Health Inequalities in Oldham

Alan Higgins, Director of Public Health, Oldham.

18th October 2011
Crompton Suite
Civic Centre
Oldham MBC

A PURPOSE OF THE REPORT

To provide the Overview and Scrutiny Board with an update on health inequalities in Oldham and the action being taken to address inequalities in health. Also to provide an update on progress with tackling a number of long term conditions.

B SUMMARY

See attached briefing below.

C RECOMMENDATIONS

The Overview and Scrutiny Board is asked to note the content of the report and suggest areas for further discussion.

D CONSULTATION UNDERTAKEN

Legal ☐ Finance ☐ Other ☐

E IMPACT ON COMMUNITY STRATEGY & COMMUNITY COHESION

The actions highlighted in the report should contribute to the implementation of the Community Strategy and the promotion of Community Cohesion.

F IMPACT ON EQUALITIES

Implementation of the suggested actions would promote equality.

G APPENDICES

Detailed statistics and tables attached.
1. Health Inequalities

Local Picture

Inequalities in health are often demonstrated by comparing the life expectancy between communities or areas. Life expectancy at birth predicts the number of years that a person can expect to live on average and is used to monitor population morbidity and mortality. It also helps to measure health trends and inequalities within a population. Life expectancy in Oldham is significantly lower than England as a whole (2.8 years lower for males and 2.4 years lower for Females)

Perhaps most stark however is the internal life expectancy gap in Oldham, which is particularly wide compared with other borough’s. This internal gap is best illustrated in the difference between boys born in Coldhurst, who have a life expectancy 12.2 years less than their counterparts in Saddleworth South. See attached data on life expectancy by Council wards in Oldham (appendix 1)

Progress

• Life expectancy is increasing in line with national trends
• The ‘internal’ life-expectancy gap is worsening (also in line with national trends)
• Life expectancy increases are most likely the result of faster identification of disease, and better healthcare.

Further Action

• Increasing life-expectancy means an older population - initiatives to support ‘ageing well’ are important for increasing quality of life and reducing service demand.
• Taking risks with behavior that affects health is an issue for the population of Oldham. Thus commissioning effective measures to support reductions in levels of smoking, alcohol abuse, obesity, smoking and targeting these to more deprived communities will be critical to decreasing health inequalities.
• Access to high quality health care is a major contributory factor to health inequalities.
• However the greatest impact in inequalities in health is through broad determination of health such as inequalities in income, job opportunities and educational attainment.
2. Cardiovascular disease CVD (Diabetes, Coronary Heart Disease/CHD, and Stroke)

Local Picture

DIABETES: The prevalence of diabetes amongst patients registered with a GP practice has increased from 3.77% in 2005/6 to 5.76% in 2009/12. This increase is likely for two reasons. More people are developing diabetes in the Oldham population and more people are being identified by health services as having diabetes.

CHD: The prevalence of CHD amongst patients registered with a GP practice has decreased year on year (3.77 in 2005/6 and 3.52 in 2009/10). There has been a significant decrease in the rate of premature mortality from CHD. This is in line with national trends. Improved treatment, earlier identification and initiatives to reduce variation in the quality in primary care are key drivers.

STROKE: There has been an increase in the prevalence of stroke from 1.58% in 2005/6 to 1.65% in 2009/10. This increase is somewhat less than the North West average.

Progress

The success of disease registers in primary care has seen greater numbers identified at an earlier stage, and has helped to standardize key treatment and management pathways for CVD patients. The health checks programme to screen patients aged 40-74 for cardiovascular disease ‘risk’ has been shown to reduce the numbers of undiagnosed patients and improve patient outcomes.

CVD is no longer the main cause of premature mortality in Oldham, although it remains a significant burden. In addition the national stroke strategy has resulted in better quality acute management and rehabilitation of stroke patients, but there are still some improvements required in local acute and rehabilitative care.

Further Action

- Although significant improvements have been made, further work is needed to strengthen Stroke care in Oldham both acute and rehabilitation.
- The NHS Health Checks programme should be sustained – particularly for those patients with GP level data which would already suggest CVD risk.
- Levels of Obesity, Smoking, Physical in-activity and Alcohol abuse the most pressing concerns and require additional attention to achieve change that will enhance health.
3. **Cancer**

**Local Picture**

Although cancer mortality in Oldham has declined over the past decade the gap between Oldham and England has widened. Of all cancer deaths in Oldham lung cancer is the biggest contributor to cancer mortality for both men (39%) and women (39%) (appendix 2). The second largest contributor differs however in that for men this is Lip, oral and larynx (18%) and for women this is breast cancer (25%).

