Strategy to reduce health inequalities within Southwark 2009-2020

Summary
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Lead Officer	**Dr Ann Marie Connolly, Director Public Health**
Lead Author	**Jeffrey Lake, Specialist Public Health Trainee**
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Summary

1. Introduction

1.1. Southwark has a young mobile and ethnically diverse population with very high levels of social deprivation. Despite the deprivation there has been considerable progress in narrowing the health gap that exists between Southwark and England as measured through life expectancy. Female life expectancy in Southwark is now above the national average at 82.02 years and male life expectancy of 76.6 years in the borough is now only 0.7 years below the England figure.

1.2. Despite this overall progress there are still stark inequalities within Southwark. The gap in life expectancy between the most deprived fifth and the least deprived fifth of the population is 3.4 years for women and 5.2 years for men. The gap between local authority wards in the borough is much bigger at about 10 years for females and 17 years for males.

1.3. While Southwark has many actions and services in place that address different aspects of health inequalities or their determinants, it has lacked an explicit strategy.

1.4. This strategy sets out to address this gap. The target in this strategy is to narrow the life expectancy gap between the most deprived parts of the borough and the least deprived parts of Southwark by 20% by 2020.

2. Overall Aim and Approach

2.1. This strategy sets out our intentions to address health inequalities in Southwark. It has the following aim:

Our aim is to reduce inequalities in health in Southwark by narrowing the gap between those at greatest risk of poor health outcomes and those who have the best health

3. Defining Health inequalities

3.1. Health inequalities are defined as the differences in health status or in the distribution of health determinants between different population groups (WHO 2008).

3.2. Clear socio-economic gradients exist in relation to health determinants and health outcomes. There is a complex array of factors and causes of inequalities in health outcomes and they operate at many different levels. However there are three main domains into which these factors can be classified and which are amenable to intervention:

- Socio-economic environment
- Lifestyles and behaviours
- Access to effective health, social care and other services

3.3. The delivery plan for this strategy is configured to address these three domains

4. Policy and Audit Context

4.1. There has been a significant policy aim from national level since 2001 to achieve targets relating to improving life expectancy of people in different geographical areas and between different social groups, with PSA targets being set for Life Expectancy.

4.2. A series of national reviews of actions and achievements since the introduction of the PSA target provides useful guidance on where to focus attention.

4.3. An Audit Commission report on health inequalities in Southwark (Audit Commission, 2008) found that health inequalities have been identified as key improvement areas within key primary care trust, council, and partnership documents. Nevertheless, it concluded that a more explicit approach to addressing health inequalities is required, supported by systematic mechanisms to ensure delivery. A number of recommendations were made:

- develop a joint overarching health inequalities strategy that coordinates and provides a focus for initiatives to tackle inequalities
- develop robust outcome measures that can help effectively evaluate the impact of initiatives

and also

- ensure the overview and scrutiny committee provides effective challenge on a wide range of health inequality issues
- make better use of available health intelligence and data to influence commissioning

- undertake further work to identify the most appropriate interventions for different community groups
- develop a structured training programme for staff, non executive directors and members to address the skills and competencies needed to effectively address health inequalities
- develop a clear and explicit plan towards corporate responsibility in respect of the wider determinants of health across departments and organisations.

5. Where are we now?

5.1. There is considerable analysis of data highlighting the inequalities in determinants, in lifestyles and in access to care for Southwark residents. A few key pieces of information are summarised here as examples extracted from the background data that has informed the strategy.

5.2. Determinants of health.

5.2.1. Socio economic factors are key influence on inequalities and Southwark has high levels of social deprivation compared to most local authorities. The Index of Multiple Deprivation (IMD) for 2007 combines a number of different measures into a composite index and local authorities are ranked in accordance with Southwark number 26 out 354 (amongst the most deprived) in England and ranked 9 out of 33 in London. This represents some improvement since the previous index in 2004.

5.2.2. 58% of the population is within the bottom fifth most deprived areas of nationally.

