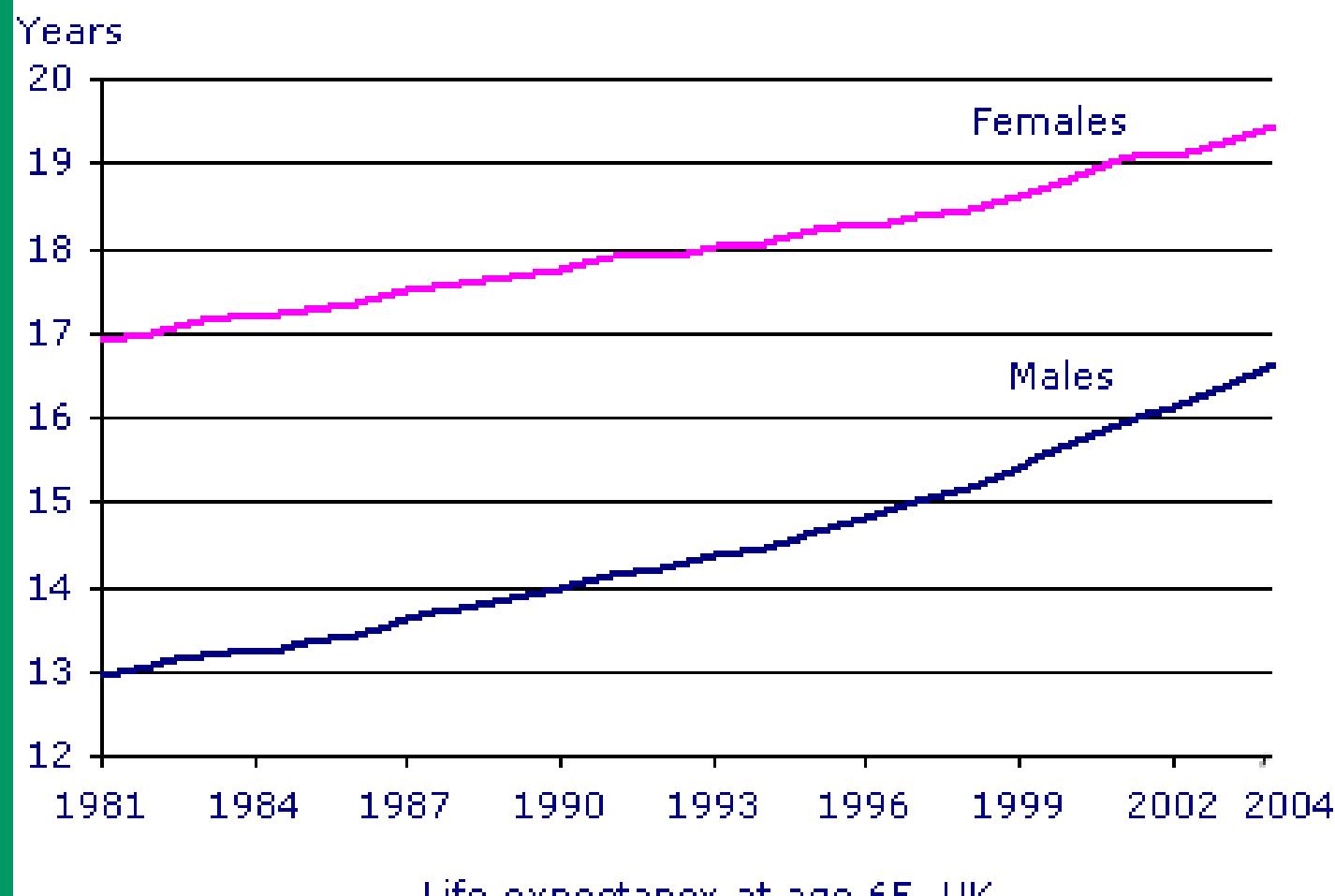


Strategies and experiences to tackle health inequalities in England

Dr Marilena Korkodilos
Consultant in Public Health Medicine
Health Inequalities Unit
15th November 2007

Life expectancy is increasing...

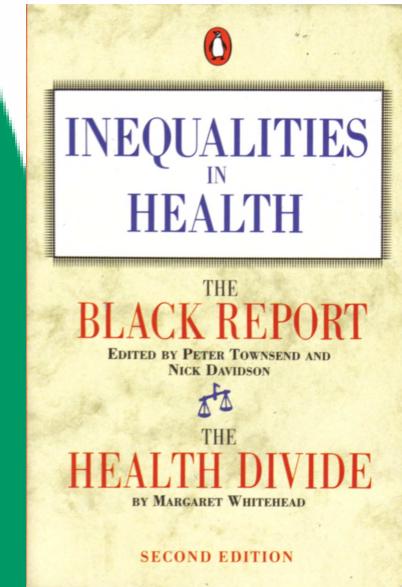


And Health Inequalities....



