

# **Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target**

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### DH INFORMATION READER BOX

<b>Policy</b>	Estates Commissioning IM & T Finance Social Care / Partnership Working
HR / Workforce Management Planning / Clinical	
<b>Document Purpose</b>	For Information
<b>Gateway Reference</b>	10897
<b>Title</b>	Tackling Health Inequalities: 2005-07 Data and Policy update for the National Target
<b>Author</b>	Health Inequalities Unit, Department of Health
<b>Publication Date</b>	04.12.08
<b>Target Audience</b>	PCT CEs, SHA CEs, Directors of PH, Local Authority CEs, PCT PEC Chairs, Directors of Finance, Communications Leads, SHA and PCT Directors of Performance
<b>Circulation List</b>	
<b>Description</b>	This document provides an update on progress to meet the health inequalities National Target as measured by infant mortality and life expectancy at birth, by 10% by 2010. It includes an assessment of whether the 70 Spearhead Area local authorities, which map to 62 PCTs, are on track to meet their share of the life expectancy target.
<b>Cross Ref</b>	Tackling Health Inequalities: A Programme for Action (2003)
<b>Superseded Docs</b>	Tackling Health Inequalities: 2004-06 Data and Policy Update for the 2010 National Target
<b>Action Required</b>	n/a
<b>Timing</b>	n/a
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<b>For Recipient's Use</b>	

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First published Date

Published to DH website, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

# **Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target**

**Prepared by Health Inequalities Unit,**

**Department of Health,**

**December 2008**

## Purpose of the Document

The Purpose of this document is to:

- Update the headline figures for the Health Inequalities 2010 National Target as measured by infant mortality and life expectancy at birth using the latest 2005-07 data.
- Update the headline figures for the gap in All Age All Cause Mortality between Spearhead areas and the England average, which is a proxy for the life expectancy target.
- Update on whether Spearhead Local Authorities are on track to meet their share of the life expectancy target.
- Give information on the key drivers and interventions for the infant mortality and life expectancy inequalities gap and
- Highlight enabling tools and support for addressing health inequalities through commissioning and driving up the quality of services for all parts of the community, including disadvantaged groups and areas.

## The Health Inequalities National Target

In 2007, the Department of Health agreed a new Departmental Strategic Objective and Public Service Agreement structure with HM Treasury as part of the 2007 Spending Review. The existing health inequalities National Target was reaffirmed as part of [PSA Delivery Agreement 18](#). The Health Inequalities National Target is to:

**Reduce 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 the routine and manual group and the population as a whole;**
- **starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy at birth between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.**

The target period “2010” is defined as the three-year period 2009-2011 and will include all deaths up to 31 December 2011.

## All Age All Cause Mortality

All Age All Cause Mortality is used as a proxy measure for the life expectancy element of the target and it also includes infant deaths. It is based on the same deaths data as life expectancy, but it is more amenable to performance management, and is particularly relevant at local level. The same All Age All Cause Mortality indicator is contained in both the *NHS Operating Framework - Vital Signs* and the *New Performance Framework for Local Authorities & Local Authority Partnerships: Single Set of National Indicators* in local areas. However, achievement of the life expectancy element of the target remains the ultimate measure of success.

### Spearhead Group

The Spearhead Group consists of the Local Authority areas that are in the bottom fifth nationally for 3 or more of the following 5 factors:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardiovascular disease mortality rate in under 75s
- Index of Multiple Deprivation 2004 (Local Authority Summary), average score

The Spearhead Group is made up of 70 Local Authority areas that map to 62 Primary Care Trusts and contains over a quarter of the population of England (28%) and contains 44% of the Black and Minority Ethnic population of England. The focus of tackling inequalities therefore, is not just on small, specific 'hard to reach' groups. Tackling health inequalities is about major social change.

### A Priority across Government

Health inequalities are fundamentally unfair. That is why the Government has introduced the most comprehensive programme ever seen in this country to address them. In June 2008, the Secretary of State for Health launched '*Health Inequalities: Progress and Next Steps*'. The document highlights successes in reducing inequalities and identifies how effort will be increased to meet the health inequalities 2010 National PSA target for life expectancy and infant mortality.

NHS expenditure is at record levels and deprivation is reflected in NHS financial allocations. *Progress and Next Steps* announced £34million additional spending for health inequalities programmes in 2008-09, including £19m to support local communities in disadvantaged areas working to improve life expectancy and reduce infant mortality quickly in support of the national target. The remaining £15m is focussed on those with the greatest need including children, those living and working in disadvantaged communities and those living with mental health issues. This will also include additional money to provide support for healthier lives.

The document also sets the direction of travel for tackling health inequalities. It commits the government to work together to develop the structures, systems and actions to sustain long-term delivery of our ambitions on health inequalities.

### A Priority for the NHS

Health inequalities remains a priority for the NHS as set out in the NHS Operating Framework, putting the issue, and the target, at the heart of NHS service planning and performance. Making health inequalities a key priority recognises the enormous commitment that exists at local level to **improving life expectancy in the areas with the worst health and deprivation**. It also recognises that **the target is achievable if local action is focused and evidence-based**, with effective accountability and performance management.

### A Priority for Local Government

Local authorities have a crucial role to play in reducing health inequalities. They are well placed to engage with the communities they serve and the range of services they provide impact on the health of all. They provide local community leadership, empower communities, encourage healthy lifestyles and ensure a healthy environment. To do this, they work through their local strategic partnership and local area agreements to implement long-term sustainable strategies that deliver change on the ground, particularly for the most disadvantaged. Joint action between local government and the NHS is vital to improving health and reducing health inequalities, with structures such as overview and scrutiny a means to scrutinise local priorities and plans.

## Infant Mortality

Infant mortality is a good indicator of the overall health of a society, and while rates are at an all time low, and falling, each avoidable death is one too many and significant inequalities still remain. There were 9,846 infant deaths overall in England and Wales in the period 2005-07 – a rate of 4.9 deaths per 1,000 live births. Of those with a valid socio-economic group (8,709), the rate was 4.7 deaths per 1,000. Out of the 8,709 deaths in this category, 43% of these deaths (3,749) were in the Routine and Manual (R&M) group, giving a rate of 5.4 deaths per 1,000 live births in this group.

Tackling health inequalities in infant mortality at local level is complicated by the small number of infant deaths in individual localities. The continuing decline in the overall number of infant deaths seen in most areas obscures the widening infant mortality gap between social groups since the baseline. Many babies are left with long-term health conditions causing untold misery to families. This also has huge financial implications for families, government and society.

An implementation plan was published in December 2007 to improve the prospects of meeting the infant mortality aspect of the health inequalities by focusing on key interventions and sharpening local delivery. The plan extended the list of evidence-base and modelled interventions identified in the review as having an impact on the target.

The Infant Mortality National Support Team (NST) was established in August 2008. It aims to work with areas with the highest burden of Infant Mortality in the routine and manual groups to help deliver the infant mortality element of the target. The Infant mortality NST will also help local areas reduce Infant Mortality in other disadvantaged populations e.g. teenage mothers, single parents, black and minority ethnic groups, the homeless and the unemployed.

Wider cross government action, including at local, regional and national level, will also contribute to meeting the target, as will specific actions that have a direct impact on the target, including work on service delivery through *Maternity Matters* and on factors around ethnicity. Reducing the gap in infant mortality in the routine & manual socio economic group and the England average will also contribute to the life expectancy target.

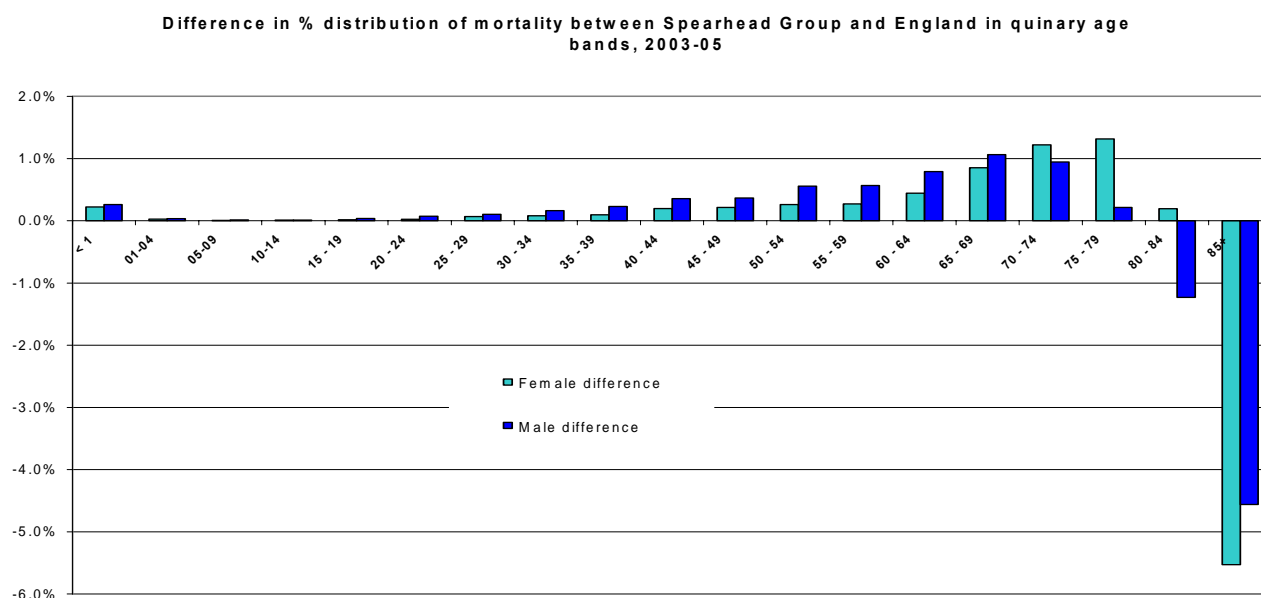
## Life Expectancy

Life expectancy is a fundamental measure of health outcome, and is an internationally accepted summary measure of the overall health of a population. It varies across different geographical areas. Nationally, life expectancy is the highest it has ever been. Since 1995-97, life expectancy for males in England has gone from 74.6 years to 77.7, an increase of three years. For females, it has gone from 79.7 years to 81.8, a rise of 2 years. It has also risen in the Spearhead Group but the increase has been greater on average in non-Spearheads so the gap has not narrowed.

The life expectancy gap means some families losing loved ones earlier than others. Around **13,700 fewer people aged between 30-59 years old would have died in Spearhead Areas** across 2003-05 if death rates had been the same as in the rest of England. To meet the target, action needs to be focussed on preventing the early deaths of people who already have disease or are at high risk. Therefore, the NHS has a crucial role, reducing mortality in the short as well as longer term.

**Figure 1** below demonstrates the thousands of people that are dying prematurely; from infancy and across all age groups (the negative bars indicate that in Spearhead Areas at older ages people will on average have already died). Effective action is essential to prevent this cycle continuing for generations.

Fig.1



## Current Target Performance – Infant Mortality

For infant mortality, the latest figures show **a further slight narrowing in the gap between the “routine and manual” group and the population as a whole, compared with last year.** Over the period since the target baseline (1997-99), the gap had widened, although there have been year-on-year fluctuations in intervening years. The infant mortality rate among the R&M group was 16% higher than in the total population in 2005-07, compared with 17% higher than in the total population in 2004-06, 18% higher in 2003-05 and 19% higher in 2002-04. This compares with 13% higher in the baseline period of 1997-99. The target to narrow this gap by at least 10% by 2010 is still a challenging one, but if the gap continues to narrow at the rate observed since 2002-04, the Infant Mortality inequality target will be met.