5.2.3. Other indicators show that while Southwark has a larger % of people with higher qualifications compared with London (42.6% compared with 37.4%), it also has a higher % of people with no qualifications (16.2% compared with 12.8%).

5.3. Lifestyles

5.3.1 Estimated smoking prevalence suggest that smoking rates vary widely and there may be (estimated) two fold differences in smoking levels across the borough between different wards.

5.4. Access to care

The proportion of people on Southwark GP disease registers that have their blood sugar controlled at target level ranges from 35% to 78%. Similarly the percentage of people on GP registers with their blood pressure controlled ranges from 55% to 96%, suggesting that many patients are receiving sub-optimal care.

5.5. Outcomes

5.5.1. There has been considerable progress in narrowing the gap on average life expectancy for Southwark population compared with the national average.

5.5.2. The gap between wards in male life expectancy has grown from 7.2 years (1999-2003) to 16.9 years (2002-2006). For women the gap in the same period has grown from 6 years to 9.9 years.

5.5.3. For those who live a longer life, in terms of quality of life, mental health problems are the largest cause of disability affected years of survival.

5.5.4. Progress has also been made in reducing mortality rates, including those for cancer, heart disease and infant mortality.

5.6. Evidence base for interventions

5.6.1. Evidence for the impact of some interventions to address health inequalities is robust, particularly relating to health care interventions and some lifestyle interventions.

5.6.2. However for some other approaches, such as complex socio-economic interventions, these are not so easy to test. As they have longer term outcomes it is not always easy to see the immediate impact of the service or action.

6. Action to address inequalities

6.1. There are many activities and strategies already underway which are addressing the causes and impacts of health inequalities. However there is some way further to go to achieve a narrowing of the gap in health outcomes.

6.2 The aim is:

To reduce the life expectancy gap between the most deprived quintile and the least deprived of the population of Southwark by 20% by 2020.

This means an increase in average life expectancy for females in the poorest areas of 0.7 years and for males of 1 year.

6.3. The key objectives in reducing health inequalities are to

- Achieve Southwark's agreed life expectancy target
- Deliver improvement in quality as well as quantity of life, particularly focused on communities in greatest need
- Ensure collaboration across sectors in reducing health inequalities with coordinated action in the short medium and long term
- Ensure that addressing inequalities runs as a thread through all major PCT and council strategies and plans
- Ensure that services fit those in greatest need

- Ensure that prioritization and investment to address inequalities is based on a clear and realistic understanding of the scale and effectiveness needed to deliver change at the population level

6.4. Principles underpinning this approach are

- Ensure that addressing health inequalities is everyone's business across the partnership
- Build on and complement existing strategies
- Employ systematic methods of needs assessment, evaluation and equity impact assessment to support decision making and commissioning
- Ensure that community engagement is a central component in planning
- Ensure that there is appropriate balance between achievement of short medium and long term objectives
- Ensure that actions are focused on measureable achievement and outcomes

6.4. The theme areas for the strategy have been chosen based on key guidance and evidence from the

- National Support Team on Health Inequalities,
- Local plans and strategies
- Analysis of data on the major issues
- Quantitative and qualitative research data
- Best practice and other evidence

6.5. Southwark's strategic approach is to identify those actions which ensure the best outcomes for the largest numbers of peoples and which can be scaled up as far as possible to meet the strategic goals.

6.6. This will require special efforts to target the populations that need them most, focusing actions where they can have maximum impact. There are two reasons: a) some people are more at risk of particular diseases such as black men with hypertension and stroke and b) delivery needs to target those areas with poorest indicators e.g. some GP practices and/or housing estates

6.7. While the focus of this strategy is on improving life expectancy this should be seen as part of a more holistic approach to improving health and well-being. There is increasing recognition of the interplay between mental health and physical health and the crucial role of the early years of life.

6.8. Five key Theme Areas have been identified with detailed delivery plans developed for each of them. The five theme areas are:

- Diabetes and Heart Disease
- Infant Mortality/Early years
- Cancer
- Lifestyles

- Life Chances

6.9. The impact of these interventions for these theme areas will deliver outcomes over different timescales in the short medium or long term, with the more immediate impacts likely to be seen from medical interventions and the impact of lifestyles and life chances interventions requiring a longer timescale for impact.

