HEALTH AND WELLBEING BOARD

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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

HEALTH INEQUALITIES IN MEDWAY: A BRIEFING PAPER FOR THE MEDWAY HEALTH AND WELLBEING BOARD

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).

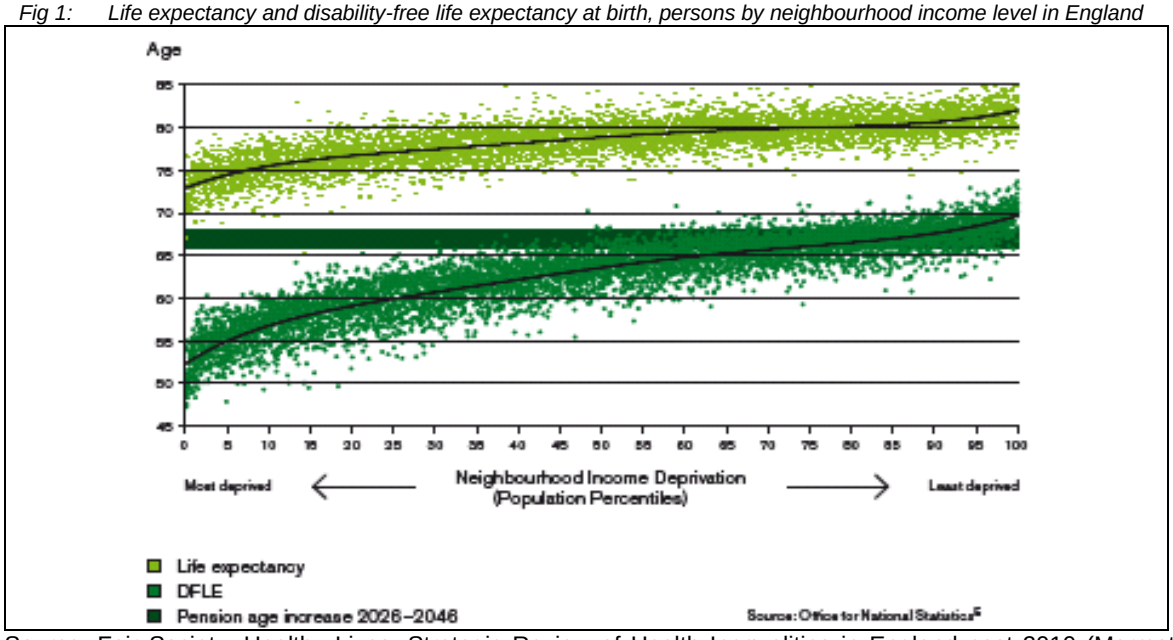
Health inequalities have been identified by socio-economic status, ethnicity, age, gender and disability. While all these are important the main focus of the Medway Joint Health and Wellbeing strategy (which reflects the national focus) is on the inequalities in health due to differences in levels of 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)

