

Health Inequalities

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**Nottinghamshire
County Council**

Health Inequalities

- Context
- Our approach
- Background, main contributors to Life Expectancy and Healthy Life Expectancy
- Potential actions
- Recommendations

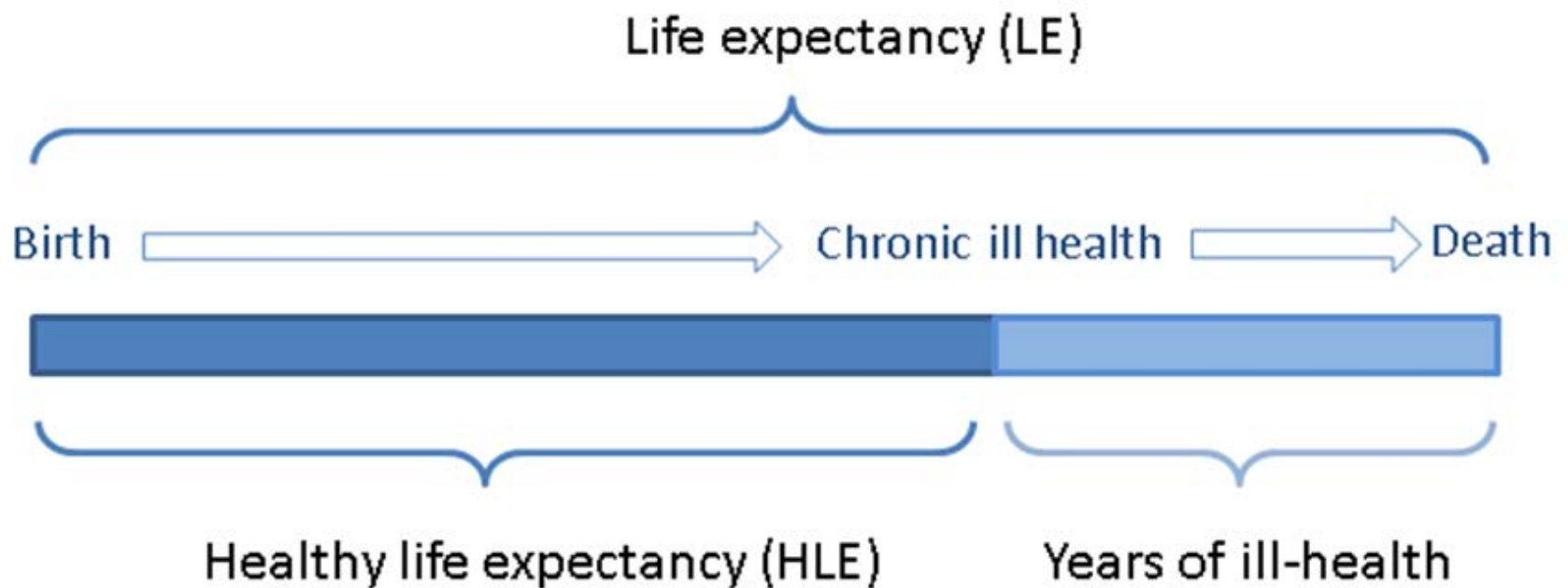
Context

- Health Inequalities (HIs) are a huge and complex area
- All health and wellbeing activity and other areas of work have potential to ↑↓ HIs
- Narrow focus e.g. equality of access
- Fair Society, Healthy Lives: evidence-based strategies (Marmott)
- Factors with greatest overall impact

Our approach

- What causes HIs
- The Nottinghamshire picture, trends and benchmarks
- Overarching indicators: Life Expectancy (LE) and Healthy Life Expectancy (HLE)
- What needs to be done; examples of good practice, gaps, leadership and partnership

