Health Inequalities PSA Target:

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

This target is underpinned by two more detailed objectives:

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

- 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.
Life Expectancy is increasing for all but the gap is widening

- it is increasing more slowly in Spearhead areas, so the gap continues to widen
- it is widening more for women than men.

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**Male life expectancy at birth**
England 1993-2005 and target and projection for the year '2010'

- 3 year average
- Target: 10% minimum reduction in relative gap, from 1995-97 baseline

**Female life expectancy at birth**
England 1993-2005 and target and projection for the year '2010'

- 3 year average
- Target: 10% minimum reduction in relative gap, from 1995-97 baseline

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* The relative gap between life expectancy at birth in England and in the Spearhead Group, as a proportion of life expectancy for England.

Source: ONS data, analysed by DH analysts.
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.

**Chart:** Male and female differences in death rates between Spearhead groups and England, 2003-2005.
Some Spearheads are Delivering

Three fifths of Spearhead areas are on track to narrow their own life expectancy with England by 10 percent for either males or females or both.

Progress of Spearhead Group areas against narrowing the local life expectancy gap to England – 2003-05

Note – assessment of on-off track status determined by whether local area is making sufficient progress to narrow the local life expectancy gap with England by 10% by 2009-11
NHS services are key to delivering the target

To deliver the target we need to prevent deaths from early middle age onwards in Spearheads

Cardiovascular disease (mainly coronary heart disease), cancer and respiratory disease account for about two-thirds of the gap.

Action to reduce smoking, control blood pressure and cholesterol will have fast impact, underpinned by effective primary care.
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
Welcome to the Health Inequalities Intervention Tool

This tool is designed to support Spearhead Primary Care Trusts with their Local Delivery Planning and commissioning. It is designed to help achieve the Department of Health (DH) Public Service Agreement (PSA) target for life expectancy.

The DH PSA target on life expectancy aims to by 2010 reduce by at least 10% the gap between the Spearhead areas and the population as a whole.

This tool provides information on the following:

- The current life expectancy in Spearhead local authorities
- The current gap in life expectancy between the Spearhead local authorities and England
- A breakdown of the causes of the life expectancy gap by disease type and age

It allows Spearhead areas to estimate the effect on their life expectancy gap if certain interventions are increased, specifically:

- Interventions to reduce infant mortality
- Smoking cessation
- Antihypertensive prescribing in people without diagnosed cardiovascular disease
- Statin prescribing in people without diagnosed cardiovascular disease

This tool was developed by London Health Observatory and Yorkshire and Humberside Public Health Observatory on behalf of the Association of Public Health Observatories for the Department of Health.
### Local Planning: Health Inequalities Intervention Tool (2)

#### PROTOTYPE

### Health Inequalities Intervention Tool

#### 06FV Blackpool UA

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious and parasitic diseases</td>
<td>0.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>0.8%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>2.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>0.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other cancers</td>
<td>3.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Endocrine, nutritional, metabolic diseases</td>
<td>2.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Mental and behavioural disorders</td>
<td>9.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Diseases of nervous system</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>8.8%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>0.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Stroke</td>
<td>6.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Other cardiovascular disease</td>
<td>8.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3.5%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Chronic obstructive airways disease</td>
<td>5.6%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Other respiratory disease</td>
<td>1.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Stomach/duodenal ulcer</td>
<td>1.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Chronic cirrhosis of the liver</td>
<td>12.3%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Other digestive diseases</td>
<td>4.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Musculoskeletal diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>Ill defined conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Road traffic accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other accidents</td>
<td>9.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Suicide and undetermined injury</td>
<td>12.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Other external causes</td>
<td>0.3%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Deaths under 28 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 yr</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>01 - 04</td>
<td>4.9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>05 - 09</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>10 - 14</td>
<td>2.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>15 - 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 24</td>
<td>3.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>25 - 29</td>
<td>5.9%</td>
<td>2.0%</td>
</tr>
<tr>
<td>30 - 34</td>
<td>5.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>35 - 39</td>
<td>10.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>40 - 44</td>
<td>6.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>45 - 49</td>
<td>2.9%</td>
<td>5.2%</td>
</tr>
<tr>
<td>50 - 54</td>
<td>4.0%</td>
<td>12.4%</td>
</tr>
<tr>
<td>55 - 59</td>
<td>12.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>60 - 64</td>
<td>7.1%</td>
<td>13.0%</td>
</tr>
<tr>
<td>65 - 69</td>
<td>8.6%</td>
<td>8.8%</td>
</tr>
<tr>
<td>70 - 74</td>
<td>5.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>2.4%</td>
<td>10.4%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>4.3%</td>
<td>8.4%</td>
</tr>
<tr>
<td>85 - 89</td>
<td>2.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>90 +</td>
<td>1.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
**Local Planning: Health Inequalities Intervention Tool (3)**

**PROTOTYPE**

**Health Inequalities Intervention Tool**

**STEP 1 - Select local area:**
- Choose an area (e.g., Blackpool LA)

**STEP 2 - View a breakdown of gap by disease and age:**
- Click on "View Your Gap"

**STEP 3 - Select intervention(s) and input user data:**
- **SMOKING CESSION**
  - What is your planned number of quitters in the coming year? 1,600
- **INFANT MORTALITY**
  - What do you want to reduce infant deaths to? Male 10 Female 8
- **ANTIHYPERTENSIVE**
  - What percentage of people with hypertension do you plan to treat with an additional/first hypertensive treatment in the coming year? 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 additional/first hypertensive treatment) 0%