6.10. The interventions supporting each of these themes are set out in the following table, alongside the rationale for their inclusion.

Theme	Intervention	Rationale	Delivery by
Cardiovascular disease and diabetes	For people living in the most deprived quintile (MDQ) • Implement the NHS health checks in high risk communities • Improve CVD and diabetes case finding • Improve Blood pressure control • Achieve good cholesterol control	These are the biggest causes of early mortality in Southwark and there are strong inequalities between socio-economic groups and between some ethnic groups. Improving the prevention, detection and treatment of these conditions is known to be one the most effective ways of reducing inequalities.	NHS Theme coordinator - NHS officer
Infant mortality/ early years	• Early referral and access to maternity care • Reduction in teenage pregnancy rate	Infant mortality rates are very high in more deprived areas and are a key contributor to reduced life expectancy. Health in early years is vital in setting the pattern for later life and early intervention can pay dividends for the future.	NHS Theme coordinator - NHS officer
Cancer	• Improve coverage of Cervical screening through working with primary care • Improve bowel	Cancer is the second biggest cause of inequalities in Southwark. Early detection and treatment of cancers is crucial to improving people's health outcomes and	NHS Theme coordinator - NHS officer

	screening through health promotion activities in specific areas	can prevent avoidable deaths.	
Lifestyles	For those in the MDQs • Increase numbers of smoking quitters • Train GP practices in brief interventions for alcohol problems • Develop local walking initiatives • Healthy eating as part of a family approach weight management programme • Improve access to HIV testing for MSM and African communities • Healthy living package for people with enduring mental health problems	Smoking, alcohol use and physical activity levels are key determinants of health. Rates vary between different population groups and there is increasingly good evidence of interventions to tackle unhealthy lifestyles	NHS Theme coordinator - NHS officer
Life chances	• Increase free school meal uptake • Improve employment through: • Access into employment for school leavers • NEETs increase	Many health problems have their origins in wider social and economic conditions. Reducing inequalities in the longer term will depend on action to improve the life chances of people in greatest need. Mental health problems	Southwark Council Theme coordinator - Council officer

	employment • Increase employment through recruitment into local NHS • Benefits advice • Improve access to (IAPT) psychological therapies for those from BME communities • Improve energy efficiency of homes in all tenures	substantially affect life chances as well as being a source of health inequalities in themselves.	

7. Contribution of other strategies

7.1. This strategy is not the sole focus on health inequalities, but works with and complements other major Southwark strategies. These other strategies all contribute to reduction of health inequalities.

Major Strategy	Contribution to Reducing Health Inequalities
Children's and Young Peoples Plan (in draft form)	Narrowing the Gap and improving education attainment will have long term benefits for health of young people as they grow older
Employment and Enterprise Strategy (Under review)	Improving access to employment and income has significant impact on health of the poorest
Sports and Physical Activity Strategy	Will improve the uptake of physical activity for those who do not traditionally participate in physical activity and use a wider range of non traditional settings
Healthy Weight Strategy	Targeted approach to reducing obesity and a population approach to lowering the average weight
NHS Southwark Strategic Plan	Commissioning plan for the NHS in Southwark to improve health and health services for local community
Southwark Alcohol Strategy	Reduce the numbers of those engaged in harmful drinking

Regeneration and Major Projects work	Significant long term impact on the health and quality of lives through improved housing and better social environment for the deprived areas that will undergo major regeneration programmes
Housing Strategy	Long term impact through improving the quality of social housing for the most deprived

8. Delivering the strategy

8.1. Each of the delivery strands has a key lead whose role it is to coordinate the delivery of the plan.

8.2. The strategy and delivery plan will be monitored by the Healthy Southwark Partnership Board (or its revised successor partnership board).

8.3. Metrics for monitoring outcomes are being devised to help effectively evaluate impact of the strategy and initiatives.