**Figure 2** below shows the average infant mortality rates by social class in England and Wales since 1994-96.

Fig. 2

3-year average infant mortality rates<sup>1</sup> by NS SEC90 for 1994-2001, and by NS SEC for 2001 onwards, by NS SEC analytical classes per 1,000 live births

Three-class version	NS SEC90					NS SEC 2001 <sup>2</sup>						
	1994-1996	1995-1997	1996-1998	1997-1999	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
All within marriage /joint reg <sup>3</sup>	5.9	5.8	5.7	5.6	5.4	5.3	5.2	5.0	4.9	4.8	4.8	4.7
Routine and manual	6.7	6.6	6.4	6.3	6.2	6.2	6.0	6.0	5.9	5.7	5.6	5.4
Ratio: routine & manual/all	1.15	1.14	1.12	1.13	1.14	1.17	1.16	1.19	1.19	1.18	1.17	1.14

Source: Office for National Statistics

<sup>1</sup> Infant deaths per 1000 live births

<sup>2</sup> using NS SEC for 2001 and later years' data. NS SEC = National Statistics Socio Economic Classification

<sup>3</sup> Infants born inside marriage or outside marriage jointly registered by both parents.

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

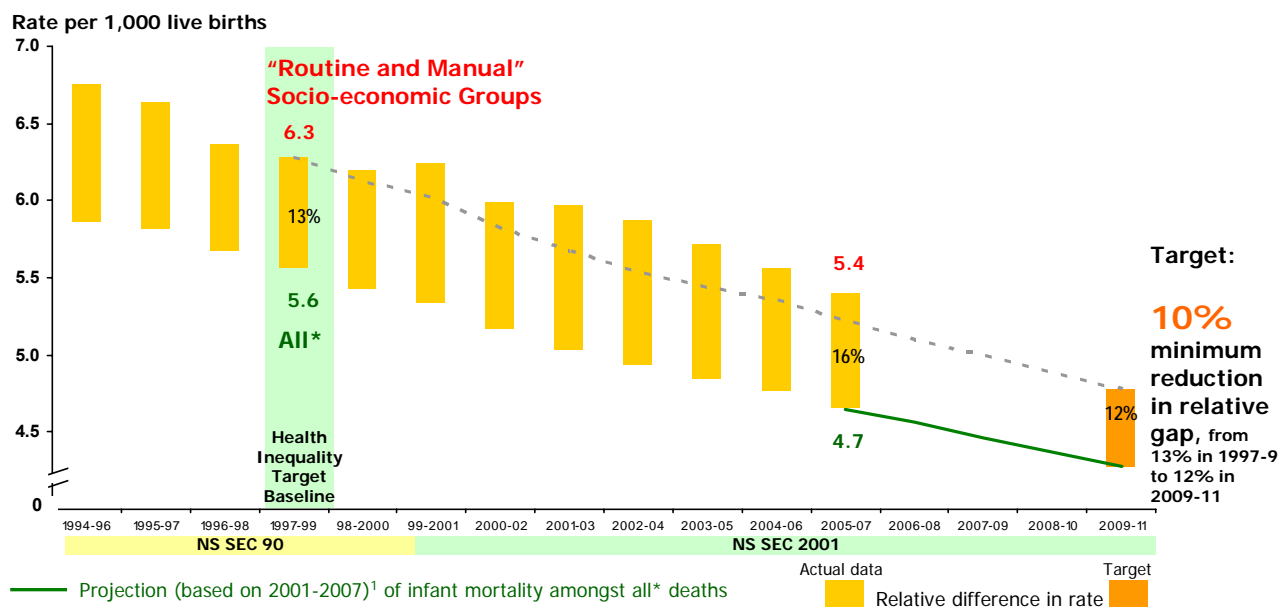
Figures for live births are a 10 per cent sample coded for father's occupation.

**Figure 3** shows the change in the infant mortality gap from 1994-96 to 2004-06 and contains projections to 2009-11 (the end of the National target).

Fig.3

## Infant mortality by Socio-economic Group

England and Wales 1994 – 2007 and target and projection<sup>1</sup> for the year '2010'



<sup>1</sup>Projection of data for the seven years 2001-2007, since NS SEC 2001 was introduced.

\* “All” relate 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 per cent sample coded for father's occupation.

Source: Office for National Statistics



## Current Target Performance –Life Expectancy at Birth

Life expectancy in England and in the Spearhead Group is at record levels. However, the increase in Spearheads is not as great as in non-Spearheads so the gap has not narrowed. For males the relative gap was 4% wider than at the baseline (compared with 2% in 2004-2006), for females 11% wider (the same as in 2004-2006). The 2010 target therefore remains challenging.

**Figure 4** shows the average life expectancy at birth in years for males and females for England and in the Spearhead Group. It also shows the relative gap between England and the Spearhead average, which is the basis of the life expectancy National Target, and, for information, the absolute gap also.

**Fig 4. Life Expectancy at Birth – Males and Females**
**LIFE EXPECTANCY AT BIRTH (LE) (years) – MALES**

Figures in **bold** relate to the target measure

Based on sub-national (abridged) life tables <sup>1</sup>				
Time period	England LE	Spearhead Group LE	Absolute gap <sup>2</sup>	Relative gap <sup>3</sup> (Target measure)
1995-97 (Baseline)	74.6	72.7	1.9	<b>2.57%</b>
1996-98	74.8	72.9	1.9	<b>2.59%</b>
1997-99	75.1	73.1	2.0	<b>2.66%</b>
1998-00	75.4	73.4	2.0	<b>2.63%</b>
1999-01	75.7	73.7	2.0	<b>2.62%</b>
2000-02	76.0	74.1	1.9	<b>2.55%</b>
2001-03	76.2	74.2	2.0	<b>2.61%</b>
2002-04	76.5	74.6	2.0	<b>2.59%</b>
2003-05	76.9	74.9	2.0	<b>2.61%</b>
2004-06	77.3	75.3	2.0	<b>2.63%</b>
2005-07	77.7	75.6	2.1	<b>2.67%</b>
<i>Target (2009-11)</i>				2.32%
<i>Change since baseline</i>	+3	+2.9	+0.2	
<i>Percentage change since baseline</i>				+4%

**LIFE EXPECTANCY AT BIRTH (LE) (years) – FEMALES**

Figures in **bold** relate to the target measure

Based on sub-national (abridged) life tables <sup>1</sup>				
Time period	England LE	Spearhead Group LE	Absolute gap <sup>2</sup>	Relative gap <sup>3</sup> (Target measure)
1995-97 (Baseline)	79.7	78.3	1.4	<b>1.77%</b>
1996-98	79.8	78.4	1.5	<b>1.83%</b>
1997-99	80.0	78.5	1.5	<b>1.85%</b>
1998-00	80.2	78.7	1.5	<b>1.87%</b>
1999-01	80.4	78.9	1.5	<b>1.85%</b>
2000-02	80.7	79.2	1.5	<b>1.85%</b>
2001-03	80.7	79.2	1.5	<b>1.87%</b>
2002-04	80.9	79.4	1.5	<b>1.90%</b>
2003-05	81.1	79.6	1.6	<b>1.91%</b>
2004-06	81.6	80.0	1.6	<b>1.96%</b>
2005-07	81.8	80.2	1.6	<b>1.97%</b>
<i>Target (2009-11)</i>				1.59%
<i>Change since baseline</i>	+2.1	+1.9	+0.2	
<i>Percentage change since baseline</i>				+11%

1. National interim life tables provide the definitive life expectancy figures for England, and are used to monitor progress against the target for overall life expectancy. Sub-national life expectancy data are produced using a slightly different methodology, so for the inequalities target England figures based on the sub-national life tables are used to enable comparison with Spearhead Group figures on a consistent basis. The two sets of figures for England may differ very slightly (normally by less than 0.1 years).

2. Difference in rates between England and Spearhead Group.

3. Difference in rates between England and Spearhead Group as a percentage of the England rate. This is the target measure for the inequality aspect of the target.

**Figure 5** shows the change in the relative life expectancy gap for males from 1993-95 to 2005-07 and contains projections to 2009-11 (the end of the National Target).

**Figure 6** shows the change in the relative life expectancy gap for females from 1993-95 to 2005-07 and contains projections to 2009-11 (the end of the National Target).

Fig.5

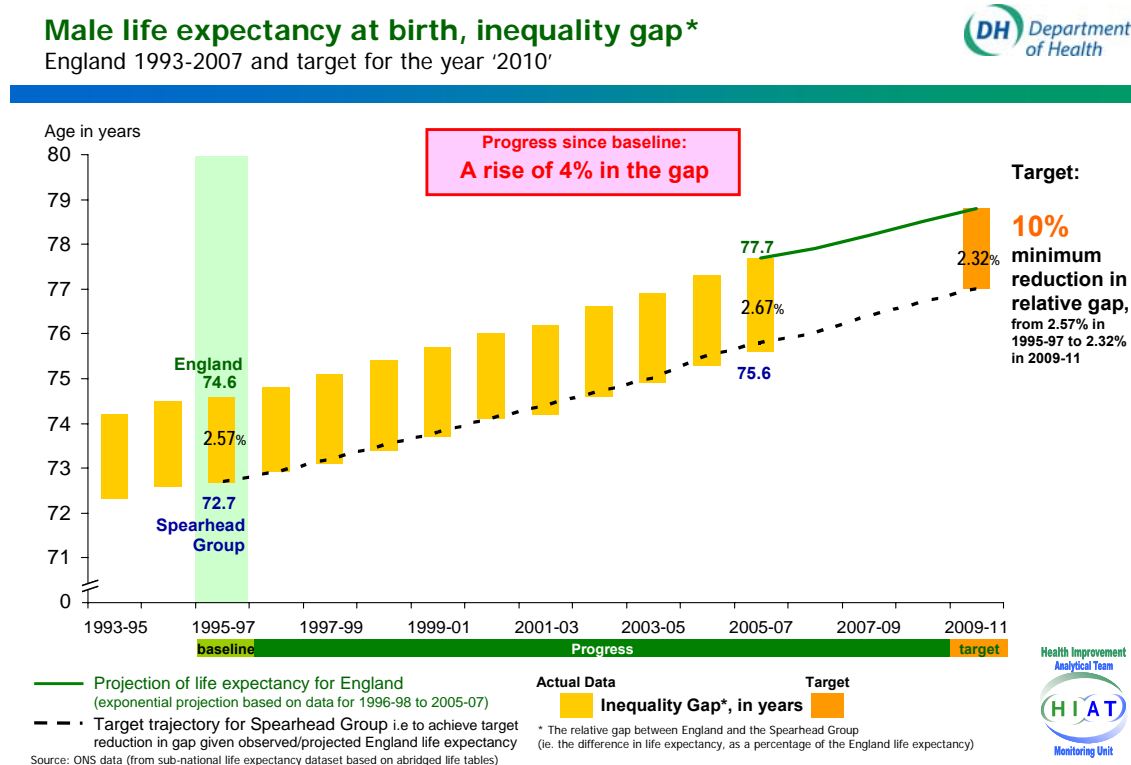
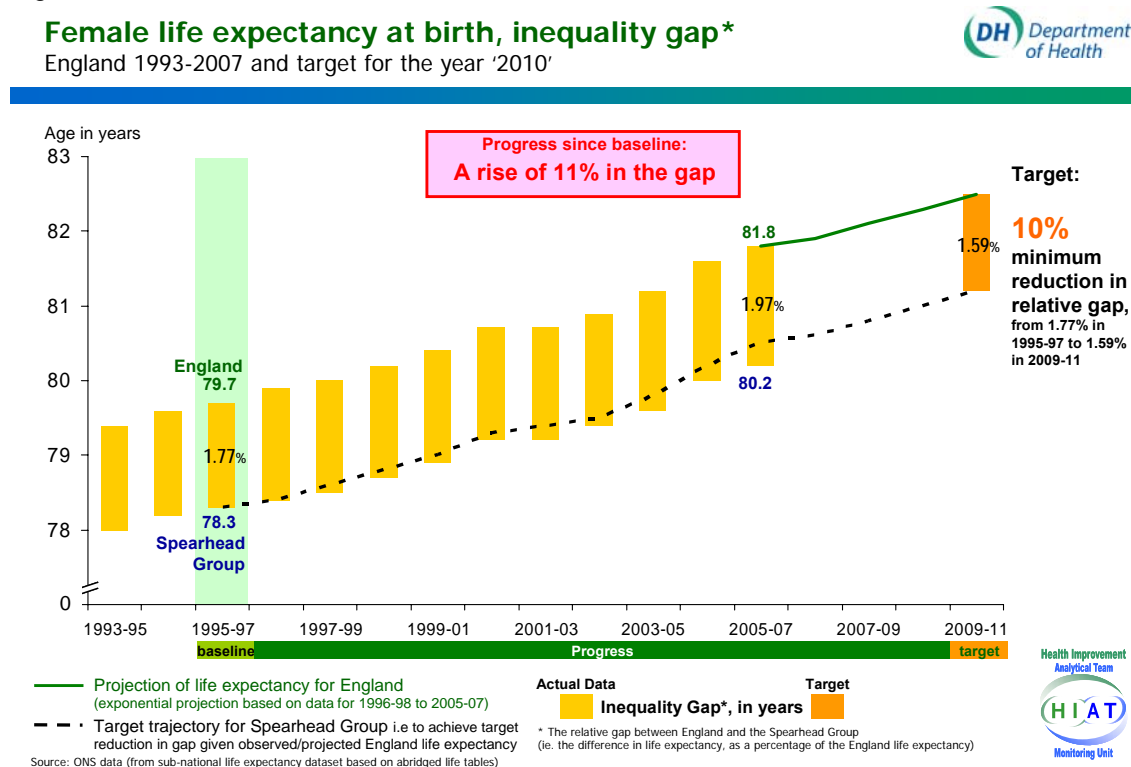


