Worcestershire
Health and Well-being Board

worcestershire county council

Worcestershire Public Health Annual Report

Agenda item 5

Date	28 January 2015
Board Sponsor	Dr Richard Harling
Author	Dr Richard Harling – Director Adult Services & Health Peter Fryers – Consultant in Public Health
Relevance of paper	**Priorities** Older people & long term conditions — Yes Mental health & well-being — Yes Obesity — Yes Alcohol — Yes Other (specify below) — No **Groups of particular interest** Children & young people — Yes Communities & groups with poor health outcomes — Yes People with learning disabilities — Yes
Item for	Decision
Recommendation	**1. That the Health and Well-being Board:** **a) Note the contents and endorse recommendations of the Annual Report;** **b) Disseminate the key messages and recommendations within their own organisations and seek further endorsement;** **c) Request that member agencies work through the Health Improvement Group and Children's Trust to develop a single action plan to address health inequalities based on the recommendations and priorities for action in the Annual Report.**
Key Messages	2. The key messages from the report are: • Inequalities in the main health outcomes in Worcestershire have reduced since 2008.

- Overall health has improved and the biggest improvement has been in the most deprived areas.
- Long-term inequalities in outcomes still persist.
- Inequalities in health affect everyone and are a drain on the County economy and resources.
- The causes of inequalities in health outcomes are wide and tackling them requires all organisations working together to address them.
- Deep-rooted inequalities require new approaches to break the link between deprivation and health.

Background

3. Public health annual reports have been a statutory requirement of Directors of Public Health (DsPH) for many years and this has not changed with the move of Public Health back into Local Authorities under the Health & Social Care Act 2012. The annual report is not a statement about the policy of the organisation for which they work, but is a personal assessment of the health of the population they serve. It is there to raise concerns about health problems or poor outcomes in the local area, to assess progress against local Public Health objectives and inform local multi-agency action.

4. According to guidance from the Faculty of Public Health, DPH annual reports should:
   - Contribute to improving the health and well-being of local populations.
   - Reduce health inequalities.
   - Promote action for better health, through measuring progress towards health targets.
   - Assist with the planning and monitoring of local programmes and services that impact on health over time.

5. A previous report in 2008 looked at the issue of health inequalities and the identification of "health hotspots" in the County. This report re-examines the issues and assesses progress since then.

Why do health inequalities matter?

6. There is a sound economic case for tackling inequalities. Those extra years of life and more importantly the greater extra years of disability free life would have an economic benefit both in terms of increased productivity and reduced costs to health and social care. The estimated costs of the additional limiting illness suffered by the most deprived nationally is £31-32 billion in productivity, with loss of tax and increased welfare in the region of £20-32 billion and the healthcare costs estimated at £5.5 billion.

7. Reducing health inequalities is also a matter of fairness and social justice and the argument for doing so could

also be regarded as a moral one. People on the lowest incomes lose up to 17 years of disability free life expectancy compared to those on the highest incomes due to worse living conditions and this alone is reason enough to try to address some of the factors that lead to this situation.

8. Action taken to reduce health inequalities will benefit society in many ways. It will have direct benefit to individuals lives both in quantity and quality. It will benefit local and national economies through increased productivity and reduced welfare costs and it will benefit wider society through having a healthier more active population better able to engage in society, especially in older age. Inequalities in health also result in a disproportionate use of resources by people in disadvantaged groups, which is both inefficient and impacts the whole population.

Report Recommendations

9. The recommendations in the report focus on 5 areas under which a number of actions have been recommended:
   - Intensive ongoing support for vulnerable families
   - Intensive focus on early years development in priority areas
   - Employment opportunities in priority areas
   - Change to a place & asset-based approach to commissioning.
   - Strengthen and improve prevention of ill-health

Health inequalities in Worcestershire

10. Overall health in Worcestershire is on the whole better than the national average. Life expectancy and healthy life expectancy, especially for men are significantly better in the County than for England and mortality from common conditions and those considered preventable are consequently lower than average.

11. However theses overall figures mask some differences across the County and as with all Local Authority areas there are inequalities that persist.

12. In general health inequalities in Worcestershire are no worse than other similar places across the country, but the problems associated with health inequalities are wide and far reaching. This report is an assessment of where we currently stand on health inequalities and in particular how things have progressed since this issue was last looked at in an Annual Report in Worcestershire, in 2008.