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

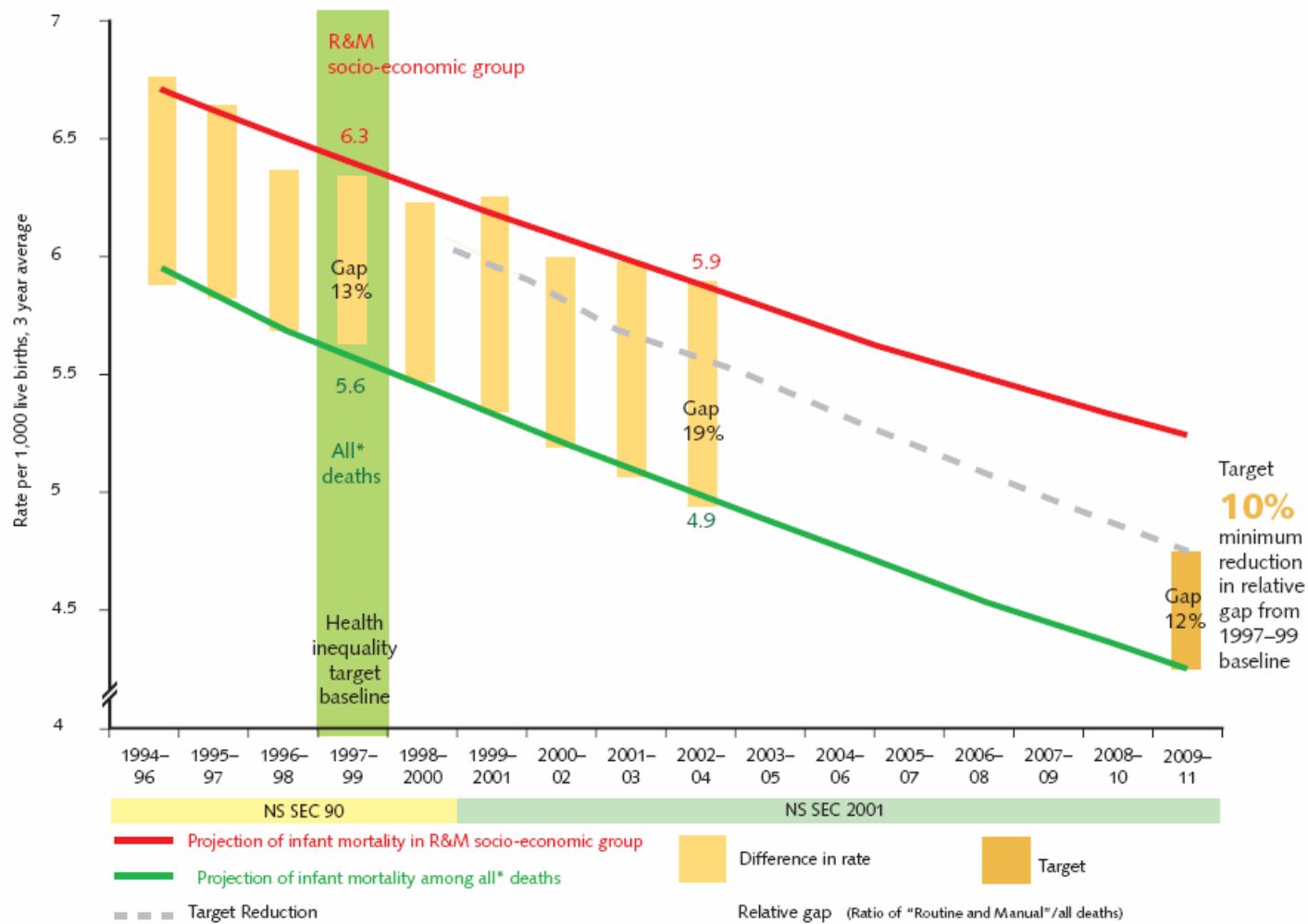
- *Starting with Local Authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the “worst health and deprivation indicators” and the population as a whole*