Fig.6



### All Age All Cause Mortality (AAACM)

All Age All Cause Mortality is a proxy for the life expectancy element of the target, so progress to narrow the absolute gap in AAACM between Spearheads and the England average would indicate progress towards meeting the life expectancy gap target. However, life expectancy remains the ultimate measure of success.

AAACM rates for the Spearhead Group have fallen in each period since 1995-97 for both males and females. For males, the absolute gap – i.e. difference - in mortality rates between England and the Spearhead Group has reduced from 142.3 deaths per 100,000 population in 1995-97 to 124.1 deaths per 100,000 population in 2005-07. Although the AAACM gap for males has narrowed, it has not narrowed sufficiently to be on track to achieve the life expectancy inequalities target.

For females, the absolute gap has fluctuated around a broadly constant trend – the gap was 75.5 deaths per 100,000 population in 1995-97 compared with 76.1 deaths per 100,000 population in 2005-07

The AAACM trends for males and females are shown in **Figure 7**

Fig 7

### ALL-AGE ALL-CAUSE MORTALITY (AAACM) - MALES

Figures in **bold** relate to the target measure

Time period	Three-year average mortality rate per 100,000 <sup>1</sup>		Absolute gap <sup>2</sup> (Target measure)
	England	Spearhead Group	
1995-97 (Baseline)	931.1	1073.4	<b>142.3</b>
1996-98	911.0	1052.8	<b>141.8</b>
1997-99	891.6	1033.9	<b>142.3</b>
1998-00	869.6	1006.5	<b>136.9</b>
1999-01	844.8	978.5	<b>133.8</b>
2000-02	822.3	951.3	<b>129.0</b>
2001-03	807.3	937.8	<b>130.5</b>
2002-04	786.3	914.5	<b>128.3</b>
2003-05	761.5	887.6	<b>126.1</b>
2004-06	732.0	855.7	<b>123.7</b>
2005-07	710.1	834.2	<b>124.1</b>
<i>Target estimate<sup>3</sup> (2009-11)</i>	<i>649</i>		<i>98</i>
<i>Change since baseline</i>	<i>-221</i>	<i>-239.2</i>	<i>-18.2</i>
<i>Percentage change since baseline</i>	<i>-23.70%</i>	<i>-22.30%</i>	<i>-12.80%</i>

### ALL-AGE ALL-CAUSE MORTALITY (AAACM) - FEMALES

Figures in **bold** relate to the target measure

Time period	Three-year average mortality rate per 100,000 <sup>1</sup>		Absolute gap <sup>2</sup> (Target measure)
	England	Spearhead Group	
1995-97 (Baseline)	606.4	681.9	<b>75.5</b>
1996-98	598.5	676.6	<b>78.1</b>
1997-99	591.7	669.8	<b>78.0</b>
1998-00	580.1	657.0	<b>76.9</b>
1999-01	567.9	642.4	<b>74.5</b>
2000-02	556.0	629.7	<b>73.8</b>
2001-03	552.9	628.7	<b>75.8</b>
2002-04	543.5	620.4	<b>76.9</b>
2003-05	531.9	609.0	<b>77.1</b>
2004-06	512.2	589.6	<b>77.4</b>
2005-07	500.2	576.3	<b>76.1</b>
<i>Target estimate<sup>3</sup> (2009-11)</i>	<i>467</i>		<i>58</i>
<i>Change since baseline</i>	<i>-106.2</i>	<i>-105.6</i>	<i>+0.6</i>
<i>Percentage change since baseline</i>	<i>-17.50%</i>	<i>-15.50%</i>	<i>+0.80%</i>

1. Directly age-standardised mortality rate, based on European Standard Population.

2. Difference in rates between England and Spearhead Group. This is the target measure for the inequality indicator.

3. Estimates of AAACM rate and AAACM gap required in 2009-11 to deliver the targets for overall life expectancy and inequalities in life expectancy.

## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

Figures 8 and 9 show the change in the absolute All Age All Cause Mortality Gap for males and for females from 1993-95 to 2005-07 and contains projections to 2009-11 (the end of the National Target).

Fig.8

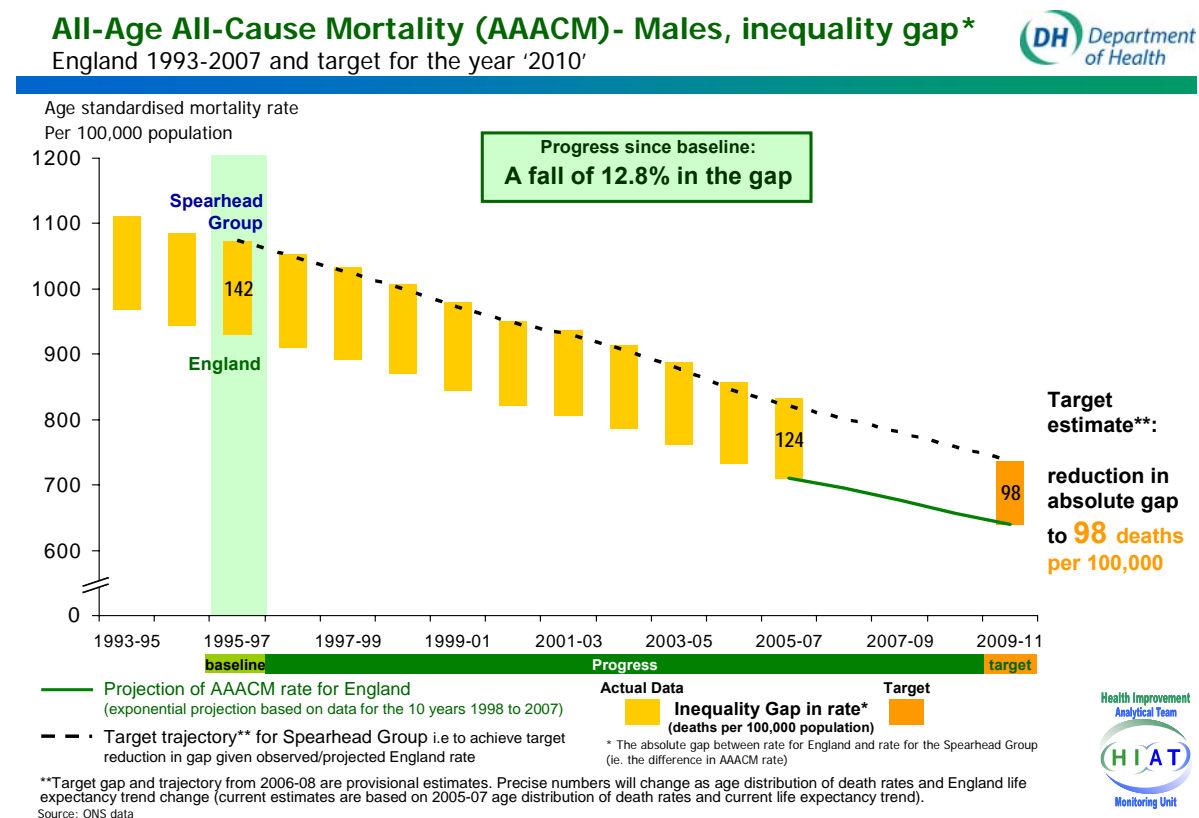
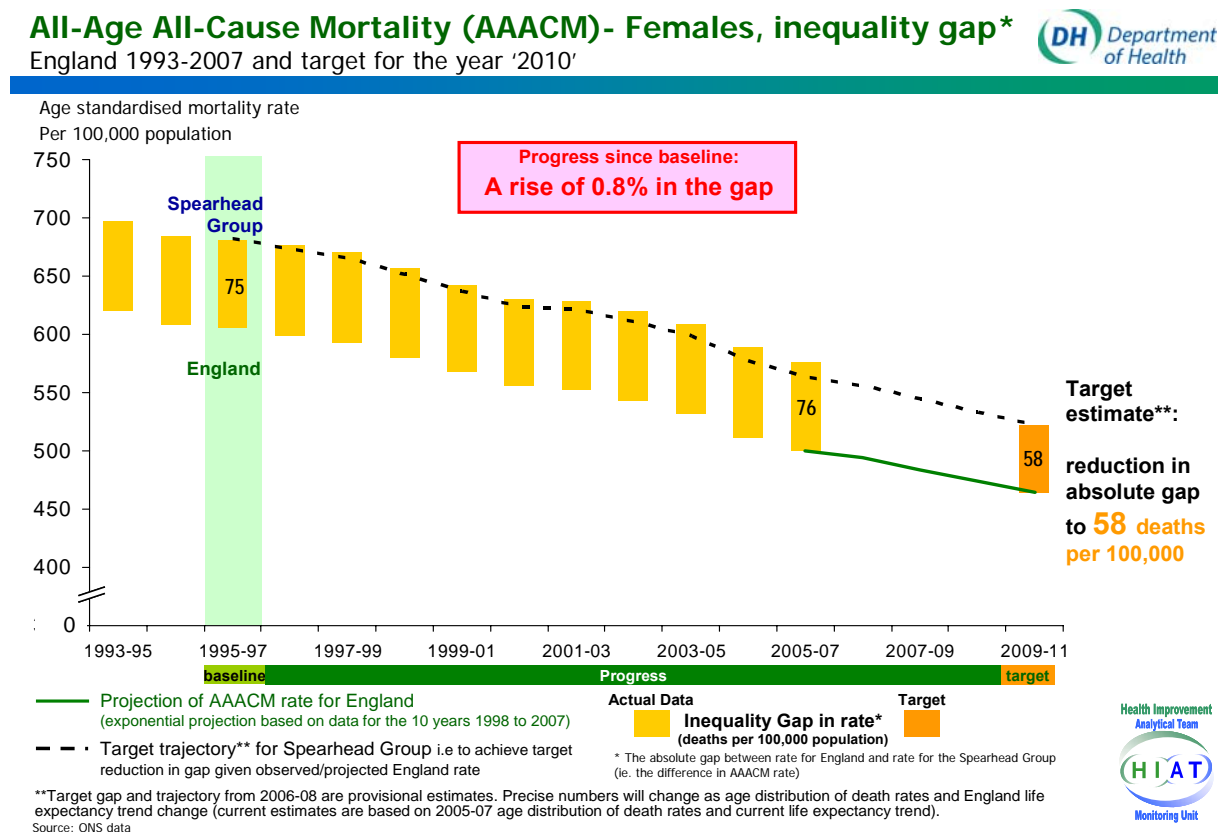


