

Health Inequalities
Feedback from Health Inequalities National Support Team (HINST) Visit
December 2010

Presentation for Health Overview and Scrutiny Panel 17th March 2011

Background

In December 2010 Portsmouth was visited by the HINST to provide an objective assessment of health inequalities in Portsmouth. The purpose of this visit was to provide advice, support and challenge to our approach for tackling health inequalities. This was not a performance management visit.

One recommendation from the visit was

‘that HOSC considers reviewing the progress on tackling health inequalities through short, medium and long-term interventions by all partners.’

Introduction

This paper presents some facts about Health Inequalities and proposes some areas of work to review. The Public Health White Paper (DH 2010) outlines the government commitment

‘to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest.’

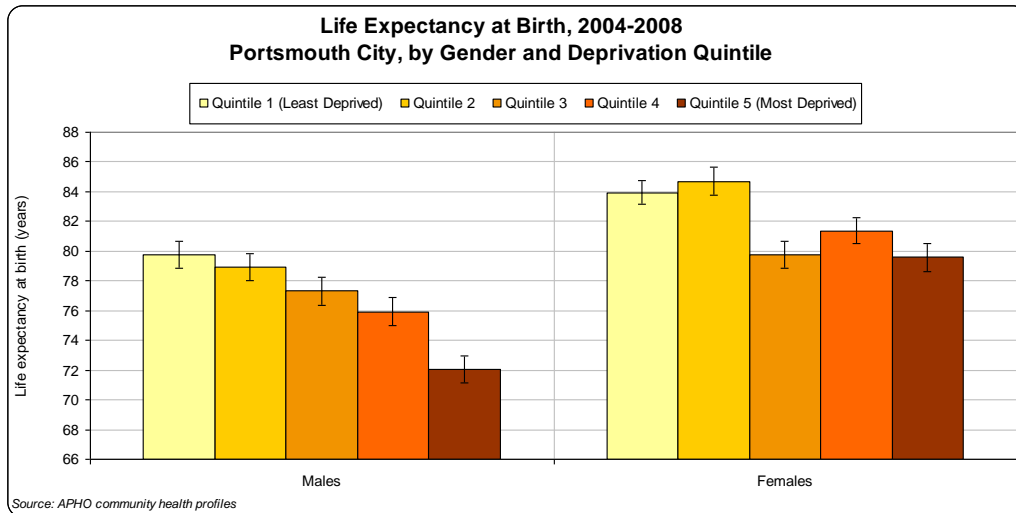
Portsmouth’s Adult and Child Poverty Needs Assessment highlights the clear links between fiscal poverty and poor health.

Health Inequalities

Health inequalities occurs when different people within a population or area have differences in health outcomes or in life expectancy. For example

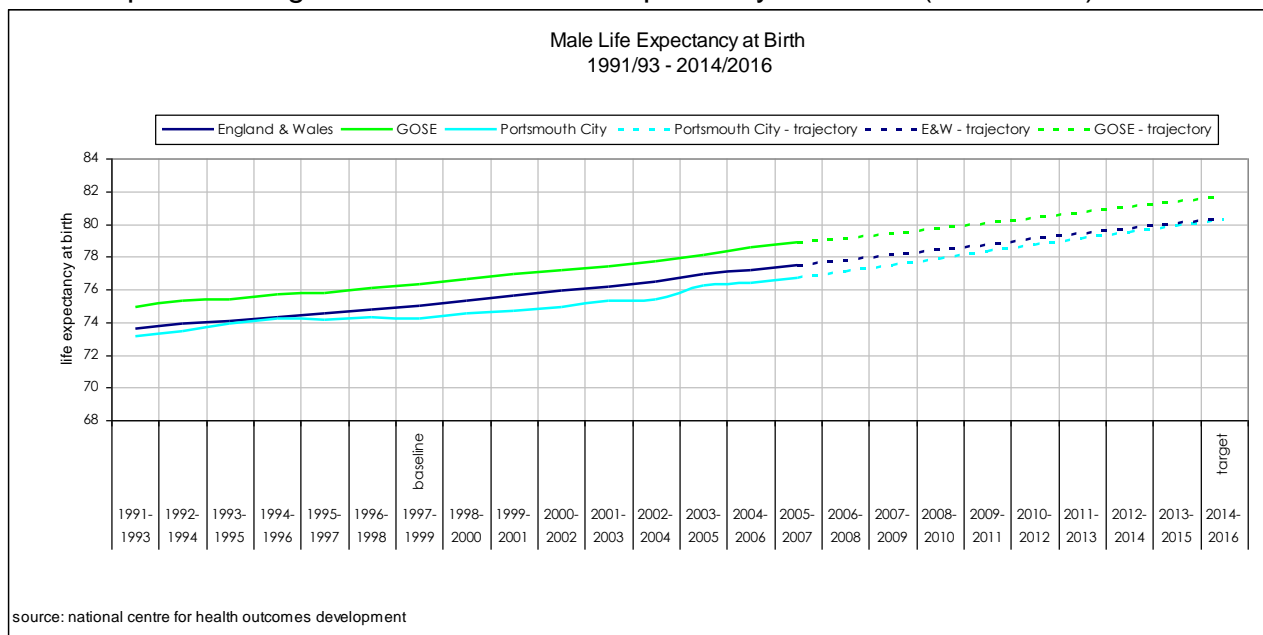
The health of people in Portsmouth is generally worse than the England average. Inequalities within Portsmouth are not stark but the situation amongst the most deprived areas is visibly worse for men.