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

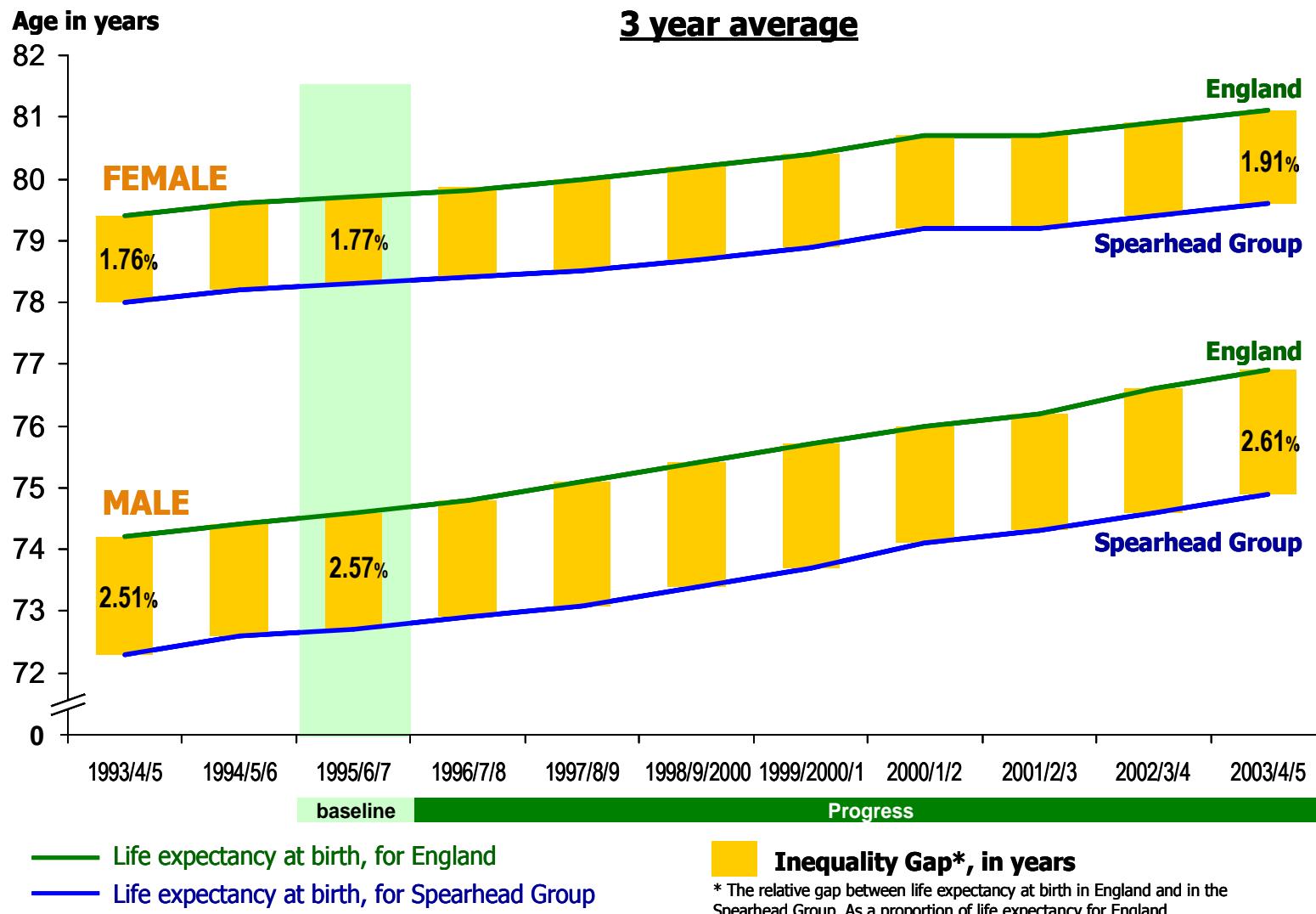
Infant Mortality



*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



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?