13. Since then the Marmot report on health inequalities has been published and made specific recommendations on how to address them. We have followed the Marmot

chapters in the layout of this report and at the end of each chapter we have assessed our own progress against the Marmot recommendations and then identified priorities for local action to address these recommendations.

14. In terms of overall health inequalities on the broad outcome measures of differences in life expectancy and mortality, the picture is a positive one, with inequalities having reduced in absolute terms whichever way they are measured. However, underneath this there remain many inequalities both in health outcomes and in the factors which in the long-term affect life chances and health.

15. As part of addressing this issue we have identified the areas in Worcestershire which have the worst health outcomes as being health hotspots. These are largely the same as they were when the exercise was last done in 2008, but there are some that are expanded and a couple of different areas, in particular two rural areas have been identified as having worse health outcomes.

Give every child the best start in life

16. Health inequalities and particularly those factors which lead to them can be identified right from the beginning of life and even before birth. So, for example babies from deprived areas are more likely to have been born to younger mothers and their mothers are more likely to have smoked or be overweight, all things which mean that the baby starts life with a disadvantage. Then through their early development these disadvantages are widened as they are less likely to be breastfed, their language development is more likely to be delayed and they are more likely to have poor levels of development by the time they get to school.

17. While progress has been made in this area, Worcestershire has a worse than average number of children who have a good level of development by the end of reception year and more needs to be done across all agencies to implement a multi-faceted approach to addressing early years development in disadvantaged areas and families.

Enable all children, young people and adults to maximise their capabilities and have control over their lives

18. Once children get to school the inequalities are there from the beginning and only get wider as time goes on. Differences in level of achievement that are about 25% at Key Stage 1 are 4-500% by Key Stage 5, whilst those living in deprived areas are far more likely to have special educational needs, be excluded or be subject to child protection plans. They are also more likely to have excess weight, attend A&E more often and more likely to

require emergency hospital treatment. Children from the most deprived areas are also the most likely to have mental health problems and be in contact with mental health services.

19. Although much has been done to try to address these gaps, they are very persistent and an increased focus on intensive support and parenting advice to vulnerable families throughout the children's time at school is required to build on what has already been done. A more joined up approach to dealing with problem behaviours is needed along with schools and colleges doing more to promote health & wellbeing.

Create fair employment and good work for all

20. Although unemployment in Worcestershire is relatively low at 2.2%, there are individual wards where it as high as 6.6%. Also, whilst the rate of those unemployed for less than a year has not changed significantly, the rate of those who have been claiming for over a year has gone up. There is a strong association between areas of high unemployment and high mortality and other poor health outcomes.

21. Local initiatives like Worcestershire Works Well are aimed at encouraging healthy workplaces, but more could be done to develop work opportunities across the social gradient aimed at reducing the gap and for disadvantaged groups.

Ensure a healthy standard of living for all

22. There is an association between income and health outcomes and although Worcestershire has generally relatively low levels of low income households compared to other areas, these are fairly concentrated. In the 20% most deprived areas 37% of children are classed as living in poverty compared to just 5% in the 20% least deprived areas. In addition in Worcestershire the proportion of households in fuel poverty is higher than the national average.

Creating Healthy and Sustainable Communities

23. Worcestershire as a County offers good access to green space and has good air quality, although there are small pockets of poor access and poor air quality in the urban areas. These same areas also have the highest levels of deprivation. They also have lower levels of satisfaction with the area and the lowest levels of feeling of belonging to an area. In order to address these multiple issues a change is needed to an asset-based approach to commissioning, which involve local people, skills and resources in the planning and process of commissioning and decisions which affect the local area.

Strengthen the role

24. A small number of conditions cause the majority of

and impact of ill health prevention	premature mortality and morbidity, and these are all linked to health related behaviours, smoking, poor diet, physical inactivity and drinking too much alcohol, on the part of the individual, which can be changed. Recent improvements in these have almost all been in the higher socio-economic groups. Worcestershire follows this pattern, with people in the most deprived areas most likely to have one or more of these unhealthy behaviours. In order to maximise the potential for health improvement across the County the targeting of prevention and use of Public Health and other resources needs to be strongly evidenced and linked to reducing the health gap.