Life expectancy for men living in the most deprived areas in Portsmouth is **7.7** years lower than for men living in the least deprived areas. For women the gap is smaller at **4.4** years

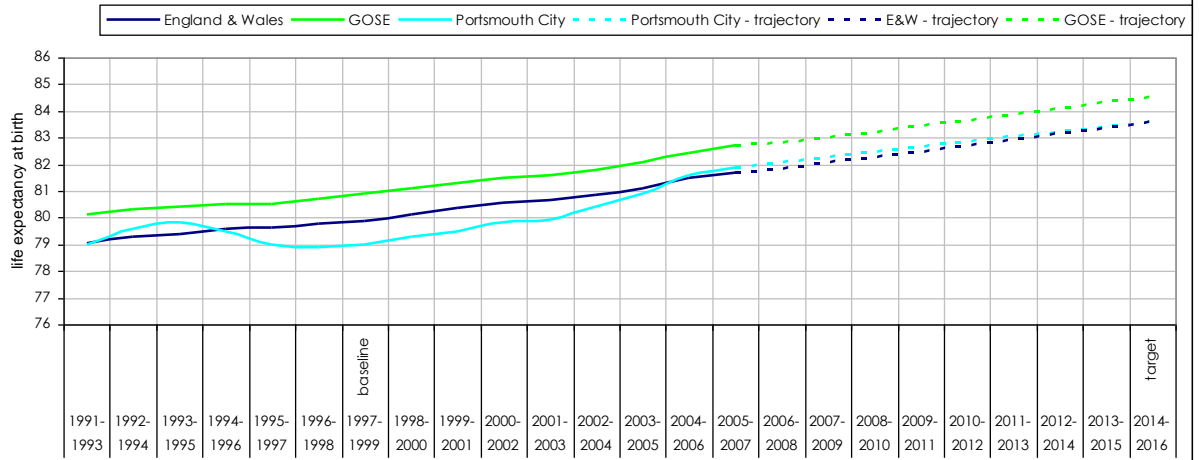


Life expectancy has been improving. The city is proud of the fact that female life expectancy has greatly improved. The same improvements have not been seen for males.

Graphs showing male and female life expectancy over time (1991-2014)