13,700

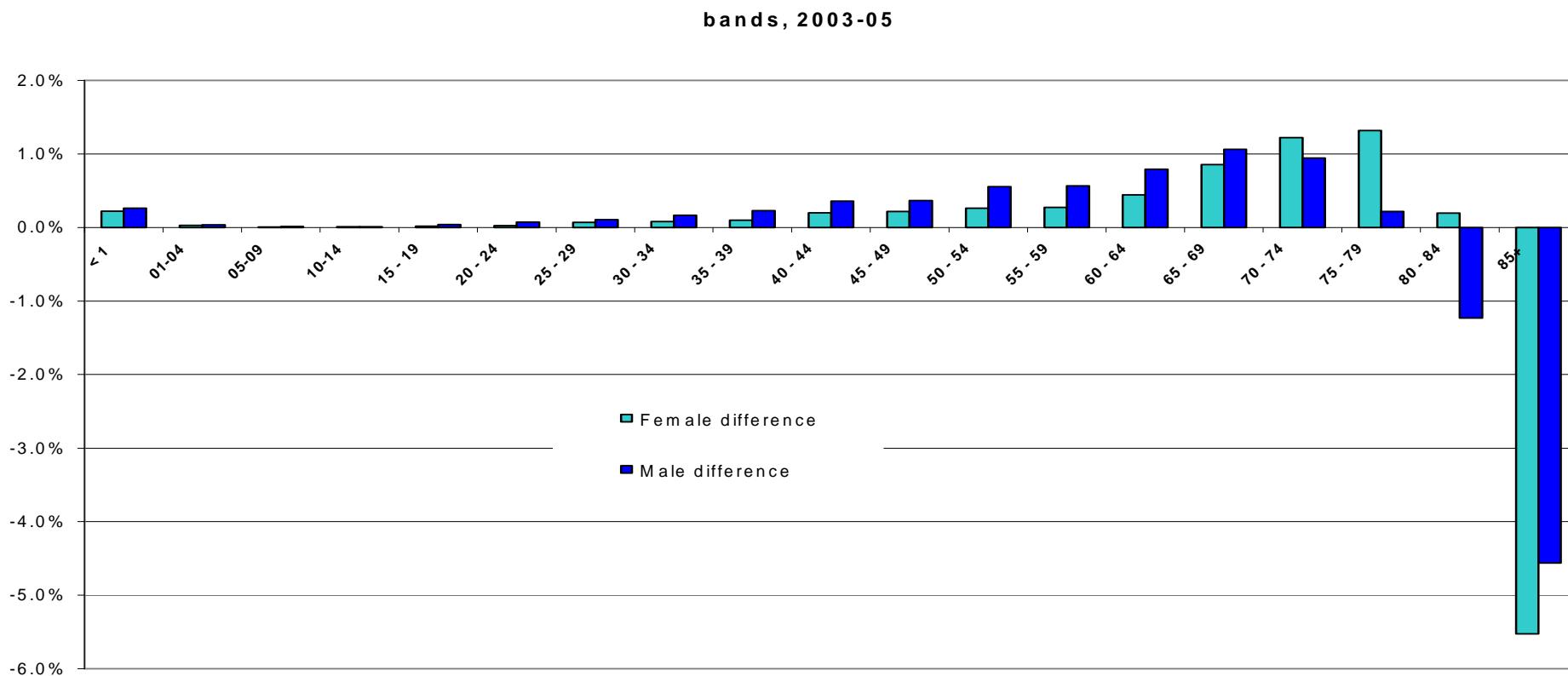


**early deaths in
Spearhead areas**

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



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

1.0%

1.4%

2.0%

2.8%

2.8% +

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

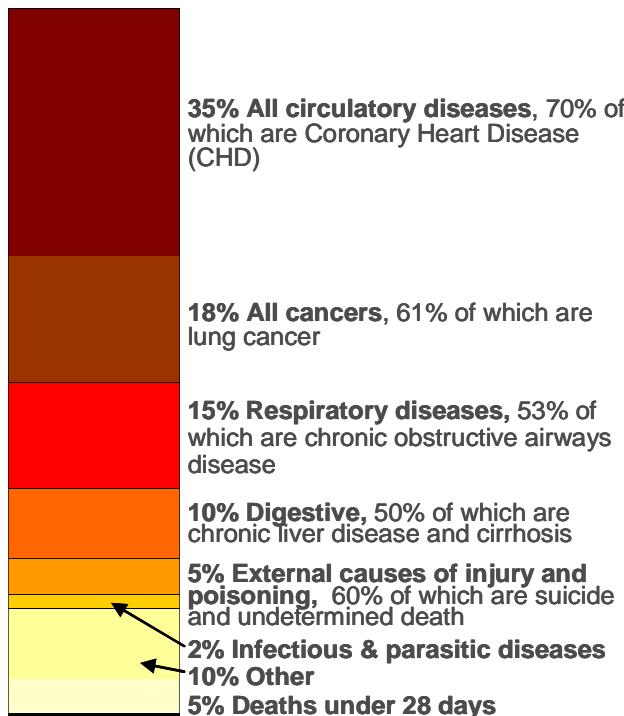
This illustrates a **set of interventions**, which could make a **significant** contribution towards narrowing the infant mortality gap by 10%.

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:

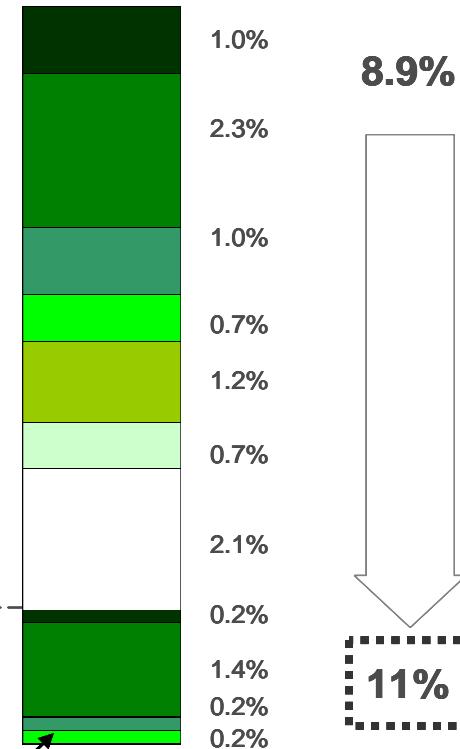
- Smoking cessation clinics: double capacity in Spearhead areas for 2 years
- Secondary prevention of CVD: additional 15% coverage of effective therapies in Spearhead areas 35-74 yrs
- Primary prevention of CVD in hypertensives under 75yrs:
40% coverage antihypertensives
statin therapy
- Primary prevention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