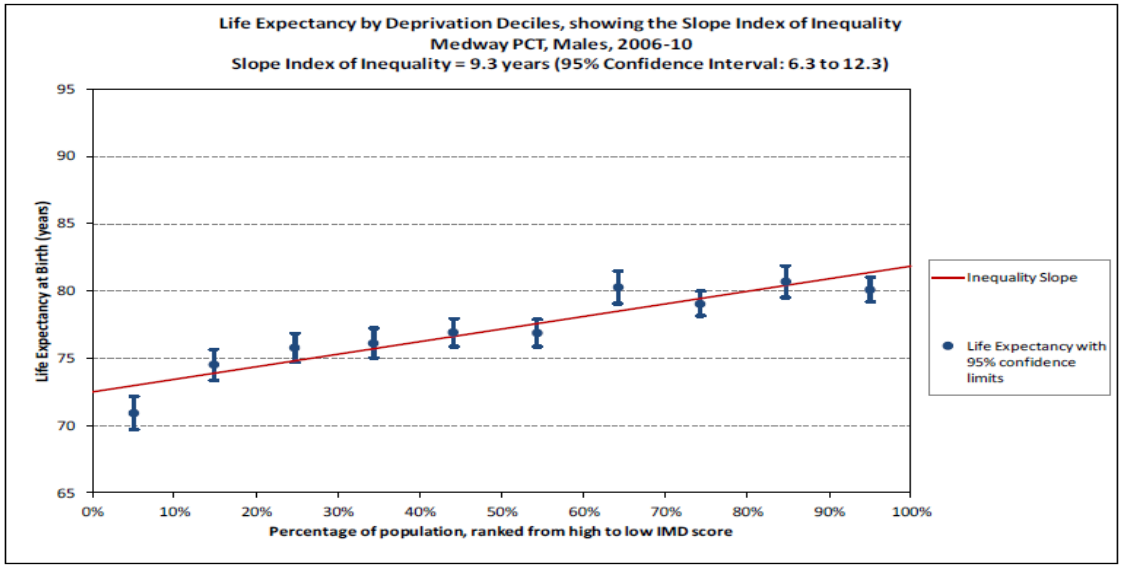
3. Health inequalities in Medway

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.

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.

