



Reducing Health Inequalities Toolkit

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Birmingham Progress

- Significant achievements in health improvement in last 8 years – premature deaths CHD down 54% and cancer 19%; greatest in poorest areas
- Life expectancy increased 1.6% in last 6 years; greatest in poorest areas
- Reductions teenage pregnancy 12% since 1998 and accelerating
- 44% schools have Healthy School standard and 57% working towards

Birmingham Baseline

- Slower improvement than other core cities in male life expectancy – gap between worst and best wards widening – now 5 years of life
- Baby in Birmingham 8 times more likely to die in first year than in Surrey – mortality 12.4 per 1000 versus 1.5 per 1000 elsewhere in England
- 1 in 20 16-18 year olds get pregnant
- City characterised by significant deprivation – all but 3 wards in 50% most deprived in England

Inequalities across Birmingham

Source: IMD 2004

1.	Washwood Heath	BEN	11.	Tyburn	BEN
2.	Nechells	HoB	12.	Stechford & Yardley North	BEN
3.	Sparkbrook	HoB	13.	Bartley Green	South
4.	Ladywood	HoB	14.	Hodge Hill	BEN
5.	Lozells & E Handsworth	HoB	15.	South Yardley	BEN
6.	Aston	HoB	16.	Kings Norton	South
7.	Soho	HoB	17.	Springfield	South
8.	Kingstanding	BEN	18.	Acocks Green	South
9.	Shard End	BEN	19.	Billesley	South
10.	Bordesley Green	BEN	20.	Longbridge	South

Health Inequalities across Birmingham

Source: PMA Report

1.	Tyburn	BEN	11.	Aston	HoB
2.	Kingstanding	BEN	12.	Bordesley Green	BEN
3.	Shard End	BEN	13.	South Yardley	BEN
4.	Nechells	HoB	14.	Acocks Green	South
5.	Washwood Heath	BEN	15.	Erdington	BEN
6.	Ladywood	HoB	16.	Stockland Green	BEN
7.	Soho	HoB	17.	Hodge Hill	BEN
8.	Sparkbrook	HoB	18.	Weoley	South
9.	Stechford & Yardley North	BEN	19.	Springfield	South
10.	Lozells & E Handsworth	HoB	20.	Sheldon	BEN

Drivers of Health Inequality

- Health status – LTLI, key conditions
- Health outcomes – mortality rates
- Lifestyle indicators – smoking, falls, obesity
- Determinants – education, skills, income, employment, crime rates, housing
- The Inverse Care law
- **People** experience morbidity and mortality and **geography** reflects not determines its incidence
- Health Inequality is experienced “relatively” (see Runciman) and public perceptions are shaped by that.

The Toolkit:

- Focus is LAA and what will deliver in 3 years: very young and older people
- What works, What has not been tried, Where will it impact most
- Requires very targetted approach at local level
- Requires real ownership and collaboration at strategic (Partnership) level
- Not to be read through – but a kit to apply to real situations
- Constituency Conference Launch – 6 March am

Partnership Messages

- Collective approach to information analysis and management
- Consistent action, evidence-based in own areas of expertise and authority
- Key areas for action:
 - Further significant improvement in education attainment
 - Smoking cessation in older men, pregnant women, Bangladeshi men and those with COPD / CHD
 - Targetted work with younger and teenage mothers

Sheldon

- Aggregate indicator score



- The data analysis highlights scores in the worst two quintiles for indicators in this ward.
- For demographic information Rank 1 = highest number, Rank 40 = lowest number
- For all other indicators Rank 1 = worst result, Rank 40 = best result

DEMOGRAPHIC	Measure	Rank
% People aged 85+	2.34	6
% Pensioner living alone	18.69	2
HEALTH		
Deaths (SMR) all causes, all ages per 100,000 population	3515	8
Premature deaths under 60, all causes per 1000 population	4.5	2
Crude death rates for CHD 2002-2004 <75 per 100,000 population	159.4	5
Colorectal cancer DSR per 100,000 population	37.1	4
Prostate cancer DSR per 100,000 population	17	12
Stomach cancer DSR per 100,000 population	25.1	1
CABG/PCTA admission rates per 100,000	226.7	3
Admission rates from falls >50 years per 100,000 population	459.3	12
Persons killed or seriously injured in RTA's per 10,000 population	5.26	14
Road traffic casualties per 100,000 population	1004.26	14
Smoking Prev.	24.5	12
% People with limiting long-term illness*	21	11
% Households With one or more person with a limiting long-term illness	39.65	16
Teenage births under 18 years per 1000 population	54.1	15
EDUCATION AND BASIC SKILLS		
Key stage 3 % (14 yr old level 5+) Maths	0.63	15
Key stage 1 % (level 2+) Writing	0.63	13
Key stage 4 % (16 yr old 5+ A*-C GCSE)	0.39	3
Key stage 4 % (16 yr old 5+A*-G GCSE)	0.78	7
Proportion of young people not staying on at school post 16	0.41	7
% of people aged 16 - 74 with: Highest qualification attained level 3	6.29	11
% of people aged 16 - 74 with: Highest qualification attained level 4/5	9.17	7

