

HEALTH AND WELLBEING BOARD

18 JUNE 2013

REVIEWING HEALTH INEQUALITIES IN MEDWAY

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Summary

Reducing health inequalities has been identified as a national and local priority. The briefing paper attached gives an overview and summary information about health inequalities in Medway and identifies potential areas for action. The Board is asked to consider and discuss what areas it might request the Health and Adult Social Care Overview and Scrutiny Committee to consider as part of the review on health inequalities in 2013/14

1. Budget and policy framework

1.1 Medway finalised its first Joint Health and Wellbeing Strategy at the end of 2012. Reducing health inequalities was identified as one of the five key strategic themes for action. In addition, understanding what can be done to reduce health inequalities in Medway has been made the subject of a Health and Adult Social Care Overview Scrutiny Review in 2013/14.

2. Reducing Health Inequalities

2.1. The briefing paper attached as Appendix 1 is largely taken from the Joint Health and Wellbeing Strategy and is set out as follows:

- What are health inequalities?
- Why do we need to take action on health inequalities?
- Health inequalities in Medway
- How do we reduce health inequalities in Medway?

This paper is intended to supply background information to inform the Board's discussion as to what areas should be prioritised for the Health and Adult Social Care Overview and Scrutiny Committee review.

2.2 The Health and Wellbeing Board has also had opportunity to attend a development session given by Peter Goldblatt from the national Marmot Review team on health inequalities to ensure that they are well briefed on the key issues.

3. Legal and financial implications

There are no additional legal or financial implications arising directly from the contents of this report.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Health inequalities are not appropriately identified and reduced	If no additional action is taken it is unlikely that health inequalities will be reduced	Reducing health inequalities has been identified as a key strategic theme in the Joint Health and Wellbeing Strategy 2012-17.	D2

5. Recommendations:

- 5.1. The Board is asked to consider and discuss what areas it might request the Health and Adult Social Care Overview and Scrutiny Committee to consider as part of the review on health inequalities in 2013/14 review on health inequalities in 2013/14.

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Background papers

- Briefing paper on health inequalities in Medway.
- Medway Joint Health and Wellbeing Strategy 2012-2017

1. What are health inequalities

Health inequalities are defined as differences in health status or in the distribution of health determinants between different population groups (World Health Organisation).

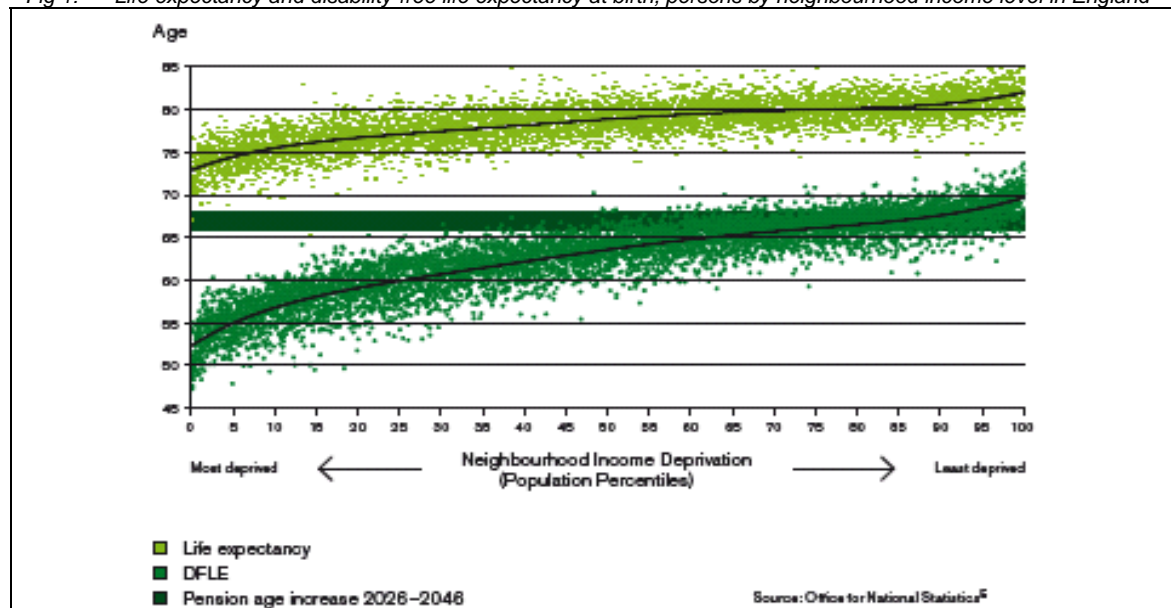
Health inequalities have been identified by socio-economic status, ethnicity, age, gender and disability. While all these are important the main focus of the Medway Joint Health and Wellbeing strategy (which reflects the national focus) is on the inequalities in health due to differences in levels of deprivation or socio-economic status. This should also have an impact on other groups suffering from health inequalities as poor health in any group is often linked to low income and poverty.

Nationally key indicators of health inequalities are the gaps in life expectancy and healthy life expectancy between areas of higher and lower deprivation.

2. Why do we need to take action on health inequalities

As well as the moral imperative to tackle inequalities there is a good business argument to do so. Emergency hospital admissions or more years spent with a long-term illness mean greater costs for health and social care systems. In addition the figure below taken from the Marmot Report shows that when the retirement age is 68 more than three quarters of the population will already be disabled in some way before they reach it. If we wish to have a healthy population working until 68 years, it is essential to take action to both raise the general level of health and flatten the social gradient shown below.

Fig 1: Life expectancy and disability-free life expectancy at birth, persons by neighbourhood income level in England



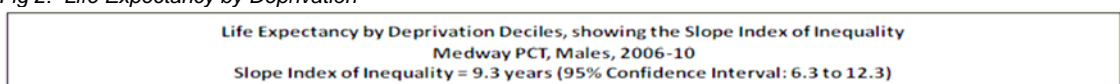
Source: Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010 (Marmot Review)

3. Health inequalities in Medway

In Medway it is not that there is a small group of people in poor health, and the rest of Medway in excellent health. Within Medway the Slope Index of Inequality shows that the difference in life expectancy between the 10% most and least deprived in the population is 9.3 years for men and 4 years for women. Using the slope index of inequality, and charting progression from 2001-2005 to 2005-2010 the female slope index has decreased 11% (so the difference in life expectancy has decreased by that percentage) whilst the male index has increased by 1%.

In fact, as Fig 2 illustrates, health improves incrementally with each step people take up the social ladder of income, education or occupation. This 'social gradient' means even those in Medway with good incomes experience poorer health than those who earn more than them.

Fig 2: Life Expectancy by Deprivation



Further detail is given in the Marmot Review as to which interventions will be effective in taking these policy recommendations and we can use this to guide our choice of actions in this area.

Potential areas of action in Medway could be:

- Identifying and addressing variation in access and treatment to primary care
- GP referral scheme (health and housing)
- Targeted health equity audits to understand and redirect resources appropriately in identified service areas. (Proportionate universalism)
- Employment (access and quality)
- Debt
- Neighbourhood based approaches

In Medway, we want to continue to improve our understanding of who experiences health inequality and be able to tackle it effectively. We know that those who are in difficult social and economic circumstances are more likely to experience poor health. We also know that in addition health inequalities affect groups marginalised because of ethnicity, sexual orientation, gender and disability status, and will look towards tackling the health inequalities associated with these groups.

References

i Greater London Authority London Health Inequalities Strategy 2010

ii WHO; The Solid Facts: The Social Determinants of Health 2nd edition; World Health Organisation 2003