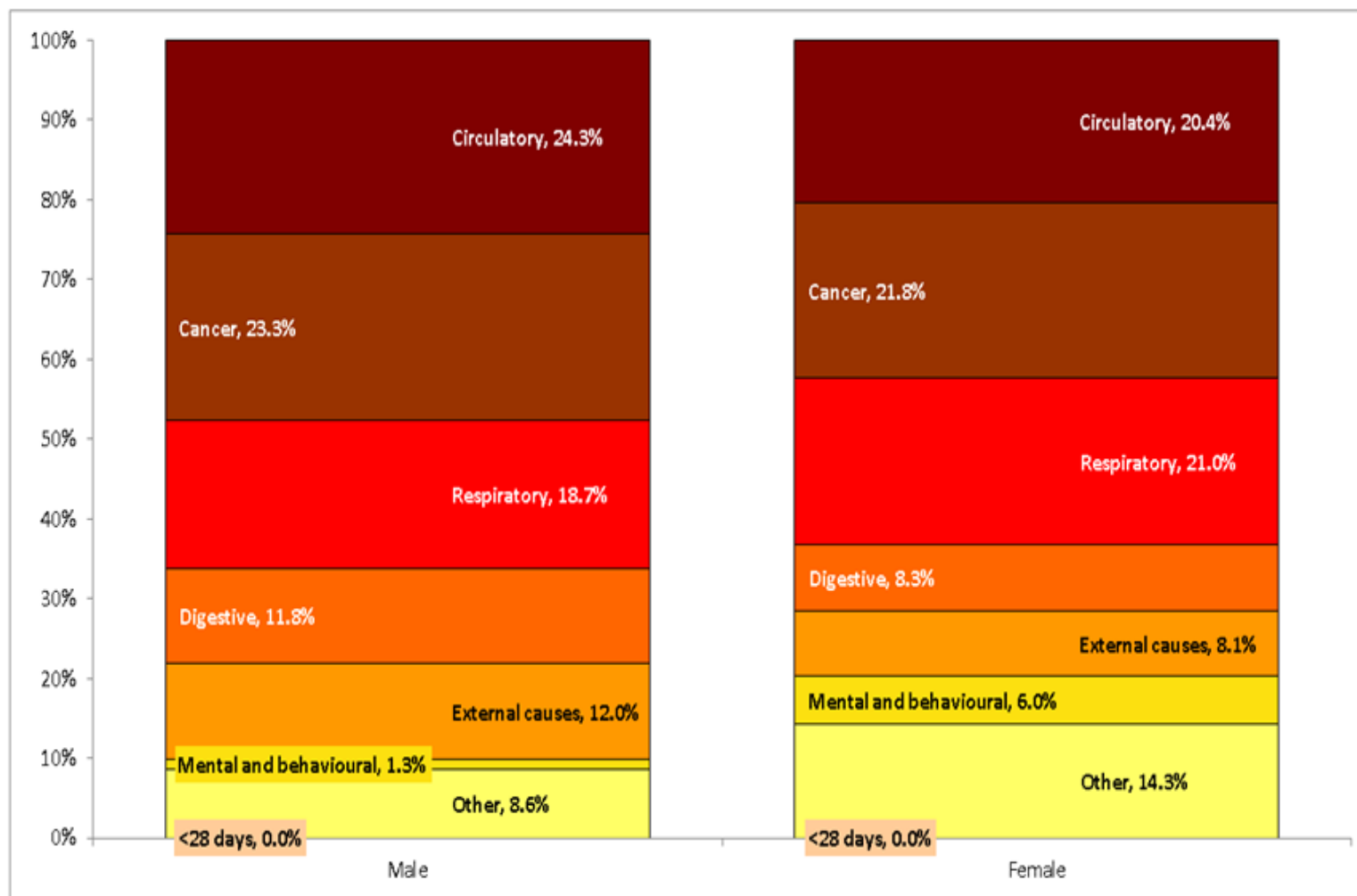
Overarching indicators



Life Expectancy

In line with national trends:

- Increasing in all districts
- Male LE < Female LE but gap is decreasing slowly
- Inequalities in LE map closely to deprivation



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide.

Table showing the breakdown of the life expectancy gap between Nottinghamshire most deprived quintile and Nottinghamshire least deprived quintile, by broad cause of death, 2010-2012