INCOME AND EMPLOYMENT		
Not in worst two quintiles		
CRIME AND SAFETY		
Fear of crime index: Fear of being a victim of crime at home	102	6
Burglary Other Building per 1000 population	6.22	16
Criminal Damage per 1000 population	24.53	11
Sexual Offences per 1000 population	0.29	10
Racial related crime/ incidents per 1000 population	0.36	7
HOUSING		
% council homes meeting Decent Homes standard	0.27	4
% of households without central heating	0.24	13
ABILITY TO ACCESS SERVICES		
No. of GP's per 100,000 population	42	13

Priority issues in this ward are:

- Education
- Basic Skills

Education

Actions likely to impact upon the PSA/life expectancy and infant mortality floor targets for 2010:

- Sponsor and support a programme of personal safety (including road safety, safe secure walking and cycling, and driving safely) in line with the Government's Accident Reduction programme(QW)
- ***Actions impacting on life expectancy in the medium to longer term:***
- Identify and support young carers to ensure their particular educational, health, social and developmental needs are addressed
- All secondary schools in high priority wards should have in post a Home School Liaison teacher whose function is to ensure the greatest possible understanding of the child's educational potential and the opportunities he or she may have of continuing their education after the statutory leaving age.
- All schools in high priority wards should ensure the provision of a balanced school lunch audited to ensure that it satisfies the national lower reference nutrient intake criteria.
- Pre school breakfast facilities should be available in all high priority ward primary schools.
- Recruitment into work experience schemes should be 100% for all post 16-year-old young people not in employment, education or training – such schemes being supported by the local Connexions service.
- All schools with more than 20% free school meals entitlement should have gained the National Healthy Schools award by the end of the academic year 2006/7.

Employment and Basic Skills

- ***Actions likely to impact upon the PSA/life expectancy and infant mortality floor targets for 2010:***
- Health improvement support from paediatric community and primary care staff should be targeted at households where the head of household is workless(**QW**)

- ***Actions impacting on life expectancy in the medium to longer term:***
- More emphasis should be given to programmes for NEET's
- A major investment in developing the social and life skills of young people not in employment, education or training (NEET's) is required.
- A guaranteed entitlement to keyboard and computer literacy training should be advertised for all minimum statutory age school leavers and all teenage mothers under the age of 18.

WWH: Priority issues in this ward

- Management of Long-term conditions
- General Lifestyle
- Smoking Cessation
- Teenage Pregnancy
- Maternal and Child Health
- Education
- Income
- Employment
- Crime and safety
- Housing

Management of Long-term Conditions

Actions likely to impact upon the PSA life expectancy and infant mortality floor targets for 2010.

- An “expert patient’s programme” must be in place for all older people with a ‘long term condition’. **(QW)**
- Targets should be set for recruiting patients with the conditions of COPD; heart failure and angina; stroke and diabetes into the expert patient programme. **(QW)**
- Introduce predictive risk modelling for patients with long-term conditions, using combined data from inpatient, outpatient, A&E and GP practices**(QW)**
- An acute stroke management programme, based on public education, rapid access to trauma and scanning facilities and thrombolytic or surgical interventions within the first three hours should be introduced within the city**(QW)**
- A “quit smoking at 60” campaign, which will add three years of longevity, must be actively promulgated through primary care services and pension and income support services. **(QW)**
- Smoking cessation programmes should target COPD; patients with heart failure and angina; stroke patients and diabetes. **(QW)**

Income

Actions likely to impact upon the PSA/life expectancy and infant mortality floor targets for 2010:

- Neighbourhood surgeries on benefits advice should be extended to all high priority wards(QW)
- Citizens Advice Bureau/Anti Poverty Unit benefit advice programmes should be available in the Outpatients Department of Acute Hospitals and in Children's Centres and Primary Care Health Centres in all high priority wards. (QW)
- Smoking cessation counselling and free NRT offers should be targeted at all lone parents drawing benefit. (QW)

Ten tips for health – Liam Donaldson, 1999

- Don't smoke. If you can, stop. If you can't, cut down
- Follow a balanced diet with plenty of fruit and vegetables
- Keep physically active
- Manage stress by, for example, talking things through and making time to relax
- If you drink alcohol, do so in moderation
- Cover up in the sun and protect children from sunburn
- Practice safer sex
- Take up cancer screening opportunities
- Be safe on the roads : follow the Highway Code
- Learn the First Aid ABC : airways, breathing, circulation

Ten guidelines for Health – Dave Gordon

- Don't be poor. If you can, stop. If you can't, try not to be poor for long
- Don't live in a deprived area, if you do: move
- Be able to afford to own a car
- Don't work in a stressful, low paid manual job
- Don't live in damp, low quality housing or be homeless
- Be able to afford to go on an annual holiday
- Don't be a lone parent
- Claim all benefits to which you are entitled
- Don't live next to a busy major road or near a polluting factory
- Use education to improve your socio-economic position

<http://www.sochealth.co.uk/confs/dgordon.htm>