Deprived areas generally have higher rates of cancer mortality. Risk factors for cancer include poor intake of fruit and vegetables and excess red meat consumption, obesity, lack of physical activity and alcohol consumption, although smoking is the main risk for developing cancer, particularly lung cancer.

**Progress**

Screening Services identify people who are at the early stages of developing cancer. Existing programmes such as Cervical Cancer Screening, and Breast Cancer Screening are well established although uptake has begun to decline in line with national trends – see appendices 3 & 4). Cervical cancer screening for example has seen a drop in coverage nationally but this has now stabilised, local uptake however continues to fall, ie from 79.1% in 2007/8 to 77.9% in 20010/11. Uptake for the relatively new Bowel screening programme continues to increase however. (Appendix 5).

**Further Action**

Initiatives and activities aimed at increasing the uptake of all screening programmes is important in order to maximise the benefits available for the population of Oldham. Health improvement services have a key role in preventing cancer through providing stop smoking services, weight management and physical activity interventions. Initiatives have been carried out to improve uptake of breast and cervical screening, however the commissioning of additional and effective behaviour change and early cancer detection programmes will reduce the high proportion of preventable cancers.

In addition, secondary care services should be monitored to ensure that waiting times to diagnostic and treatment services are reduced to help improve survival outcomes for people with cancer.

4. **Respiratory Disease**

The two most common respiratory diseases are chronic obstructive pulmonary disease (COPD) and asthma. Both are affected by personal, socioeconomic and environmental characteristics and by smoking.
Local Picture

Deaths rates from respiratory disease in Oldham are higher than the England average (see appendix 6) and are linked to deprivation. There is a high level of unmet need in Oldham. An estimated 4,000 people with COPD are missing from GP registers and therefore not receiving care.

Asthma affects approximately 10% of children. An estimated 6,000 Oldham residents over the age of eight years with asthma are not being currently treated. People on low incomes are more likely to experience ill-health from asthma. Oldham has a higher rate for emergency hospital admissions for asthma in children aged 0-18 years compared to the North West and England. (Appendices 7 & 8) Around 75% emergency hospital admissions may be preventable with appropriate early interventions.

The main risk factors for asthma which can be modified are environmental (including viruses, traffic fumes, tobacco smoke, dusty conditions and occupational irritants.)

Progress

Housing providers and home owners can access insulation and other measures to ensure warm housing which can reduce ‘flare-ups’ caused by cold and damp living conditions. Primary care has been incentivised to improve the quality of care for COPD patients, and care plans are being introduced to ensure the provision of evidenced based care for all COPD patients

Flu immunisation to reduce complications of respiratory disease continues to be promote, and for the over 65 flu immunisations programme a rate of 74.2% was achieved last year which was above the 70% target. An uptake rate of 58.3% was achieved for people over 65 with chronic respiratory disease.

Further Action

A pro-active, collaborative approach between health and partner agencies is required to improve health outcomes for both conditions which focuses on:

- the promotion of good lung health, the awareness of respiratory disease symptoms and early identification of disease
- Need to identify people who are currently not being treated and ensure that they receive effective treatment
- initiatives to ensure smoke free environments and prevent people starting to smoke as well as continuing to provide smoking cessation services
- provision of effective treatment, patient information and support measures tailored to the individual’s needs.
5. **Mental Health**

**Local Picture**

Obtaining an accurate measure the burden of mental ill-health within Oldham is difficult because of difficulties relating to stigma and labelling associated with a diagnosis of a mental health disorder. A local MORI survey in Oldham in 2008 indicated that the proportion of residents who reported ‘mental distress’ at some point within the previous 12 months was around 27%.

This varied significantly by ward, with some wards showing significantly higher levels than this (Alexandra 42%, St James 37% and Coldhurst 37%). GP practice level data shows that only a limited proportion of these individuals ever report this to their GP (appendix 9). Figures for children are less clear, however national modelling would suggest that of 5 -10 year olds 10% of boys and 5% of girls are likely to have a mental disorder, and of 11 – 16 year olds 13% for boys and 10% for girls are likely to have a mental disorder. This would equate to over 5,000 children in Oldham.