Universalist:

*locally determined

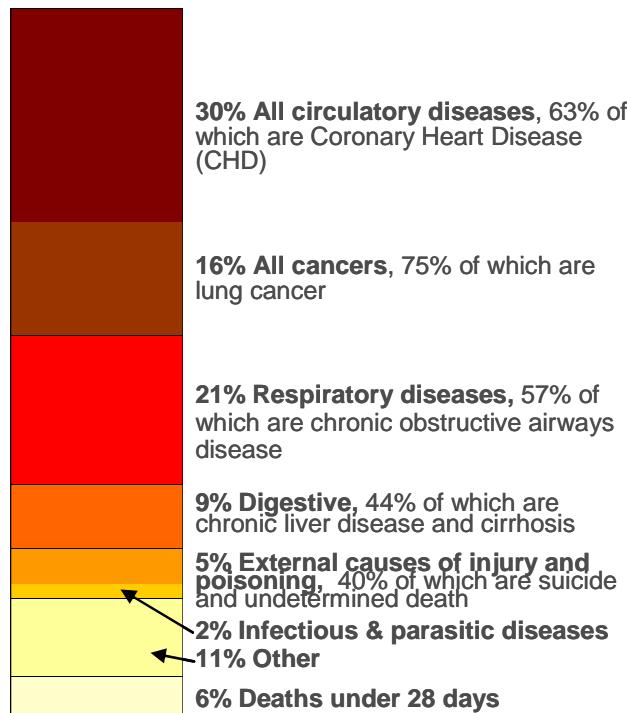
- Smoking reduction in clinics – as at present
- Secondary prevention of CVD: 75% coverage of 35-74yrs
- Primary prevention of CVD in hypertensives under 75 yrs:
20% coverage antihypertensive
statin therapy

The Impact – for males



And for females ?