Fig.9



## Life Expectancy in Spearhead Areas

Life expectancy is at an all-time high in Spearhead areas and in England and these absolute improvements in health are great achievements. Achieving the life expectancy element of the target requires Spearhead areas to improve faster than the England average, and that is very challenging while England life expectancy is rising so fast for both males and females. For example, while life expectancy in Rotherham has risen by 2.1 years for women since 1995-97, it has risen by 6.4 years in Kensington & Chelsea.

However, there is a great deal of local variation within the Spearheads and **life expectancy in some Spearheads is increasing faster than the England average**. For example, in Southwark, the gap in female life expectancy with the England average has not only narrowed, it has closed completely. In 1995-97, female life expectancy in Southwark was 78.7 years; in 2005-07, it was 82.0 years - higher than the England average life expectancy for women of 81.9 years. In Manchester, despite having low life expectancy, the life expectancy gap for men is closing. In 1995-97, male life expectancy in Manchester was 70.1 years; in 2005-07, it was 73.4, an increase of 3.3 years (compared to the England average increase of 3 years). If these trends were replicated in all Spearhead areas, the target would be more than met.

**Figure 10** compares the local authority areas with the highest life expectancy at birth in England with the England average, the Spearhead average and the local authority areas with the lowest life expectancy in England.

Fig. 10

	Life Expectancy at Birth Comparison (3 year rolling average)													
	1995-97 Data (Target Baseline)				2003-05 Data				2004-06 Data				2005-07 Data	
	Male		Female		Male		Female		Male		Female		Male	Female
Highest Local Authority	78.2	Chiltern	83.2	East Dorset	81.7	Kensington & Chelsea	86.2	Kensington & Chelsea	83.1	Kensington & Chelsea	87.2	Kensington & Chelsea	83.7	Kensington & Chelsea
England Average	74.6		79.7		76.9		81.1		77.3		81.6		77.7	
Highest Spearhead Authority	73.9	Nuneaton & Bedworth	80.0	N.E. Lincolnshire	77.7	Tamworth	82.3	Hammersmith & Fulham	78.1	Tamworth	83.5	Hammersmith & Fulham	78.3	Tamworth
Spearhead Group Average	72.7		78.3		74.9		79.6		75.3		80.0		75.6	
Lowest Local Authority	70.1	Manchester	76.9	Liverpool & Manchester (joint)	72.5	Manchester	78	Liverpool	73.0	Manchester	78.3	Liverpool	73.2	Blackpool

We are seeing some signs of progress. For life expectancy, the 2005-07 data show that **47% of Spearheads** are on track to narrow their own life expectancy with England by 10 percent by 2010 compared to baseline for either males or females or both. 21% are on track for males only, with a further 11% on track for females and 14% on track for both. (This compares with 41% on track to narrow their own life expectancy with England by 10 percent by 2010 compared to baseline for either males or females or both in 2004-06,).



## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

**Figure 11** shows whether the 70 Spearhead Local Authorities are on or off track to narrow their share of the life expectancy gap by 10% for males or females or both by 2010 according to 2005-07 data. The table also shows a comparison to previous 3-year periods going back to 2002-04.

Fig.11 Spearhead Group Local Authority Performance on Life Expectancy for Males and Females 2005-07, 2004-06, 2003-05 and 2002-04 3 year rolling average

Spearhead local authority	2005-2007 status				2004-2006 status				2003-2005 status				2002-04 status			
	On track both	On track male	On track female	Off track both	On track both	On track male	On track female	Off track both	On track both	On track male	On track female	Off track both	On track both	On track male	On track female	Off track both
Hackney	.				.				.				.			
Hammersmith & Fulham	.				.				.				.			
Haringey	.				.				.		.		.		.	
Southwark	.				.				.				.			
Tower Hamlets	.				.				.				.			
Derwentside	.				.				.				.			
Lambeth	.				.	.			.	.			.	.		
Lewisham	.				.	.			.	.			.	.		
Carlisle	.				.		.		.		.		.			
North Tyneside	.				.			.	.		.		.			.
Blyth Valley	.	.			.				.		.		.		.	
Barking & Dagenham	.	.			.	.			.			.	.			.
Newham	.	.			.	.			.	.			.	.		
Manchester	.	.			.	.			.			.	.			
Knowsley	.	.			.	.			.	.			.	.		
Redcar & Cleveland	.	.			.	.			.		.		.		.	
Sedgefield	.	.			.	.			.	.			.	.		
Wear Valley	.	.			.	.			.	.			.	.		
Burnley	.	.			.	.			.	.			.	.		
Wansbeck	.	.			.	.			.	.			.	.		
Tamworth	.	.			.	.			.	.			.	.		
Easington	.	.			.		.		.			.	.			.
Oldham	.	.			.			.	.			.	.			.
Barrow-in-Furness	.	.			.			.	.		.		.		.	
Chester-le-Street	.	.			.			.	.	.			.	.		
Hyndburn	.	.	.		.				.				.	.		
Greenwich	.	.	.		.		.		.			.	.		.	
Doncaster	.	.	.		.		.		.		.		.		.	
Gateshead	.	.	.		.		.		.		.		.		.	
Newcastle upon Tyne	.	.	.		.		.		.		.		.		.	
Coventry	.	.	.		.		.		.		.		.		.	
Stockton-on-Tees	.	.	.		.			.	.		.		.		.	
Bolsover	.	.	.		.			.	.			.	.			.
St. Helens	.	.		.	.		.		.	.			.			.
Warrington	.	.		.	.		.		.				.			.
Islington	.	.		.	.			.	.	.			.			.
Bolton	.	.		.	.			.	.			.	.			.
Bury	.	.		.	.			.	.		.		.			.
Rochdale	.	.		.	.			.	.			.	.			.
Salford	.	.		.	.			.	.			.	.			.
Tameside	.	.		.	.			.	.			.	.			.
Wigan	.	.		.	.			.	.			.	.			.
Liverpool	.	.		.	.			.	.			.	.			.
Wirral	.	.		.	.			.	.	.			.	.		.
Barnsley	.	.		.	.			.	.			.	.			.
Rotherham	.	.		.	.			.	.			.	.			.
South Tyneside	.	.		.	.			.	.			.	.			.
Sunderland	.	.		.	.			.	.			.	.			.
Birmingham	.	.		.	.			.	.	.			.		.	
Sandwell	.	.		.	.			.	.			.	.			.
Walsall	.	.		.	.			.	.		.		.			.
Wolverhampton	.	.		.	.			.	.			.	.			.
Bradford	.	.		.	.			.	.			.	.			.
Wakefield	.	.		.	.			.	.			.	.			.
Hartlepool	.	.		.	.			.	.			.	.			.
Middlesbrough	.	.		.	.			.	.			.	.			.
Halton	.	.		.	.			.	.	.			.	.		.
Blackburn with Darwen	.	.		.	.			.	.	.			.	.		.
Blackpool	.	.		.	.			.	.			.	.			.
Kingston upon Hull	.	.		.	.			.	.			.	.			.
North East Lincolnshire	.	.		.	.			.	.			.	.			.
Leicester	.	.		.	.			.	.			.	.			.
Nottingham	.	.		.	.			.	.			.	.			.
Stoke-on-Trent	.	.		.	.			.	.			.	.			.
Pendle	.	.		.	.			.	.			.	.			.
Preston	.	.		.	.			.	.			.	.	.		.
Rossendale	.	.		.	.			.	.			.	.		.	.
Lincoln	.	.		.	.			.	.	.			.	.		.
Corby	.	.		.	.			.	.		.		.	.		.
Nuneaton & Bedworth	.	.		.	.			.	.		.		.	.		.

**Figure 12 and 13** show how far each of the 70 Spearhead Local Authorities are from being on track to narrow their share of the life expectancy gap by 10% for males and females by 2010 according to 2005-07 data. The charts show that some areas are making great progress despite facing a stiff challenge.

**Figure 12**

**Males: % point change in gap in life expectancy at birth between Spearhead Group areas and England, 1995-97 to 2005-07**