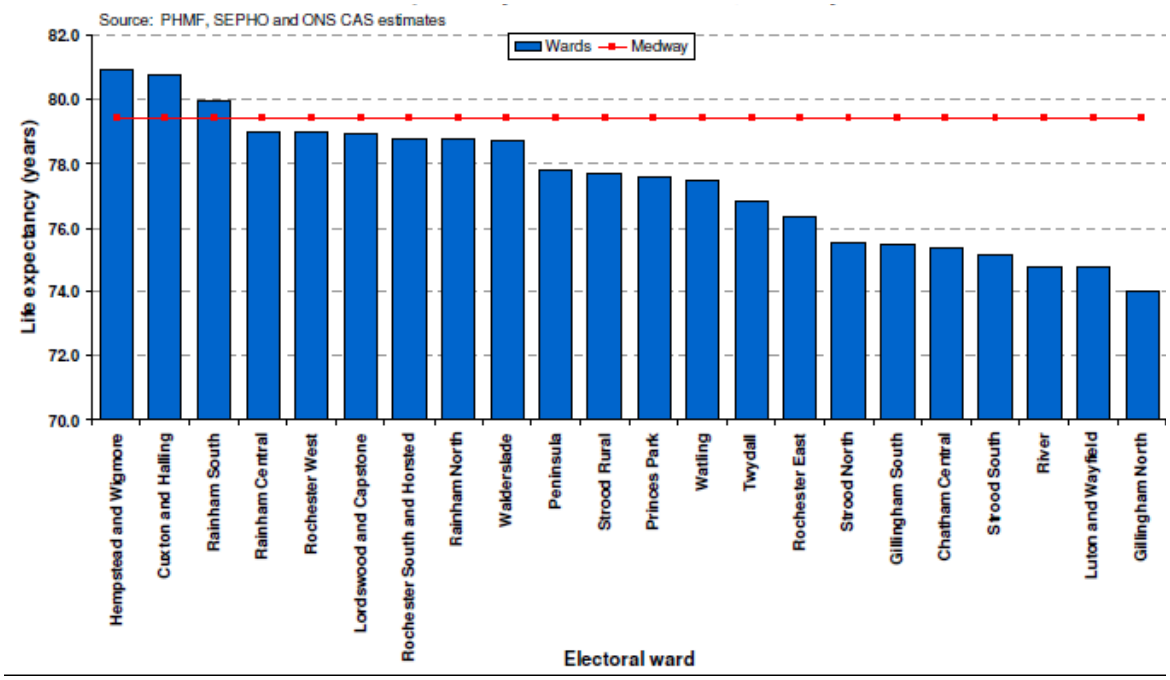
Fig 2: Life Expectancy by Deprivation



Source: Medway Public Health Intelligence Team 2012

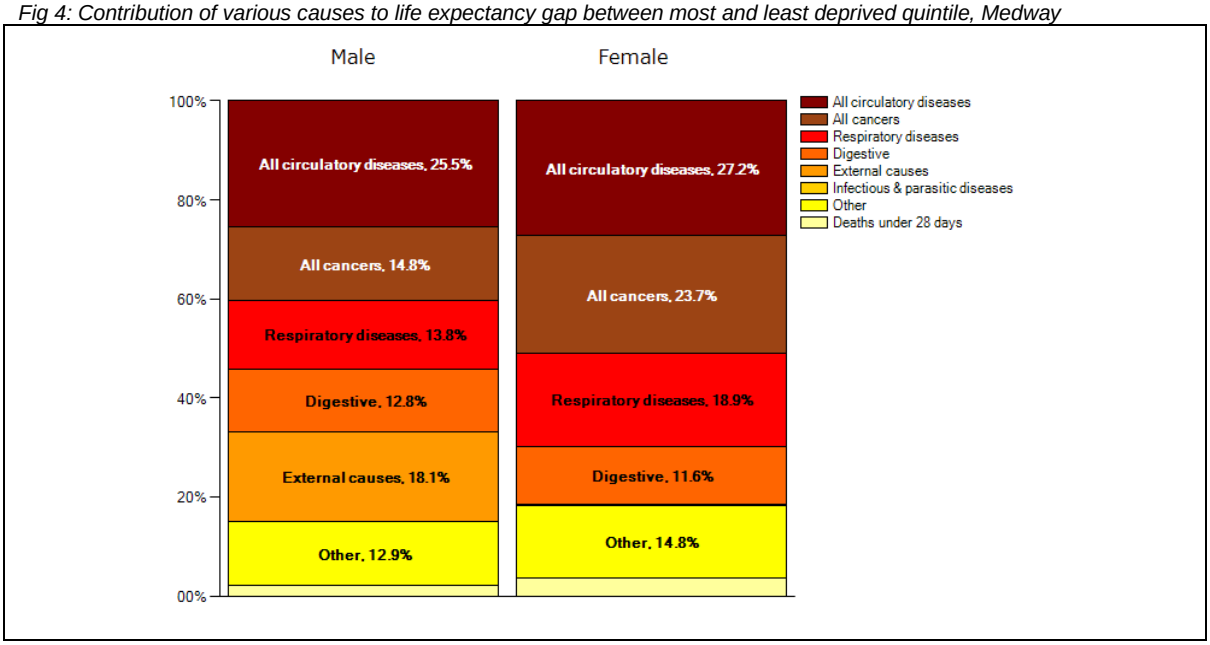
Ward level data displays a similar picture with a 7 year difference in life expectancy between the most and least deprived wards.

Fig 3: Life expectancy at birth – 2006-2010, Medway



The life expectancy gap between the health of the most and least deprived can be directly attributed to higher rates of the major killers with circulatory diseases (heart disease and stroke) making the largest contribution to the gap (fig 4)

Fig 4: Contribution of various causes to life expectancy gap between most and least deprived quintile, Medway



Source NHS Medway Public Health Directorate 2009

The causes of death that contribute most to the equalities gap in Medway for men are coronary heart disease at 1.18 years, followed by lung cancer (0.64yrs), suicide and undetermined injury (0.55 yrs) and chronic obstructive pulmonary disease (COPD).

Social determinants of health have been recognised to be key determinants of health inequalities. These include employment, low income and debt, housing and access to green spaces.

Medway is suffering more than many other parts of the country from chronic and worsening unemployment. In July 2012 the number of people claiming job seekers allowance (JSA) in Medway was 7,203, an increase of just over 300 (4.6%) compared to July 2011. This increase is greater than seen nationally (2.7%) and regionally (0.2%). Unemployment is an important factor driving the health and well-being of a population and this is likely to be playing a key role in the health inequalities seen in Medway.