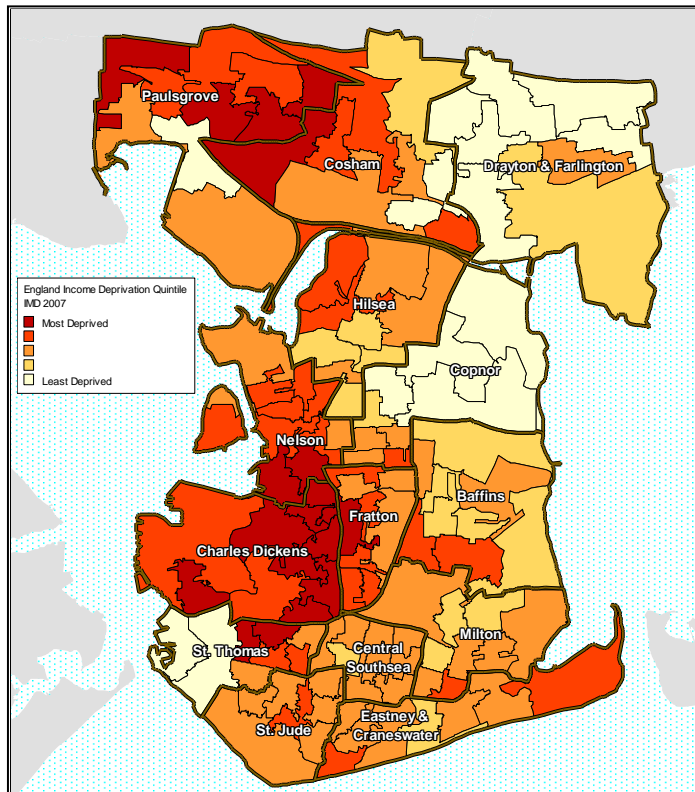


Female Life Expectancy at Birth 1991/93 - 2014/16

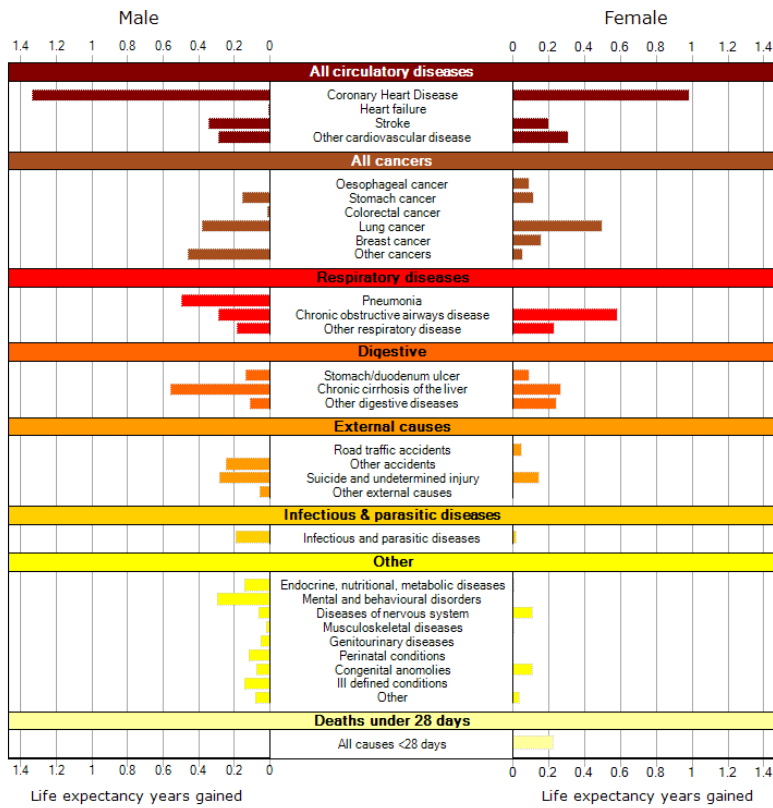


source: compendium of clinical and health indicators or national statistics online

The map shows the areas of deprivation for Portsmouth based on the Index of Multiple Deprivation 2007.



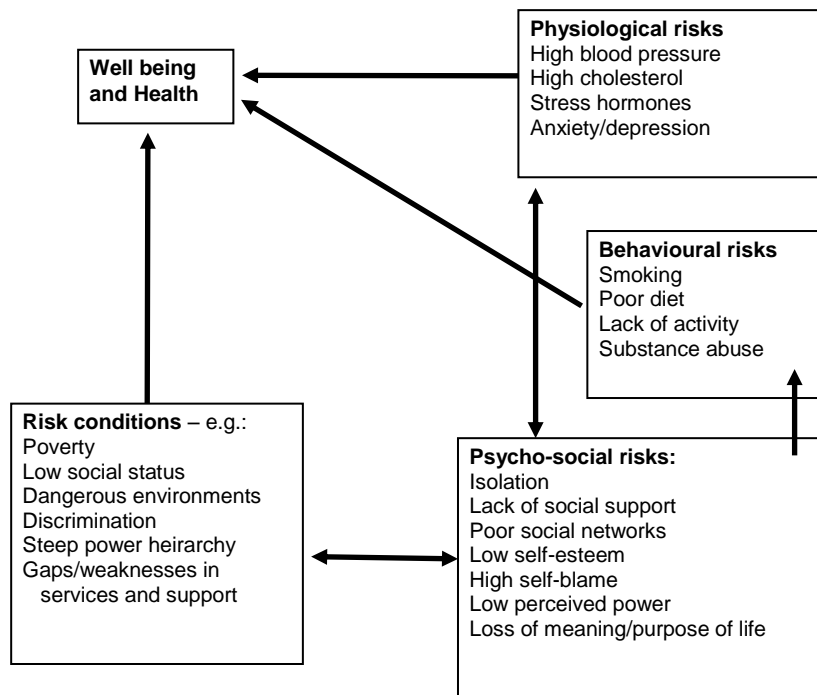
When this inequality is broken down by disease we can identify key issues to focus on. The chart shows the extra life year gained if Portsmouth's most deprived population quintile had the same mortality as its least deprived population. (Source: LHO Health Inequalities tool)