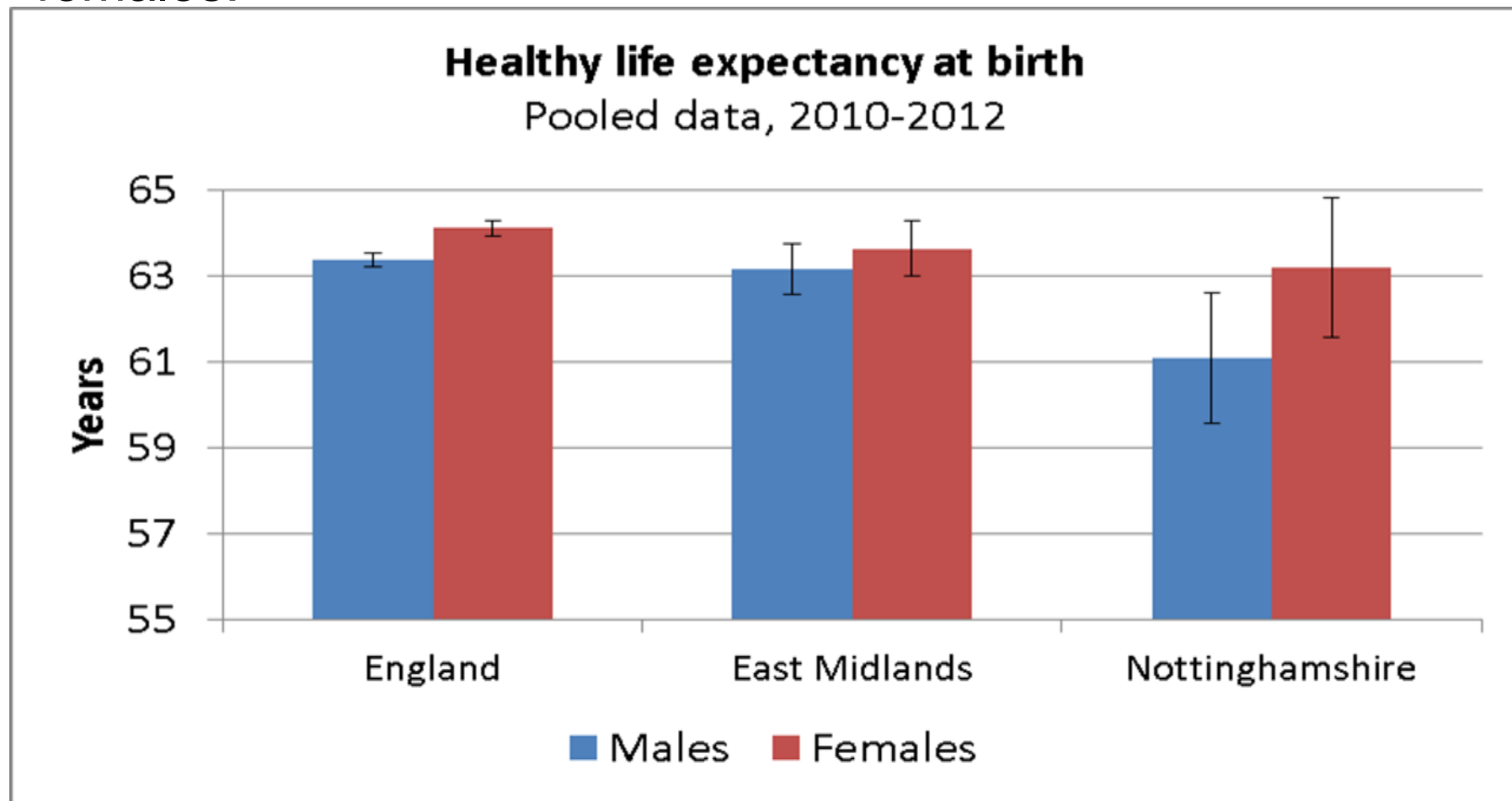


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Healthy Life Expectancy

- Not previously discussed in Nottinghamshire HI reports
- Shares many underlying factors with LE, so effective strategies overlap
- ...but does not map as closely to deprivation as LE
- Increasing impact of cancer survivorship

Nottinghamshire HLE significantly worse than England for males, possibly below regional and national for males and females:



HLE risk factors and causes

Global Burden of Disease for Western Europe (WHO):

Years of healthy life lost due to disability (YLDs), 2010

Cause, by main group	Proportion of YLDs	Largest subset(s)
Musculoskeletal disorders	30.6%	22.5% low back / neck pain
Mental and behavioural disorders	14.1%	7.8% major depressive 3.6% anxiety disorders
Respiratory	5.6%	2.7% chronic obstructive pulmonary disease 2.2% asthma
Cardiovascular disease	5.6%	1.8% ischaemic heart disease 1.1% stroke
Falls	5.4%	N/A

Geographical Hotspots

- No simple, single root cause of health inequalities
- Intersection of risk factors and causes leads to hotspots
- Action should aim to:
 - Eliminate variation in primary care
 - Be embedded in all areas of Health & Wellbeing Strategy
 - Ensure area-based partnership initiatives address HIs

Local Examples of Good Practice

- Tobacco Declaration
- Daybrook Connecting Communities Programme
- NHS Health Check Programme
- Air quality management areas
- Nottinghamshire Child Poverty Strategy
- Rushcliffe Primary Care Best Practice Specification

Roles

- Areas of influence vary for LA and primary care
- Role of healthcare professionals and good quality primary care (WHO, BMA, UCL)
- Less evidence of what works best in Musculoskeletal and Mental Health inequalities
- Health Inequalities Framework and Toolkit

Recommendations

- Continue support for existing evidence-based programmes
- Drive up quality of primary care
- Address hotspots
- Use Health Inequalities Framework
- HWB workshop