**Progress**

The recent introduction of a local service aimed to increase access to psychological therapies (IAPT) in line with a national initiative, will increase the capacity of service to offer specialist support for patients who present with a range of disorders including depression and anxiety. This service will provide evidence based expert clinical interventions for people at an early stage, thus ensuring that fewer individuals end up requiring more intensive or in-patient services.

**Further Action**

The prevalence of mental health disorders tends to increase when there are population level economic and social pressures, therefore demand for services is likely to increase over the medium term. In addition to supporting services such as IAPT and primary care services, population level measures such as community engagement for vulnerable communities and the embedding of the ‘five ways to wellbeing’ (appendix 10) in the everyday interactions that all services have with clients on a daily basis are low-cost, effective, non-intrusive yet successful interventions which can be delivered relatively easily.

Increasing support for families with children is crucial in preventing early problems which can lead to life-time mental health problems. Early identification of issues such as conduct disorder, attachment difficulties or disability linked issues (eg Aspergers) is essential to ensure that parents and children are supported from an early stage.
6. Smoking

Local Picture

Oldham’s smoking prevalence of 28% is higher than that of the North West (23.6%) and England (22.2%), and when broken down this equates to more than 50,000 people across Oldham aged 16 and over currently smoking. There is wide variation within Oldham (appendix 11) with rates ranging from 14.76% in Saddleworth North to over 35% in Hollinwood.

Progress

There are currently two measures of performance relating to smoking:

1. Four week smoking quitters: This indicator is delivered by Oldham’s Stop Smoking Service. Performance has been below target for several years up until 2010/11 when the service achieved 2034 quitters against a target of 2008 (as shown in appendix 12).

2. Smoking at the time of delivery: Performance against this indicator shows that 17.2% of mothers were smoking at the time of delivery in 2010/11 this is higher than in 2009/10. However this varies, for example the most recent quarterly data shows 15.4%.

Further Action

- Despite recent improvements in smoking quitters a recent review of smoking services made a number of recommendations:

  1. To reduce smoking prevalence in Oldham there is a need to increase focus on prevention, and widening access to stop smoking interventions (not just focusing on smoking quitters as per the current model).

  2. Support to prevent and stop smoking should be part of a generic lifestyle intervention as well as available at a specialist level. With a tiered model of delivery proposed, to include:
     i. Community approaches to engagement and awareness raising, alongside interventions to tackle supply issues, reducing initiation and increasing smoke free places and tackling second hand smoke.
     ii. multi-worker provision of an initial assessment and brief intervention
     iii. multi-worker provision of 1-1 support
     iv. targeted specialist management of high risk or difficult to engage groups
7. Physical Activity: 2010/11

Local Picture

The number of people who do not participate in sport and active recreation increases with age. Rates for Oldham show that for 16 – 34 year olds and those over 55, physical activity has slightly declined in Oldham from 26.7% to 26.2% and 7.8% to 7.7% respectively during 2009/10. When asked whether they participated in a sport three times a week for 30 minutes at moderate intensity (national recommendation) women reporting lower levels than men (14.8% achieving the 3 x 30 target in Oldham compared to 24.4% of men.

Progress

A comprehensive leisure service review has been completed with a number of proposals to improve the quality of leisure services in Oldham. A public consultation will run from until mid November. Alongside the leisure review is a physical activity strategy that aims to provide a framework for commissioners (Local Authority, NHS and the Oldham Clinical Commissioning Group) and providers of leisure services which is being finalised.

Further Action

Despite recent improvements in physical activity through Active Oldham over half (51%) of the Oldham population remain physically inactive. Changes in lifestyles and the built environment have contributed to people becoming much less active. The impact of physical inactivity on health is comparable to that of smoking. Increasing physical activity levels across Oldham is a major public health priority. High impact actions have been identified through the Physical Activity Strategy to help people build physical activity into their daily lives through active workplaces, active living (including cycling and walking schemes), active play, active recreation (gardening, informal sport) and participation in organised sports.