Fig 5 Links between socio-economic status and health

- *Nearly two thirds of children with emotional disorders live in poverty and the mothers of over half of these children have mental health needs of their own. Research indicates that parents caring for children in disadvantaged circumstances are likely to need additional family support if they are to protect their children from the effects of disadvantage including family stress, and potentially child abuse and domestic violence.*[i]

- *Chronic stress caused by low income is a risk factor for cardiovascular problems and also contributes to the adoption of coping behaviours such as smoking and drinking alcohol.*[ii]

4. How do we reduce health inequalities

The challenge of reducing health inequalities is a substantial one. The evidence shows that for action on health inequalities to be effective it must cover a range of policy areas

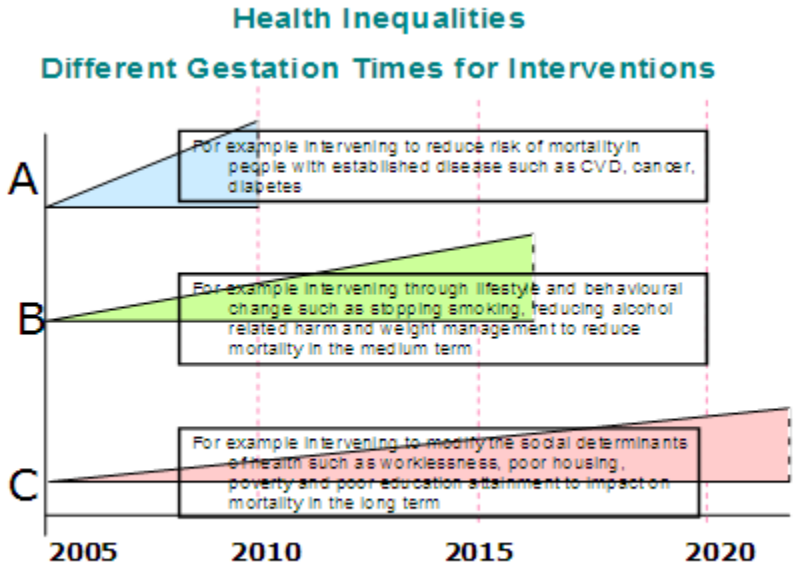
and environments. Only by drawing together action on deprivation in Medway will we break the damaging spiral where people with the fewest resources, the lowest skills and the least social status suffer the most illness and disability and lowest life expectancy. One effective way to tackle health inequalities which we will support is to develop neighbourhood focused work that allows the social determinants of health to be tackled in an integrated way.

Rates of death are higher in those who are more disadvantaged, as are emergency hospital admissions and rates of long-term illness. Health outcomes are not only worse in those who are the most disadvantaged; the inequalities follow a gradient and as such the response also needs to follow a gradient. This means that health and social care provisions need to be made available to all, with increasing effort needed for those who are increasingly disadvantaged.

In order to understand how resources may need to be redistributed we need to carry out equity audits which identify whether resources are currently being distributed according to need. We have done this with the NHS Health Checks and this is one area where we have already identified that additional resource needs to be spent in more deprived areas in order that access to these is improved for all our residents.

Taking action through tackling the wider determinants of health, lifestyle factors and improved health and social care to reduce health inequalities will result in reduced costs for the health and social care system. There are different time spans for the length of time different interventions can take to affect health inequalities and a model giving examples of gestation times in these three key areas is presented in Figure 6. Actions in all 3 areas should lead to a sustained reduction in health inequalities over the next 15 years.

Fig 6: Gestation Times for Health Inequalities Interventions



Source: Presentation Chris Bentley: Head of the Health Inequalities National Support Team 2010

The recent publication Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010 (Marmot Review) has reviewed all the available evidence on what is effective in tackling health inequalities. This focuses largely on the social determinants of health and is based around 6 key policy recommendations for the most effective ways to reduce the health inequalities gap. The policy recommendations are as follows:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all,
- Ensure a healthy standard of living for all,
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

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