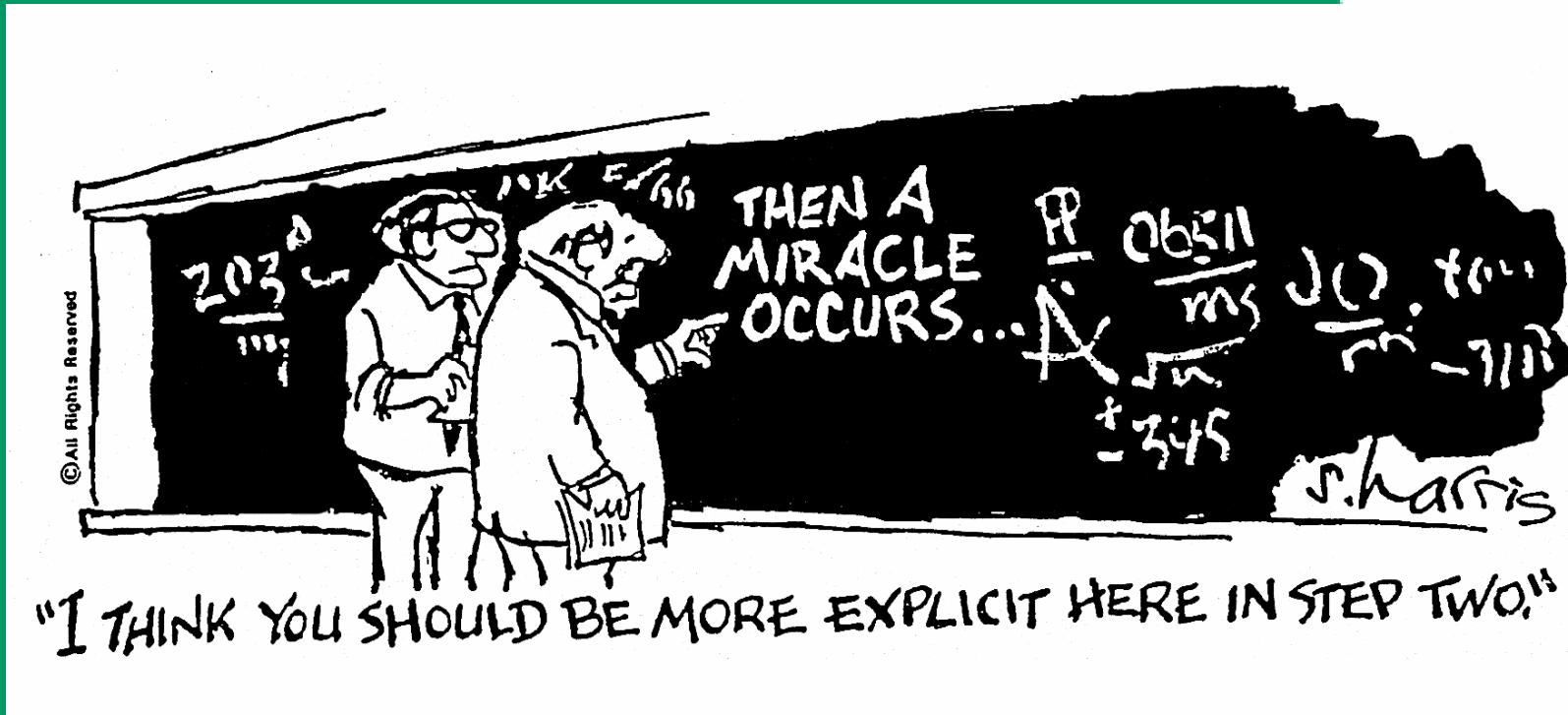
The Gap – for females



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%
III 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	..	..
Total	100.0%	100.0%

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%
Total	100.0%	100.0%

Local Planning: Model what to do about it



PROTOTYPE

Health Inequalities Intervention Tool

STEP 1 - Select local area:
OOEY Blackpool UA

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

INFANT MORTALITY
What do you want to reduce infant deaths to? Male 10 Female 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 0% Female 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 0% Female 0%