8. Obesity

Local Picture

The prevalence of adult obesity in Oldham, at 23.8% is greater than that for the North West (23.4%) but less than that for England (24.2%). Linked to obesity is the proportion of individuals reporting 'healthy eating', and at 23.5% this is lower than that for the North West (23.4%) and England (28.8%). This is unsurprising as less healthy eating patterns are linked to higher levels of deprivation. The most reliable source of data for adult obesity is via primary care, and this data shows wide variation by GP practice (appendix 13). However despite greater efforts within primary care to measure obesity, part of this variation may be linked to better assessment of patients and recording of obesity on GP systems by some practices than others.


**Progress**

The National Child Measurement Programme measures children in reception and year 6 of school, and data from this programme shows that as children get older in Oldham, obesity levels increase. Most recent data for reception age children shows obesity levels slightly higher in Oldham (10.3%) than that for the NW (9.9%) and England (9.8%). For year 6 in Oldham this is slightly lower (18.1%) than the NW (19.3%) and England (18.7)

Data relating to childhood obesity from 2006/7 shows slight year on year variation, and it is difficult to see a consistent picture of increase or decline in prevalence at reception age either locally or nationally in this time period. However there would appear to be an increasing trend nationally and locally. Data relating to trend in obesity in adulthood is not yet sufficiently robust to enable time trend analysis.

**Further Action**

The continuation of the National Child Health measurement programme will be an important population level surveillance programme over coming years to identify patterns and trends in obesity in childhood. Improvements in the systematic collection of data on adult obesity at practice level will make local evidence more complete.

Initiatives to improve lifestyles for children and adults – in particular those relating to physical activity and healthy eating, such as the ‘MEND’ programme for children ‘why weight’ programme for adults are important and successful local initiatives for reducing obesity. Equally as important will be the longer-term systematic and strategic actions which are needed regarding the nature of the environment in which local people live, ie access to safe and desirable opportunities for physical activity, the nature and availability of healthy foods, and food advertising.
Appendix 1
Life Expectancy for males (blue) and females (green) in Oldham by ward, Source Public Health Annual Report 2011.
Appendix 2
Contribution of cancer types to cancer mortality for males and females under 75 in Oldham 2010

![Male cancer deaths by condition](image1)
![Female cancer deaths by condition](image2)

Source: Primary Care Mortality Database

Appendix 3
Cervical Cancer Screening by GM PCT

![Cervical Screening Coverage](image3)

Source: GM PCT
Appendix 4
Breast Cancer Screening Uptake by North West PCT:

Appendix 5
Bowel Cancer Screening Uptake for GM PCTs:
Appendix 6

Aged Standardised mortality rates under 75 years from COPD

<table>
<thead>
<tr>
<th>Years</th>
<th>Males</th>
<th>Females</th>
<th>Males</th>
<th>Females</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005_07</td>
<td>England</td>
<td>North West</td>
<td>Oldham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006_08</td>
<td>England</td>
<td>North West</td>
<td>Oldham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007_09</td>
<td>England</td>
<td>North West</td>
<td>Oldham</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 7

Emergency hospital admissions with primary diagnosis of asthma in children 0-18 years per 100,000 population, 2009/10
Appendix 8
Emergency hospital admissions for asthma in children 0-18 years per 100,000 population by admission type, 2009/10

Appendix 9
Self-reported mental distress compared with GP registers (taken from the JSNA Mental Health Update report)

Source: JSNA Mental Health Update 2009 and QOF 2008/09
Appendix 10
The ‘5 ways to wellbeing’

In 2008, nef (the National Energy Foundation) was commissioned by the UK Government’s Foresight Project on Mental Capital and Well-being to review the interdisciplinary work of over 400 scientists from across the world. The aim was to identify a set of evidence-based actions to improve well-being, which individuals would be encouraged to build into their daily lives. The following ‘five ways to wellbeing’ were a product of this work ….

- ‘Connect’ : with the people around you, especially where you live …
- ‘Be Active’: find something you enjoy, eg dancing, walking or just doing your housework with a little more energy than usual ..
- Take Notice: be ‘mindful’ of the moment and how you feel, and take some time to take stock and relax …
- Keep Learning: will make you feel confident, especially if it costs nothing, it can make you more adventurous .
- Give: helping others helps you to feel better about yourself …eg lending a hand, smiling, thanking others or volunteering …

Source: NEF (2008)

Appendix 11
Smoking Prevalence by Ward and Index of Multiple Deprivation Score
Appendix 12
Four Week Smoking Quitters 2008/09-2010/11

Appendix 13
Adult Obesity prevalence for GP Practices in Oldham