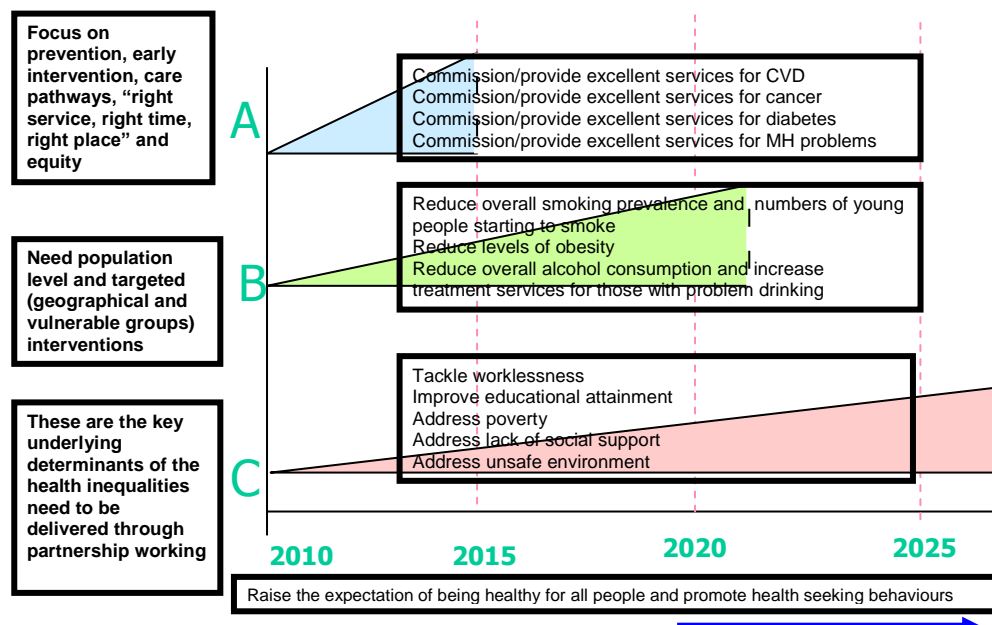
Tackling Health Inequalities

The HINST team presented the Labonte (1998)¹ model which describes how wellbeing and health are influenced by a web of factors. Tackling health inequalities is therefore a complex task which requires multiple interventions and actions.

¹ Labonte, R. 1998. A community development approach to health promotion. Edinburgh: Health Education Board for Scotland.



The HINST highlight that there are different interventions that will have impact at different times. These are illustrated below. Some interventions will have an immediate effect eg Commissioning and providing excellent services which meet the needs of the population. The second group are those which support lifestyle changes. The third group is about tackling the underlying causes of ill health.



Examples of current work in Portsmouth

The following highlights some of the work already going on in Portsmouth

Focusing on prevention, early intervention, care pathways, “right service, right time, right place” and equity

1. Joint Strategic Needs Assessment provides an agreed strategic overview of health and wellbeing needs in the city – ensuring that issues of equity are addressed
2. We have a range of prevention services in Portsmouth including
 - a. Smoking Cessation
 - b. Weight Management
 - c. Alcohol Services
 - d. Healthy Living Pharmacies
 - e. Sexual Health Service
3. These are provided in a variety of settings across the city to enable good access to the services.
4. The NHS Health Checks programme to identify people at risk of poor circulatory health has been developing in Charles Dickens ward and will be rolled out to the rest of the city.
5. Choose Well Campaign
6. Pharmacies are running a men’s health campaign in June 2011.

Need population level and targeted (geographical and vulnerable groups) interventions

1. Services are targeted at those who need them for example
 - 1.1. Solutions4Health provide smoking cessation services for minority ethnic communities.
 - 1.2. PCC is developing a service to target Support for Vulnerable Families
 - 1.3. Breast feeding and smoking cessation support for pregnant women
 - 1.4. The Health Trainer service is targeted at areas of deprivation where poorest health will be found.
2. Extensive Social Marketing work ensuring the customer is understood and targeted and supported in an appropriate way for them.

These are the key underlying determinants of the health inequalities need to be delivered through partnership working

1. Portsmouth has undertaken a Poverty Needs Assessment and is developing a strategy to tackle poverty
2. Neighbourhood Agreements are developed in areas of Portsmouth to engage the community in improving their areas. This has focused on environmental issues to date. It is hoped that health issues will be a feature of these in the future.

3. Targeted School Meals Support is a programme to increase uptake of school meals, including free school meals
4. Programmes to raise educational attainment in schools

Proposal for Health Overview and Scrutiny Panel in depth review

From the evidence above I recommend the panel undertake an in depth review to understand the issues of male life expectancy and the health inequalities related this issue.

This is an issue where Portsmouth performs worse than the England average and the progress in female life expectancy has not been reflected in improvements male life expectancy.

There is a clear gradient with men from poorer backgrounds having lower life expectancy than those from less deprived backgrounds.

The review could include issues such as

- Accessing of services by males
- Understanding of information
- Later presentation of disease and diagnosis
- Lifestyles undertaken

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