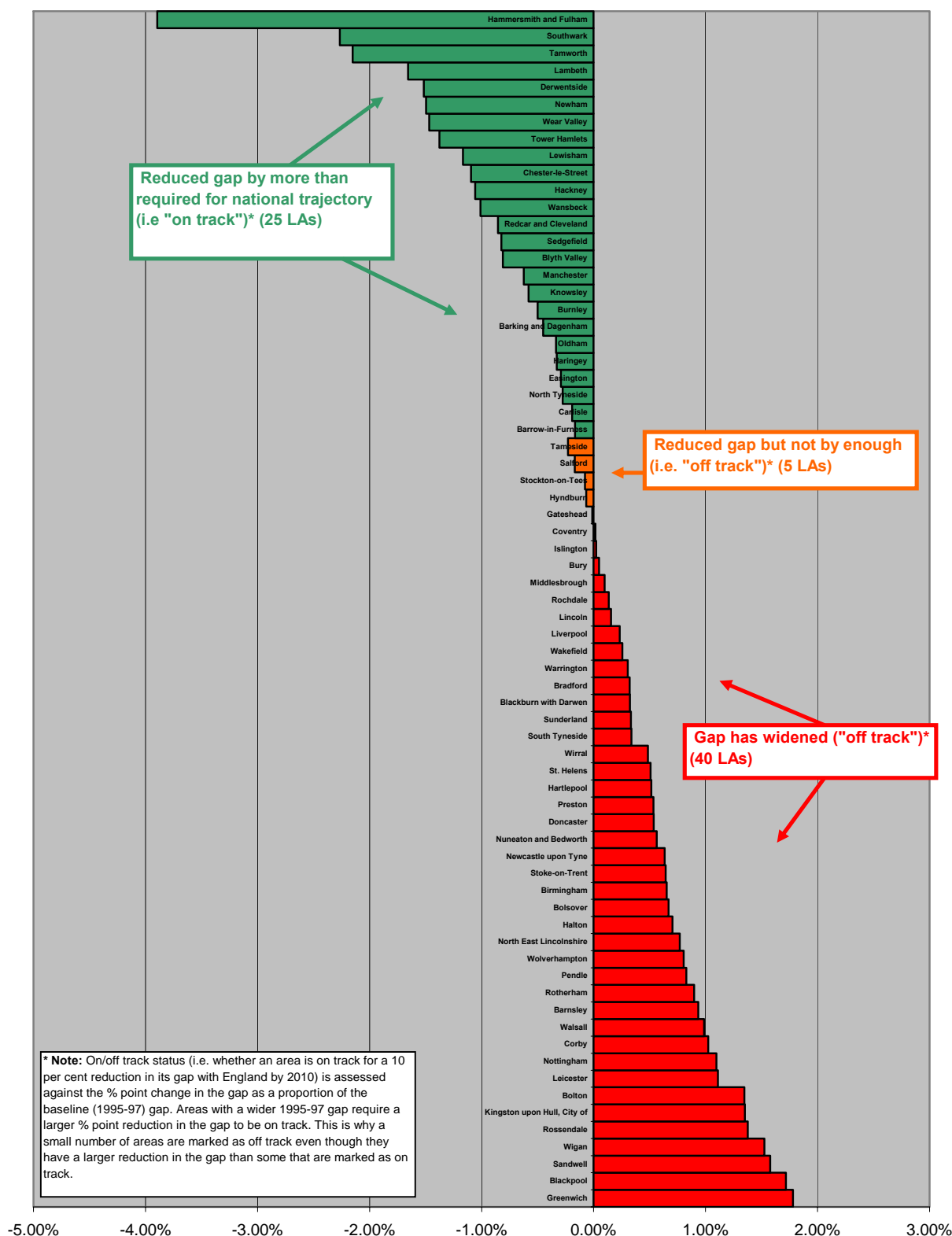
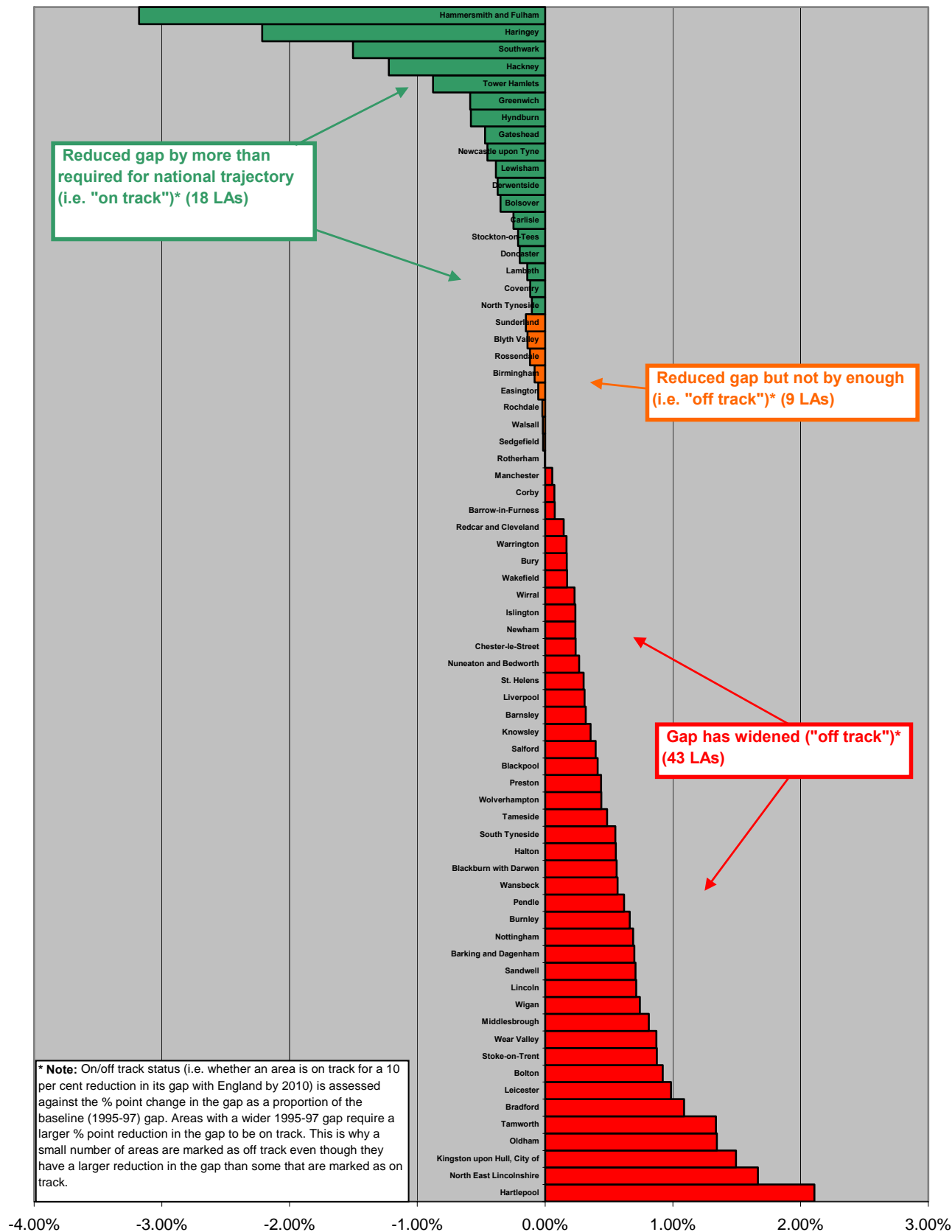


Figure 13

Females: % point change in gap in life expectancy at birth between Spearhead Group areas and England, 1995-97 to 2005-07



## Action to Tackle Health Inequalities

Tackling health inequalities successfully and sustainably means local service providers working in partnership to address the wider determinants of health such as poverty, employment, poor housing and poor educational attainment with Primary Care Trusts and Local Authorities being the key partners, leading and driving change locally.

The 2010 National Target gives a shorter term focus on those who already have disease and means that the NHS will, necessarily, play a leading role in ensuring treatment reaches those who need it. The key for local partners is ensuring interventions are implemented systematically with sufficient scale to make a difference at population level. This includes finding patients with disease who are not accessing treatment services, and disease prevalence models by the Association of Public Health Observatories can be used to support targeted programmes of “case finding”.

### Early wins for NHS action

For the infant mortality target, the three main causes of death in infancy and which also account for most of the gap are:

- Immaturity related conditions
- Congenital anomalies and
- Sudden Unexpected Death in Infancy

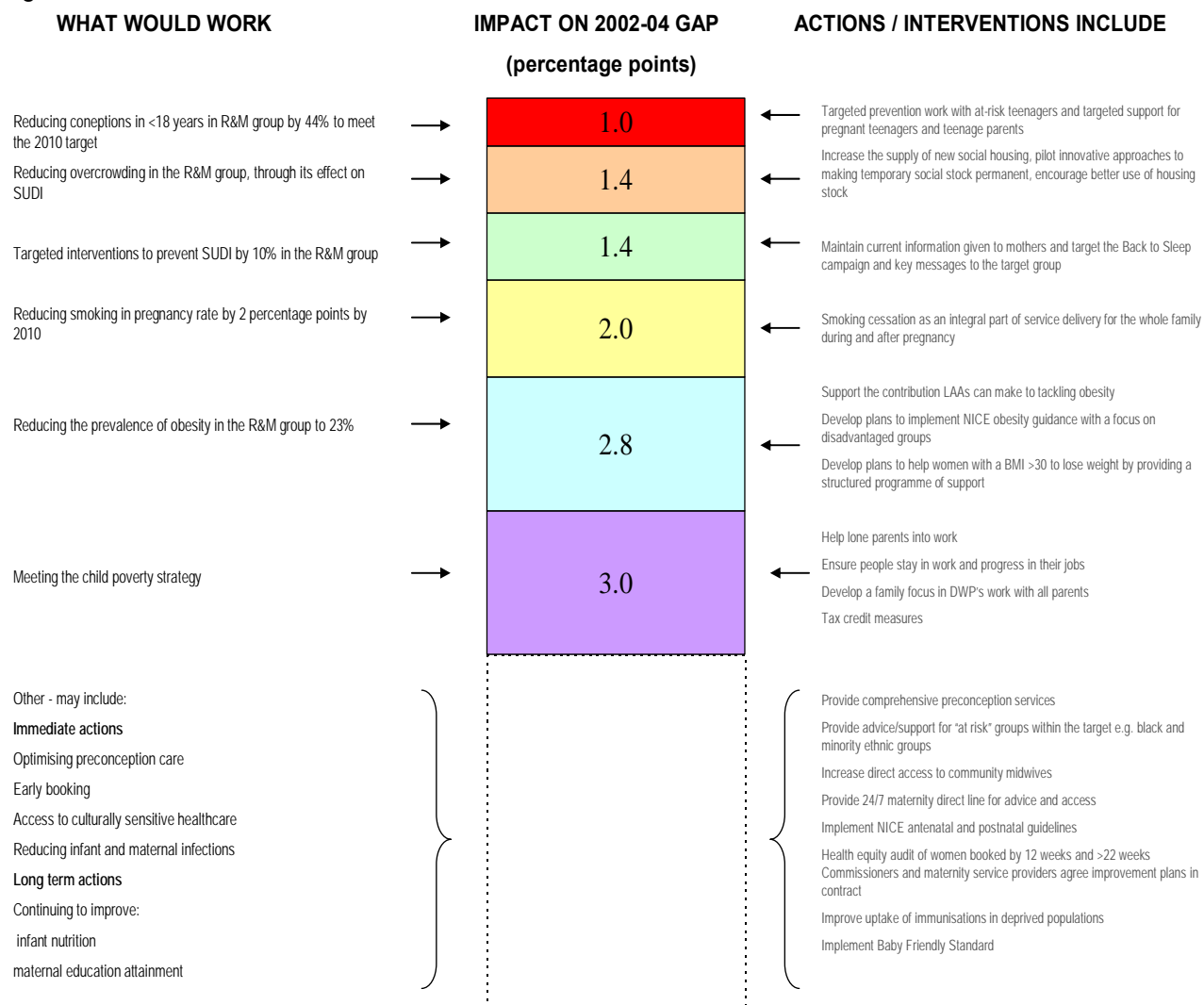
For the life expectancy target, the main causes of excess death in the Spearhead Group at a national level are:

- Cardiovascular disease (mainly coronary heart disease),
- Cancer and
- respiratory disease

Together these diseases account for about two-thirds of the gap between Spearheads and the average.

**Figure 14** shows the interventions that would have the fastest impact on the infant mortality target

Fig.14



Action to prevent these will reduce the gap and help meet the target.

The Implementation Plan for the Infant Mortality Target, published in 2007, extended the list of evidence-based and modelled interventions identified in the review as having an impact on the target. These were:

- meeting the 2010 target on child poverty – *to halve the number of children in relative low-income households between 1998-99 and 2010-11, on the way to eradicating child poverty by 2020* – meeting this objective this would contribute three percentage points to the 10% IM target
- reducing the prevalence of obesity in the R&M group by 23% to the current levels in the population as a whole – 2.8 percentage points to the target;
- meeting the national target to reduce smoking in pregnancy in the R&M group from 23% to 15% - two percentage points;
- improving housing and reducing overcrowding – 1.4 percentage points
- reducing sudden unexpected deaths in infancy (SUDI) by persuading 1 in 10 women in the R&M group to avoid sharing a bed with their baby or putting their baby to sleep prone (on its front) – 1.4 percentage points;
- achieving the teenage pregnancy strategy to reduce the under 18 conception rate in the R&M group – one percentage point

## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

To meet the life expectancy target, the focus needs to be on preventing deaths from early middle age in Spearheads, including those at older ages. Cardiovascular disease (mainly coronary heart disease), cancer and respiratory disease account for about two-thirds of the gap between Spearheads and the average.