**Current local authority information**

- **Persons**:
  - 4 week smoking quitters achieved in 2005/06: 1,303
- **Number of infant deaths in 2002-04**:
  - Male: 15, Female: 8
- **On track to meet life expectancy target**:
  - No at 2002-04, No at 2003-05
- **Life expectancy in years (2002-04)**:
  - Male: 72.8, Female: 75.3
- **Life expectancy gap (2002-04)**:
  - Male: 4.8%, Female: 3.2%

**Results**

- **New life expectancy in years**:
  - Male: 75.0, Female: 78.4
- **New life expectancy gap**:
  - Male: 4.6%, Female: 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
Local Planning:
Programme Budgeting – CVD Correlation

Circulatory system programme budget per capita: Expenditure (million pounds) per 100,000 unified weighted population, 2004/5
Mortality from all circulatory diseases: DSRs, All ages, 2002-04, Persons

Spearman Rank Correlation Coeff. (r) = -0.26
p (2-sided) = 0.05

CVD Spend
CVD Mortality

Data Filter Notes Data 2 Notes 2 Table
Palette Legend

Primary Care Organisation
Quantile
Expenditure (million pounds) per 100,000 unified weighted population, 2004/5

6.7 - 10.4
10.5 - 11.1
11.2 - 11.7
11.8 - 12.2
12.3 - 12.8
12.9 - 13.5
13.5 - 14.4
14.5 - 17.1

Background Mapping
Government Office Region
Strategic Health Authority

Primary Care Organisation
Quantile
DSRs, All ages, 2002-04, Persons

157.7 - 198.8
198.9 - 210.3
210.4 - 220.0
220.1 - 230.4
230.5 - 241.3
241.4 - 255.2
255.3 - 274.3
274.4 - 328.0

North Tyneside PCT: Expenditure (million pounds) per 100,000 unified weighted population, 2004/5: 11.3 >> DSRs, All ages, 2002-04, Persons: 24.8

DH Department of Health

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Local Planning: Health Equity Audit

1. **Agree partners and issues**
   - Choose issue(s) with highest impact e.g., cancer, CHD, primary care, over 50s, infant health
   - Relate issues to service planning & commissioning, take opportunities where changes are planned
   - Identify factors driving low life expectancy
   - Take on views of front line staff and users
   - Scope for joining up services with local government

2. **Equity profile: identify the gap**
   - Use data to compare service provision with need, access, use & outcome
   - Measures including proxies for disadvantage, social class, ward in the bottom quintile, BME, gender or other population group
   - Focus on the third of population with poorest health outcomes

3. **Agree high impact local action to narrow the gap**
   - Quality & quantity of primary care in disadvantaged areas
   - Address inequalities through NSF implementation
   - Commission new services, change or amend existing contracts
   - Develop LIFT projects where health need is highest
   - Holistic services through partnerships

4. **Agree priorities for action**
   - Identify highest impact interventions for effective local action, for example:
     - Diet & physical activity
     - Promoting healthy life styles in over 50's
     - Ensure choice, responsiveness & equity for all
     - Smoking prevalence
     - Screening
     - 'flu vaccinations
     - Accidents
     - Statins & antihypertensives

5. **Secure changes in investment & service delivery**
   - Move resources to match need
   - Develop service delivery to match need
   - Ensure changes in contracts & commissioning are reaching areas & groups with highest need
   - Assess impact on inequalities

6. **Review progress & assess impact**
   - Ensure effective monitoring systems are in place using indicators etc.
   - Review progress
   - Assess the impact of action, has change been made and is it fast enough?
   - Identify local areas or groups where more action is required

Use data on Health Inequalities to support decisions at all levels: make appropriate comparisons by area, ethnicity, socio-economic group, gender, age etc.

Agree high impact local action to narrow the gap.
Local Planning: Health Poverty Index

- **Situation of health**
  - Health status
  - Premature mortality
  - Physical morbidity
  - Health capital
  - Psychological morbidity
  - Quality of social care
  - Appropriate care
  - Access to social care
  - Access to secondary care
  - Effective primary/secondary care
  - Social care resourcing
  - Resourcing for health & social care
  - Work & local environments
  - Home environments
  - Healthy areas

- **Regional prospects**
  - GVA
  - Change in job supply
  - Educational resourcing
  - Social capital
  - Human Capital
  - Local government resourcing
  - Preventative care resourcing
  - Recreation facilities
  - Effective preventative healthcare

- **Local conditions**
  - Education quality
  - Income
  - Wealth

- **Household conditions**
  - Local causes

- **Intervening factors**
  - Spearhead Group: Scaled data, 2003, All ethnic groups
  - Easington: Scaled data, 2003, All ethnic groups
Summary

National Target Geographically Based

National Analysis based on evidence

National Planning & incentives

Local Planning based on national analysis

Joint Local Planning Supported by Tools

Local Health Improvement – narrowing of gaps
Web addresses

- Health Inequalities Intervention Tool
  - www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx

- Programme Budgeting
  - www.nchod.nhs.uk/

- Health Equity Audit
  - www.dh.gov.uk/healthinequalities

- Health Poverty Index
  - www.hpi.org.uk/
Contact:

- Martin Gibbs
- Health Inequalities Unit
- martin.gibbs@dh.gsi.gov.uk
- 020 7972 5109