Calculate Results **Go To Instructions** **Go To Home Page**

Current local authority information

Persons	
1,303	

Male	Female
15	8

On track to meet life expectancy target	
at 2002-04	No
at 2003-05	No

Life expectancy in years (2002-04)	
72.8	78.3

Life expectancy gap (2002-04)	
4.8%	3.2%

Results

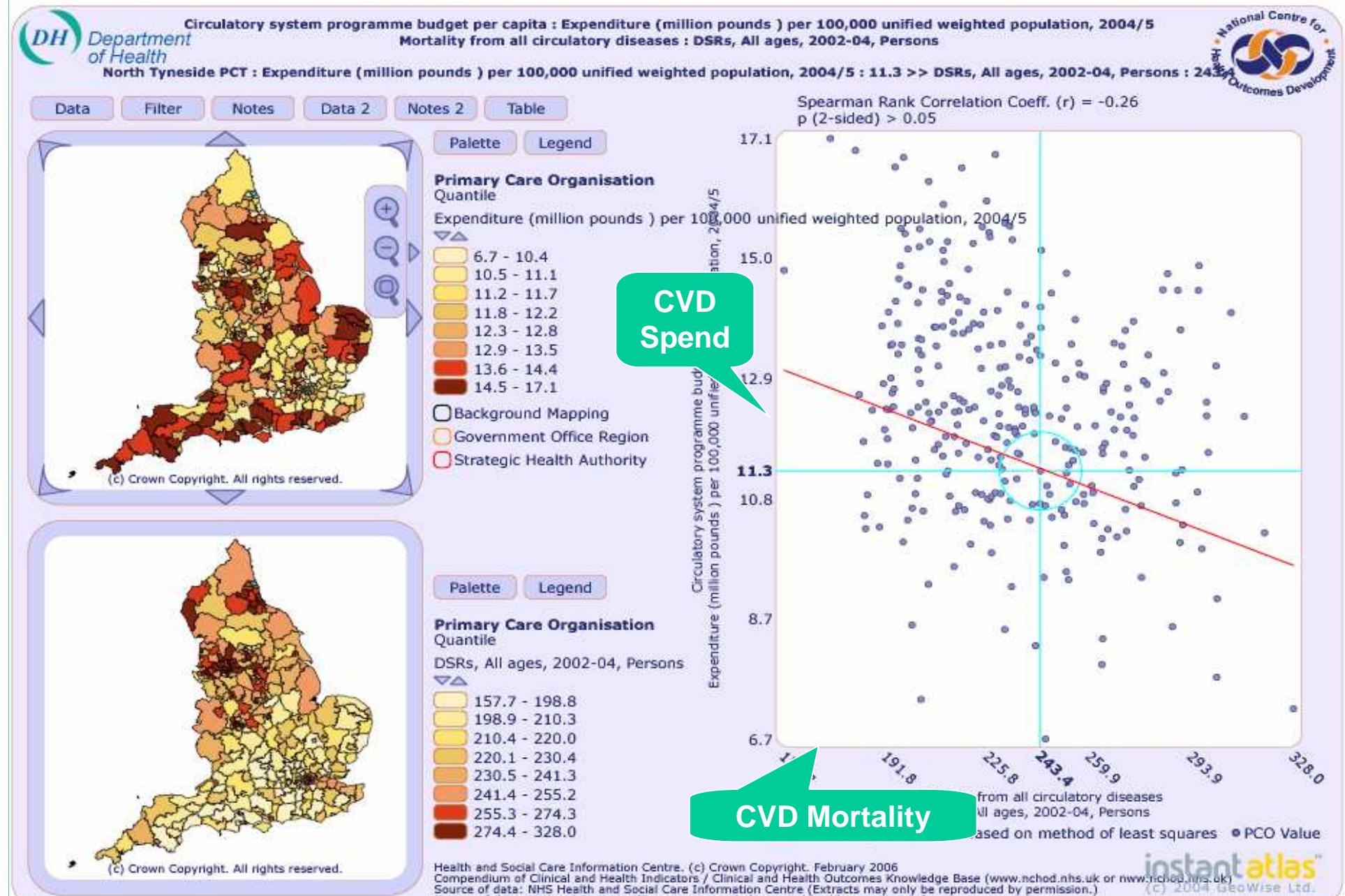
Male	Female
73.0	78.4
4.6%	3.1%

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

Date & Time of Analysis: 20-Feb-2007 12:44 model v23

Tools: Programme Budgeting – CVD Correlation



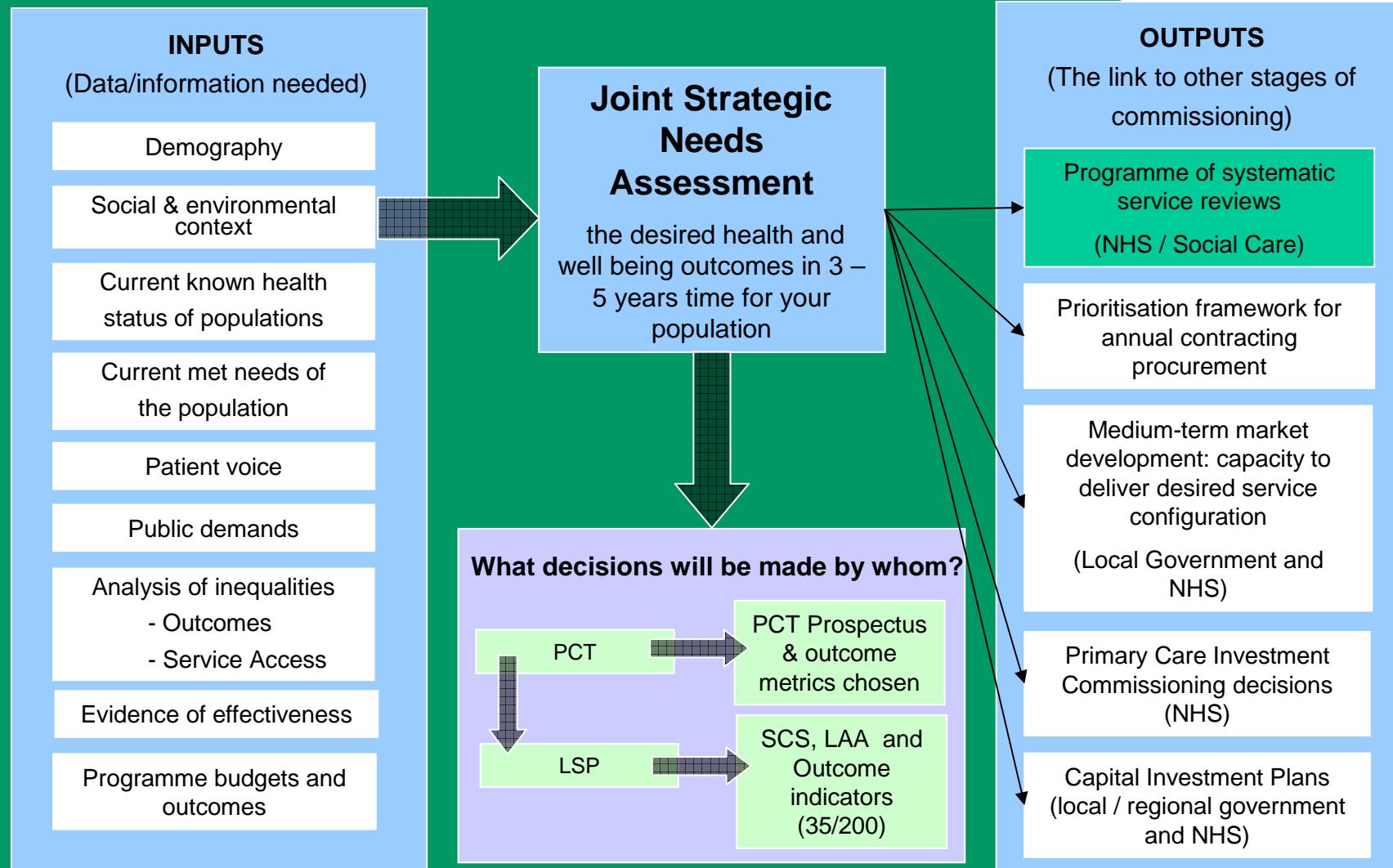
Local Planning: Health Equity Audit



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



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?