The key interventions to impact by 2010 are smoking cessation, blood pressure and cholesterol control and control of diabetes is also important.

**Figures 15 and 16** below show the diseases that account for the gap in life expectancy between Spearheads and England alongside national modelling of interventions to narrow the life expectancy gap. These would need to be interpreted locally in the light of demographics such as specific Black and minority ethnic populations, existing performance and other local factors. There are two Health Inequalities Intervention Tools which provide specific local information for every Spearhead on local drivers of low life expectancy, age patterns of death and a ready reckoner to assess impact of increasing key interventions (see page 26).

Fig. 15

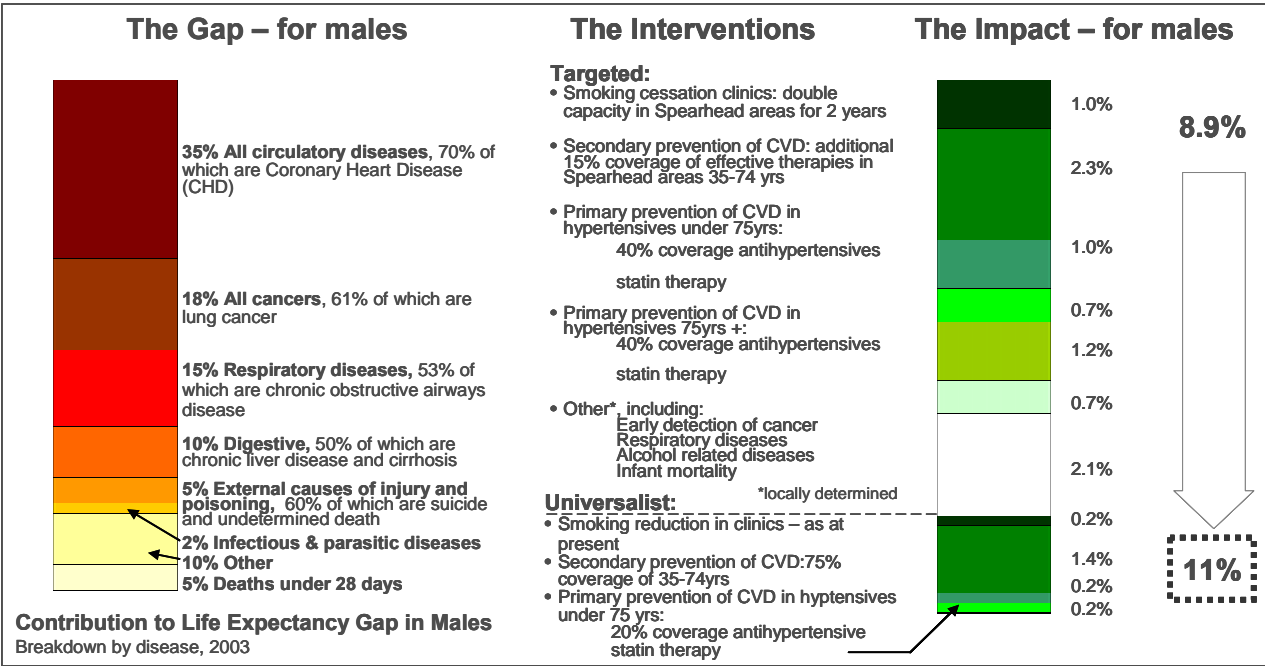
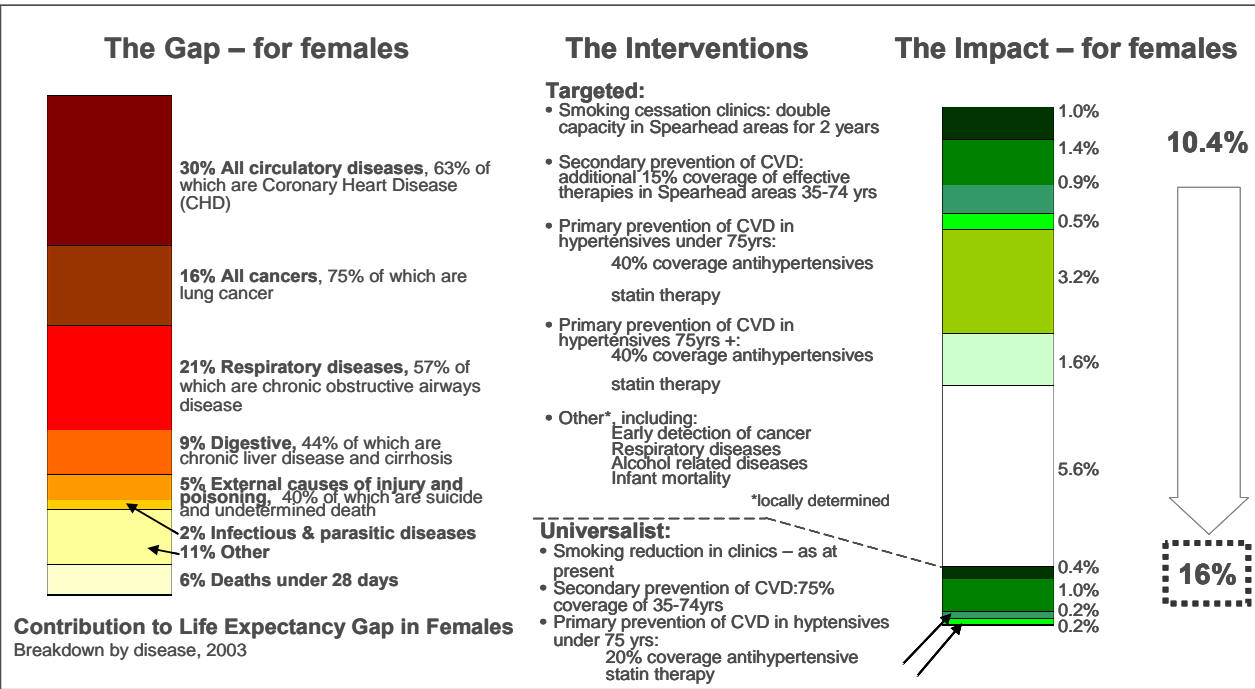


Fig.16



The interventions shown are not exhaustive, but they do demonstrate that the target is achievable.

## Support for Local Partners in Tackling Inequalities

### National Support Teams

Tackling inequalities is a priority in the NHS Operating Framework and is key component of systematically improving commissioning and driving up the quality of services for all parts of the community. The Department is working to provide local partners with the support and tools they need to effectively tackle health inequalities and meet the 2010 National Target.

The Department of Health has established a range of **National Support Teams (NST)** with an inequalities focus, providing tailored, intensive, assistance to areas that face the biggest challenges in delivering public health-related Public Service Agreements. The NSTs which have a particular role in supporting the inequalities targets are:

- Health Inequalities NST
- Tobacco Control NST
- Teenage Pregnancy NST
- Obesity NST
- Alcohol NST (new)
- Infant Mortality NST (new)

The Health Inequalities National Support Team uses a structured approach to appraise each visited area. Interviews with strategic personnel examine the way the districts are set up through partnership, leadership, vision and strategy to deliver effective population level interventions, frontline services and community engagement. Parallel workshops focus in detail on the key interventions of cardiovascular disease, diabetes, cancer, tobacco control, seasonal excess deaths and infant mortality as appropriate to the area.

*Health Inequalities: Progress and Next Steps* contained commitments to invest more in the National Support Team for health inequalities, expanding the team and enabling it to visit all Spearheads by summer 2009. It also contained commitments to enhance the existing NST for Tobacco Control and establish new National Support Teams for Alcohol and Infant Mortality.

The Infant Mortality National Support Team was established in August 2008 and will build on the experience of the health inequalities NST. The aim of the teams is to promote common local objectives in tackling health inequalities and more effective partnership working between NHS organisations, local authorities and other agencies. The infant mortality NST will visit 19 of the 43 areas with the highest number of infant deaths over the next 12 months.

The Health Inequalities National Support Team has produced best practice guidance for local partners in Spearhead Areas. *Systematically Addressing Health Inequalities* describes the diagnostic model used by the Health Inequalities National Support Team to identify at a local level what specific interventions are needed to improve service outcomes with required system and scale. It also highlights the key lessons learned from NST visits so far. The document is available from the DH website at:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086570](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086570)



## Tools to Enable Local Action on Inequalities

### The Health Inequalities Intervention Tool

To support delivery of the National Target, DH and the Association of Public Health Observatories (APHO) developed the *Health Inequalities Intervention Tool for Spearhead Areas*, an interactive online resource which draws together key data and modelling to help Spearhead Local Authorities improve life expectancy quickly.

Launched in August 2007, the Tool presents both a national and local picture, showing:

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

The Tool can support PCTs and local authorities to identify inequalities priorities for their own health inequality action plans, Local Area Agreements, Commissioning Strategic Plans and other local plans and strategies., tailored to their local circumstances.

Figure 17 is an example of a local life expectancy gap break down, with a comparison against the Spearhead average.