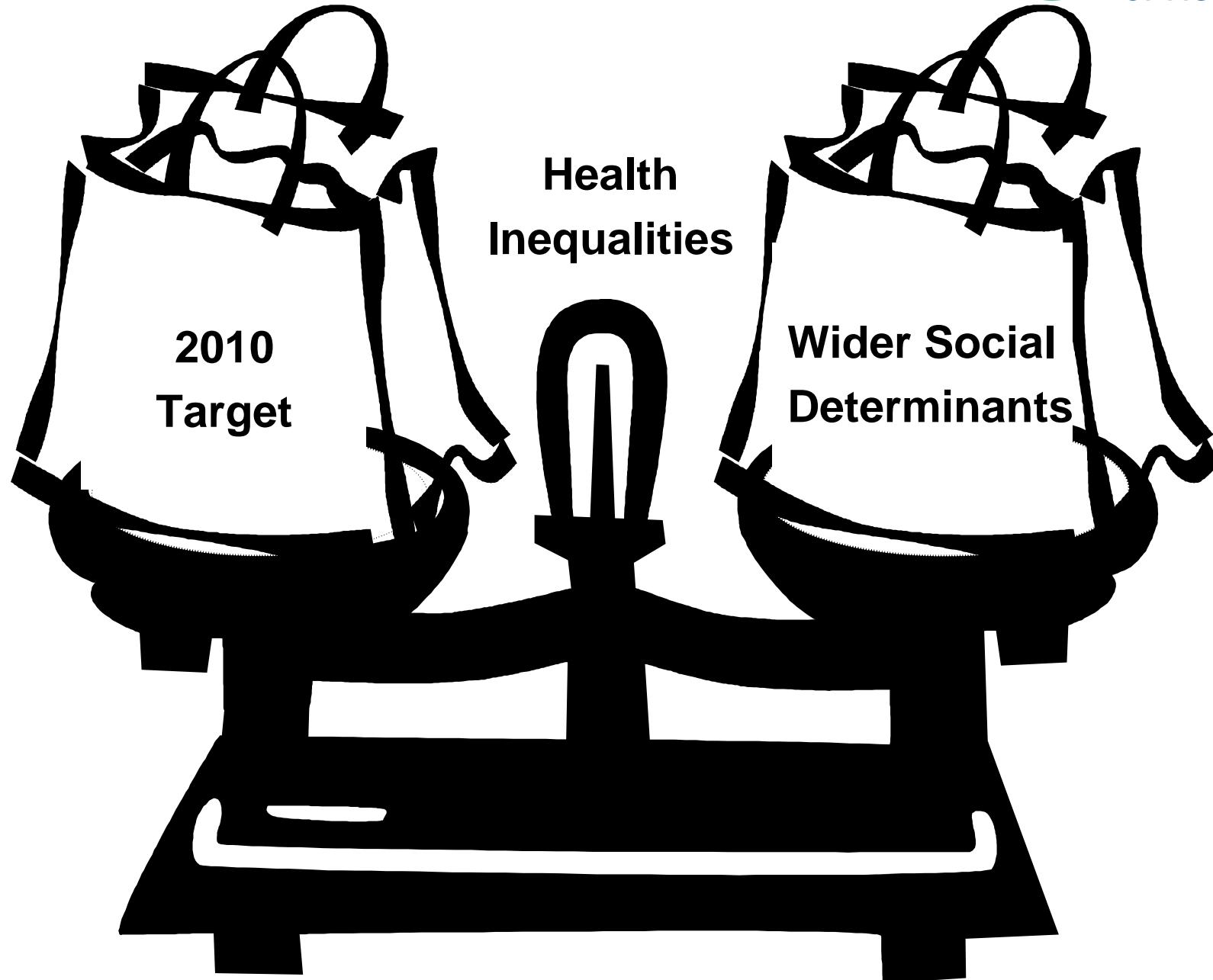
- A key tool in addressing Health Inequalities.
- Drawn from the local community or knowledgeable about the community they will serve.
- Either paid or unpaid within the NHS or be part of a 3rd party partner organisation
- They will be:
 - trained in a variety of settings, determined according to local 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
- **Commissioning framework for health & Well being**
 - www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604
- **Programme Budgeting**
 - www.nchod.nhs.uk
- **Health Equity Audit**
 - www.dh.gov.uk/healthinequalities
- **Health Poverty Index**
 - www.hpi.org.uk

Contact:

- **Dr Marilena Korkodilos**
- **Health Inequalities Unit**
- **Marilena.Korkodilos@dh.gsi.gov.uk**