Fig.17

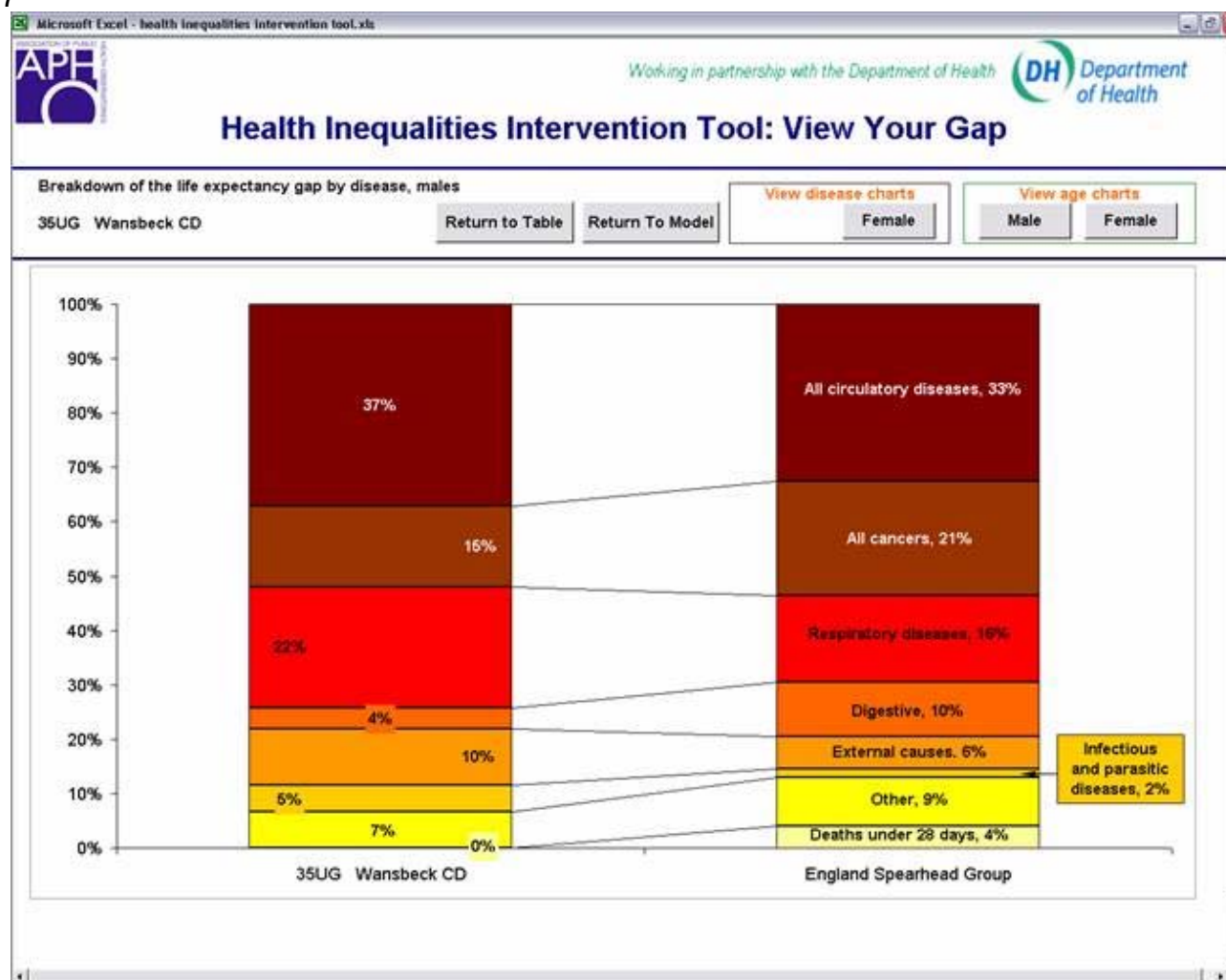
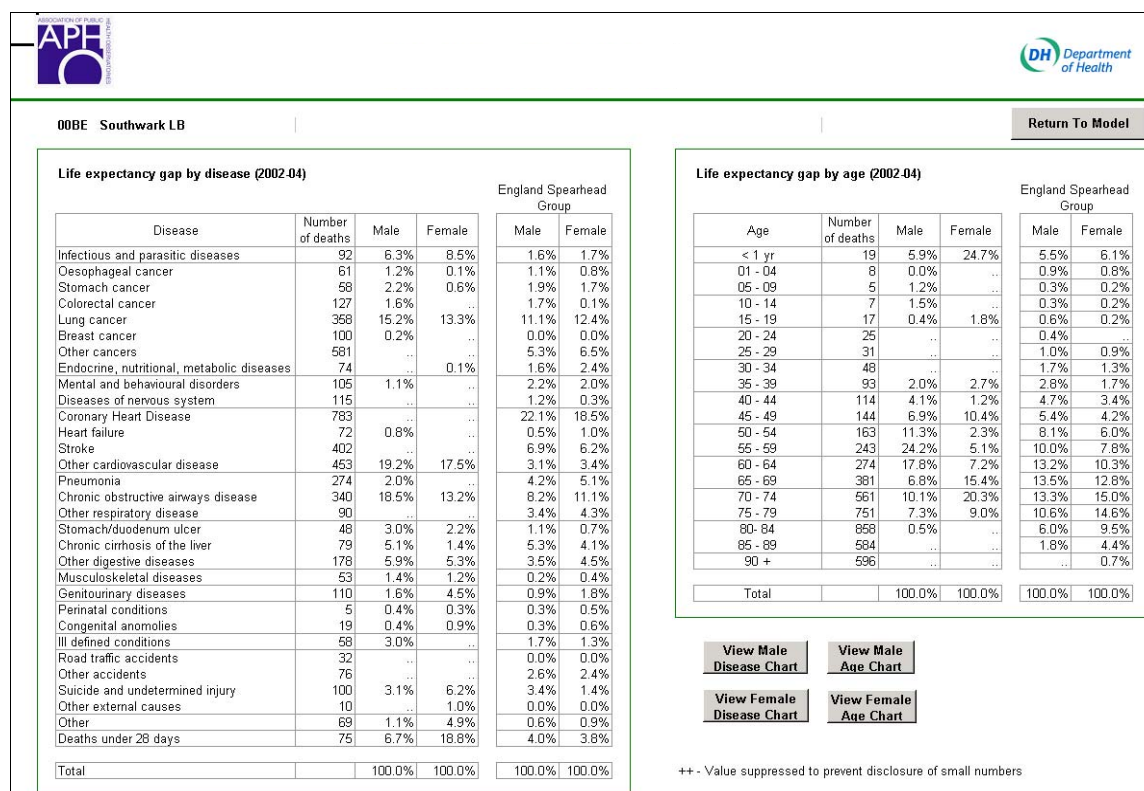


Figure 18 is an example of the underlying deaths data for each Spearhead LA which is available in the Tool

Fig.18



## Health Inequalities Intervention Tool - Ready Reckoner

DH modelling based on research evidence has shown that smoking cessation and control of blood pressure and cholesterol will have a rapid impact on life expectancy in Spearhead areas, if they are done systematically and at sufficient scale. Infant mortality is also higher, on average, in Spearhead areas than elsewhere.

The Tool contains a ready reckoner, which allows Spearhead Areas to estimate the potential effect on their life expectancy gap if certain interventions are increased, specifically:

- support for people to give up smoking
- control blood pressure through prescribing antihypertensives in people without diagnosed cardiovascular disease.
- control cholesterol through prescribing statins in people without diagnosed cardiovascular disease.
- actions to reduce infant mortality

Good quality and quantity of primary care underpins effective implementation of these interventions allied with a pre-active, case-finding strategy to reach individuals with risk factors for cardiovascular disease.

## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

Figure 19 is an example of the ready reckoner from the Health Inequalities Intervention Tool  
Fig.19

**Health Inequalities Intervention Tool**

Working in partnership with the Department of Health

**STEP 1 - Select local area:**

000: Blackburn with Darwen 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**

Persons: 2,100

What is your planned number of quitters in the coming year?

☒ **INFANT MORTALITY**

**This is one of the 43 Areas flagged in the Infant Mortality review**

What do you want to reduce infant deaths to?

Please enter total number for a 3 year period.

Male: 15, Female: 9

☒ **ANTHYPERTENSIVE**

What number of people with undiagnosed or uncontrolled hypertension but not CVD do you plan to identify and treat with an additional/first hypertensive treatment in the coming year?

Male: 200, Female: 200

☐ **STATIN**

What number of people with undiagnosed or uncontrolled hypertension but not CVD do you plan to identify and 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

**Current local authority information**

4 week smoking quitters achieved in 2005/06: 1,770

Number of infant deaths in 2003/05: Male: 24, Female: 18

Estimated number with undiagnosed or uncontrolled hypertension but not CVD: Male: 10,729, Female: 9,915

On track to meet target at 2003/05: Yes, No

Life expectancy in years (2003/05): Male: 74.3, Female: 78.4

Life expectancy gap (2003/05): Male: 3.5%, Female: 3.4%

**Results**

New life expectancy in years: Male: 74.5, Female: 78.7

New life expectancy gap: Male: 3.2%, Female: 3.1%

Effect of interventions on life expectancy gap: 8.5% narrowing, 9.4% narrowing

Absolute change in all-age all-cause mortality rate: 16.5 decrease, 15.1 decrease

Date & Time of Analysis: 2-Oct-2007 13:53 #VALUE!

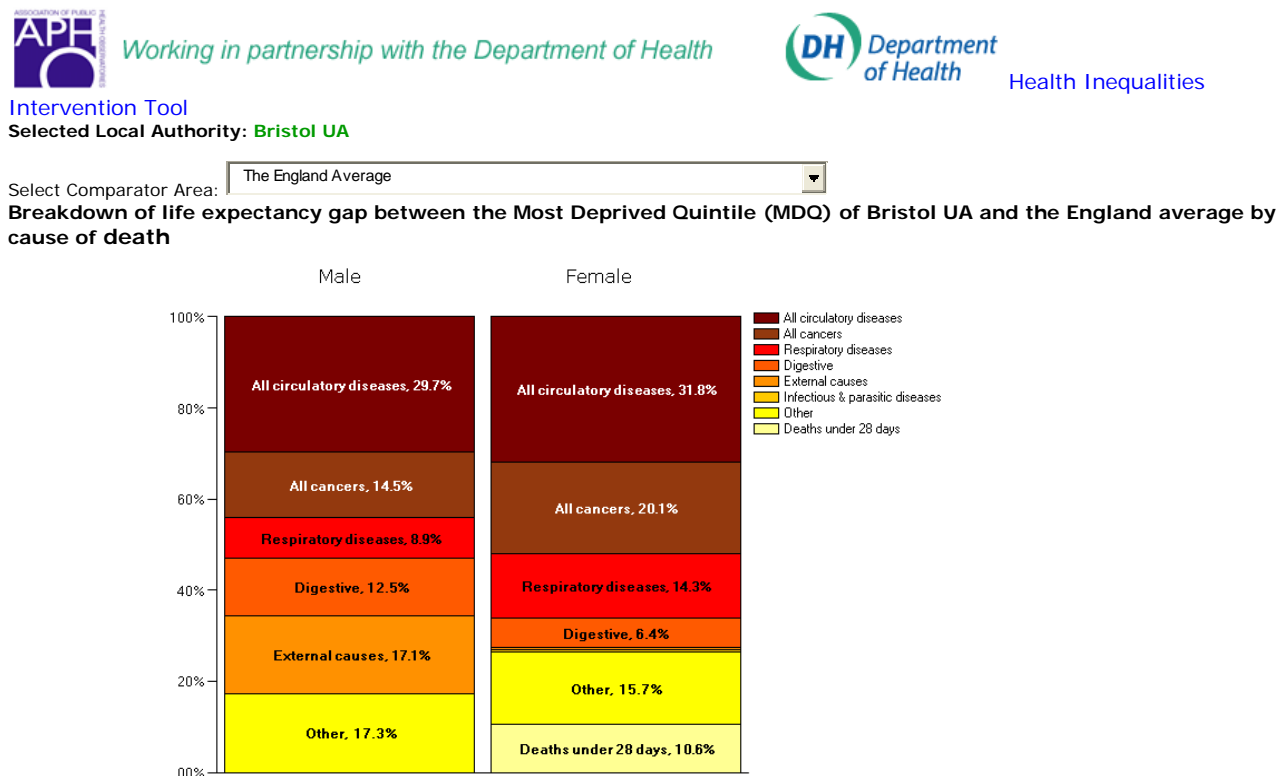
In response to demand from local partners, in August 2008 DH and APHO launched a new Health Inequalities Intervention Tool for all areas. The new Tool uses similar methodology to the Spearhead Tool, but is focussed on the within-area life expectancy gap between the most deprived quintile in every local authority and comparators such as the less deprived population of the local authority or the England average life expectancy.

This allows all areas, not just Spearheads to see at what ages excess mortality is occurring and from what diseases, enabling them to focus local action and ensure that local inequalities are being addressed.

## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

Figure 20 is an example from the Health Inequalities Tool for all areas. It shows a local life expectancy gap break down of the most deprived quintile of Bristol, a non-Spearhead area, with a comparison against the England average.

Fig.20



Both the Inequalities Intervention Tool for Spearheads and the Health Inequalities Intervention Tool for all areas are accessible to anyone and are available from the London Health Observatory website:

[http://www.lho.org.uk/HEALTH\\_INEQUALITIES/Health\\_Inequalities\\_Tool.aspx](http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx)

## Health Poverty Index

The Health Poverty Index provides a tool that enables local authority areas to compare progress locally or against national data across a range of health, economic and social determinants. It reflects the complexities of health inequalities in the form of a spider chart paying particular attention to the wider determinants of health. It was launched in November 2004 and has recently has been updated to add total population data for 2005.

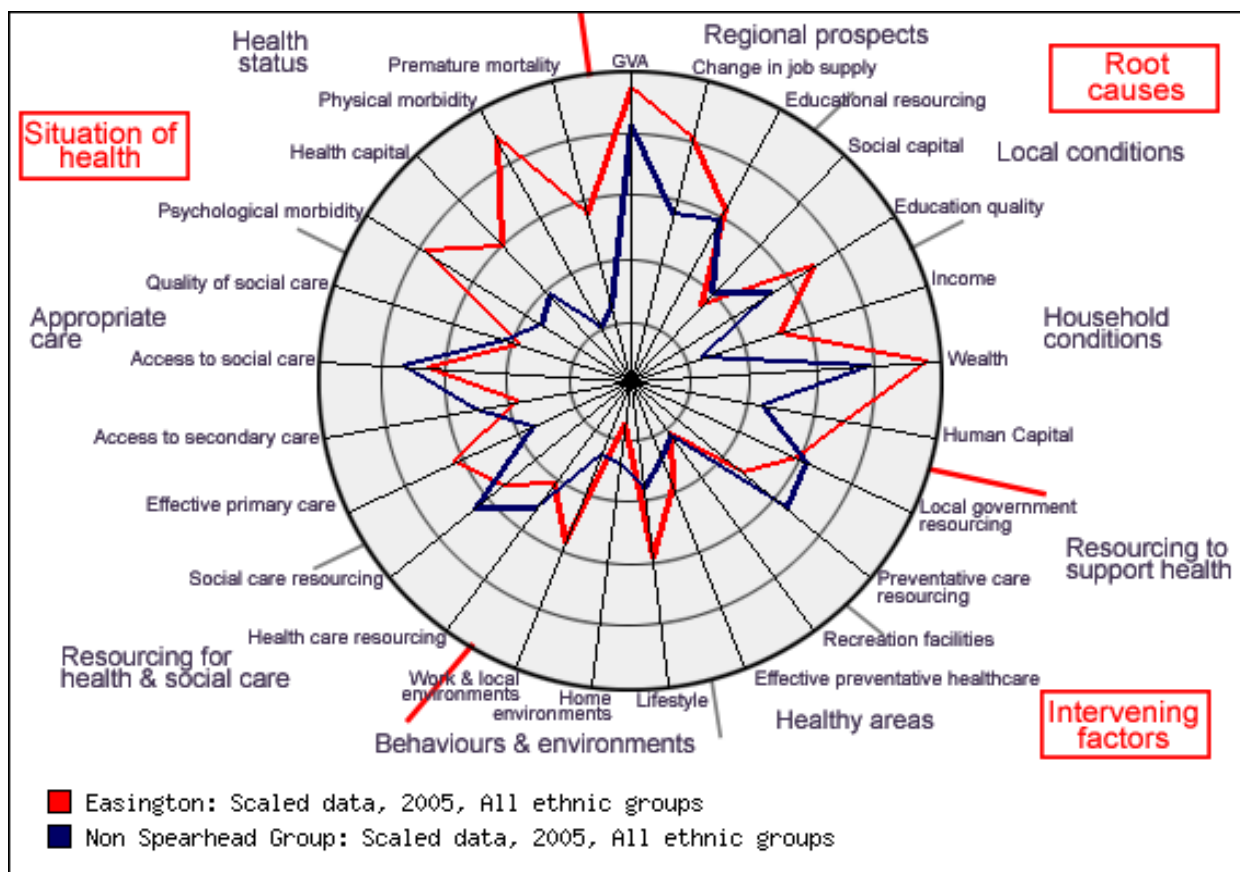
The Health Poverty Index is designed to allow health communities and their partners in local authorities and elsewhere to review the interacting factors and set local priorities and identify issues that can be built into their planning to improve health and tackle health inequalities.

The Health Poverty Index also allows a comparison by some black and minority ethnic groups. Users can pick from the following options: White, Indian, Pakistani, Bangladeshi, Black Caribbean, Black African, Chinese. It is available online at:

[www.hpi.org.uk/index.php](http://www.hpi.org.uk/index.php)

Figure 21 shows an example of a spider chart break down of inequalities indicators in Easington compared to non-Spearhead average.

Fig. 21



### **Local Basket of Indicators**

The Local Basket of Health Inequalities Indicators was released in October 2003, following the launch of *Tackling Health Inequalities: Programme for Action*. The Local Basket is designed to help support local action to achieve the inequalities national targets for life expectancy and infant mortality, by highlighting information relevant to addressing the targets and assisting local areas with monitoring progress towards reducing health inequalities.

The initial set of 70 indicators contains measures of health status or health outcomes, measures of the determinants of health, measures of access to services and process measures. The Local Basket is available from the London Health Observatory web site:

[www.lho.org.uk/HEALTH\\_INEQUALITIES/Basket\\_Of\\_Indicators/BasketOfIndicators.aspx](http://www.lho.org.uk/HEALTH_INEQUALITIES/Basket_Of_Indicators/BasketOfIndicators.aspx)

# List of Spearhead Local Authorities, and the Primary Care Trusts which map to them

LOCAL AUTHORITY DISTRICTS	PRIMARY CARE TRUSTS	STRATEGIC HEALTH AUTHORITY	GOVERNMENT OFFICE REGION
35UD Blyth Valley } 35UG Wansbeck }	TAC Northumberland Care Trust	North East SHA	NORTH EAST GOR
20UB Chester-le-Street } 20UD Derwentside } 20UF Easington } 20UG Sedgefield } 20UJ Wear Valley }	5ND County Durham PCT		
00CH Gateshead	5KF Gateshead PCT		
00EB Hartlepool	5D9 Hartlepool PCT		
00EC Middlesbrough	5KM Middlesbrough PCT		
00CJ Newcastle upon Tyne	5D7 Newcastle PCT		
00CK North Tyneside	5D8 North Tyneside PCT		
00EE Redcar and Cleveland	5QR Redcar and Cleveland PCT		
00CL South Tyneside	5KG South Tyneside PCT		
00EF Stockton-on-Tees	5E1 North Tees PCT		
00CM Sunderland	5KL Sunderland Teaching PCT		
16UC Barrow-in-Furness } 16UD Carlisle }	5NE Cumbria PCT	North West SHA	NORTH WEST GOR
00EX Blackburn with Darwen	5CC Blackburn with Darwen PCT		
00EY Blackpool	5HP Blackpool PCT		
00BL Bolton	5HQ Bolton PCT		
30UD Burnley } 30UG Hyndburn } 30UJ Pendle } 30UM Rossendale }	5NH East Lancashire Teaching PCT		
00BM Bury	5JX Bury PCT		
00BX Knowsley	5J4 Knowsley PCT		
00BY Liverpool	5NL Liverpool PCT		
00BN Manchester	5NT Manchester PCT		
00BP Oldham	5J5 Oldham PCT		
30UK Preston	5NG Central Lancashire PCT		
00BQ Rochdale	5NQ Heywood, Middleton and Rochdale PCT		
00BR Salford	5F5 Salford PCT		
00BZ St. Helens } 00ET Halton }	5NM Halton and St Helens PCT		
00BT Tameside	5LH Tameside and Glossop PCT		
00EU Warrington	5J2 Warrington PCT		
00BW Wigan	5HG Ashton, Leigh and Wigan PCT		
00CB Wirral	5NK Wirral PCT		



## Tackling Health Inequalities: 2005-07 Policy and Data Update for the 2010 National Target

LOCAL AUTHORITY DISTRICTS	PRIMARY CARE TRUSTS	STRATEGIC HEALTH AUTHORITY	GOVERNMENT OFFICE REGION
00CC Barnsley	5JE Barnsley PCT	Yorkshire And The Humber SHA	YORKSHIRE AND THE HUMBER GOR
00CX Bradford	5NY Bradford and Airedale Teaching PCT		
00CE Doncaster	5N5 Doncaster PCT		
00FA Kingston upon Hull, City of	5NX Hull Teaching PCT		
00FC North East Lincolnshire	TAN North East Lincolnshire Care Trust Plus		
00CF Rotherham	5H8 Rotherham PCT		
00DB Wakefield	5N3 Wakefield District PCT		
17UC Bolsover	5N6 Derbyshire County PCT	East Midlands SHA	EAST MIDLANDS GOR
34UB Corby	5PD Northamptonshire Teaching PCT		
00FN Leicester	5PC Leicester City PCT		
32UD Lincoln	5N9 Lincolnshire Teaching PCT		
00FY Nottingham	5EM Nottingham City PCT		
00CN Birmingham { { {	5M1 South Birmingham PCT 5MX Heart of Birmingham Teaching PCT 5PG Birmingham East and North PCT	West Midlands SHA	WEST MIDLANDS GOR
00CQ Coventry	5MD Coventry Teaching PCT		
44UC Nuneaton and Bedworth	5PM Warwickshire PCT		
00CS Sandwell	5PF Sandwell PCT		
00GL Stoke-on-Trent	5PJ Stoke on Trent PCT		
41UK Tamworth	5PK South Staffordshire PCT		
00CU Walsall	5M3 Walsall Teaching PCT		
00CW Wolverhampton	5MV Wolverhampton City PCT		
00AB Barking and Dagenham	5C2 Barking and Dagenham PCT	London SHA	LONDON GOR
00AL Greenwich	5A8 Greenwich Teaching PCT		
00AM Hackney	5C3 City and Hackney Teaching PCT		
00AN Hammersmith and Fulham	5H1 Hammersmith and Fulham PCT		
00AP Haringey	5C9 Haringey Teaching PCT		
00AU Islington	5K8 Islington PCT		
00AY Lambeth	5LD Lambeth PCT		
00AZ Lewisham	5LF Lewisham PCT		
00BB Newham	5C5 Newham PCT		
00BE Southwark	5LE Southwark PCT		
00BG Tower Hamlets	5C4 Tower Hamlets PCT		



# **Local Authority Areas with 20 or more infant deaths in the routine and manual group from 2002-04**

Note: Local Authorities that are also Spearhead Areas are shaded blue.

	Local Authority
1	Birmingham
2	Blackburn with Darwen
3	Bolton
4	Bradford
5	Brent
6	Bristol
7	Calderdale
8	Coventry
9	Croydon
10	Derby
11	Doncaster
12	Dudley
13	Ealing
14	East Riding of Yorkshire
15	Greenwich
16	Hackney
17	Haringey
18	Kingston upon Hull
19	Kirklees
20	Lambeth
21	Leeds
22	Leicester
23	Liverpool
24	Luton
25	Manchester
26	Medway Towns
27	Milton Keynes
28	Newham
29	Northampton
30	Nottingham
31	Oldham
32	Portsmouth
33	Preston
34	Rotherham
35	Sandwell
36	Sheffield
37	Southwark
38	Stoke-on-Trent
39	Sunderland
40	Tower Hamlets
41	Wakefield
42	Walsall
43	Wolverhampton