KEY FACTS

- For life expectancy, although the national trend is for a widening gap between the Spearhead Group (the Local Authority areas with the worst health and deprivation indicators) and England, we are seeing signs of progress. Out of 70 Spearhead LAs, 13 are on track for both male and female life expectancy, a further 15 are on track for male life expectancy only, with another 14 on track for female life expectancy only.

- There are great differences in life expectancy, for example, males in Blackpool have a life expectancy eight years less than males in Kensington & Chelsea.¹

- The incidence of lung cancer among men and women in the most deprived areas is around twice that in the most affluent areas, and death rates are about two and a half times higher.²

- Death rates from circulatory disease (coronary heart disease, stroke and related diseases) are over 25% higher in the North West than in the South West of England.³

- Irish and Black Caribbean women are much more likely to have high blood pressure than women in the general population.⁴
Infant mortality rates are falling in all socio-economic groups and the national rate currently stands at a historic low. It has fallen faster in higher social groups than in “routine and manual” groups resulting in a widening of the relative health inequalities gap since 1997-99. However, the latest data for 2002-04 show no further widening in the gap. 

Mothers in “routine and manual” occupations are four times as likely as those in managerial and professional occupations to have smoked throughout pregnancy (29% and 7%). Smoking during pregnancy is a risk factor for low birth weight and premature births.

In England & Wales, babies of mothers born in Pakistan have a death rate that is almost double the overall infant mortality rate.

Babies born to mothers who live in Birmingham are over six times more likely to die in their first year of life than babies born to mothers in Eastleigh, Hants.

In England, the proportion of Bangladeshi men who smoke is over 60% higher than the national average, and the proportion of Indian men who smoke is 20% lower.

Women in routine and semi-routine occupations are one and a half times as likely to be obese as women in managerial and professional occupations.
Inequalities exist

- Health inequalities exist across a range of dimensions including social class, geographical area, gender, race and age as well as for a range of vulnerable groups.

- These inequalities are unacceptable and tackling them is a top priority for the Government. The most comprehensive programme ever in this country is in place to address them. While national action is important, the main contribution will be made locally.

- A key element in the Government’s strategy to tackle health inequalities is the 2010 target to reduce infant mortality and improve life expectancy. While extremely challenging, this target is achievable.

- The focus for life expectancy inequalities is the Spearhead Group (the 70 LAs and the 62 PCTs that map to them). Achievement of the life expectancy element of the target will be assessed on the outcomes for this Group as whole in 2009-11.

- Wider action across government on social determinants, with a longer-term impact, is also important to ensure healthy behaviour throughout life so that the conditions that will cause future health inequalities are also addressed.

- This activity, encompassing programmes across many Government departments, along with longer-term disease prevention, was set out in the Choosing Health White Paper (2004), the Choosing Health Delivery Plan (2005), and in the national health inequalities strategy, Tackling Health Inequalities – A Programme for Action (2003).

- Successfully completed the Early Adopter phase of the NHS Health Trainer programme at the end of March 2006. This included setting up the central project team, clarifying the objectives of the project and engaging with more than half the NHS (embracing all PCTs in Spearhead areas) to ensure the standards needed to make the initiative mainstream were rigorously assessed.

WHAT WE HAVE DONE SINCE CHOOSING HEALTH

- Reported developments against the target and the national cross-government headline indicators in Status Report on the Programme for Action (2005). This highlighted the contribution of many DH and cross government programmes to the PSA target and to a long-term sustainable reduction in health inequalities.

- Reviewed the life expectancy element of the 2010 target and developed a robust delivery plan. Although the gap is currently widening, it was concluded that the target is achievable and that the majority of Spearhead areas are on-track, or partially on-track, to meet the target.

- Made health inequalities one of the priorities for action in 2006-07 for the NHS, reflecting a growing recognition of the impact of social disadvantage on the health of the population.

- Reviewing the infant mortality aspect of the target with a view to sharpening local delivery. The review is being developed with support from DfES, DCLG, HMT and ONS and is expected to report in October 2006.

- Made health inequalities a mandatory target within Local Area Agreements (LAAs) from April 2007, helping to incentivise action across local partnerships to narrow the gap in mortality rates.

- Working with DCLG and other key departments, to roll out LAAs to a further 66 areas from March 2006. LAAs have shown great potential to deliver improvements in health and social care outcomes, and have proved an important catalyst for improved partnership working, particularly in areas with previously entrenched difficulties.

- Developing the new NHS Life Check project to provide people with an opportunity to assess key aspects of their health and well-being. There will be an initial focus on Spearhead areas with a wider rollout thereafter.

- Continue work with third party organisations such as the Army, the Prison Service and Initial Cleaning Services and engage other third party organisations to implement the Health Trainer concept in their environments.

- Piloted the Communities for Health programme in 25 areas around England, to promote action across local organisations on a locally chosen priority for health. The pilots have implemented over 100 local activities to engage their local communities in improving their physical and mental health.

- Published, with DCLG, revised guidance on health and neighbourhood renewal to support local action to address health inequalities and deliver neighbourhood renewal.
Commissioned the Improvement and Development Agency for Local Government to develop the capacity of local authorities to bring about transformational change on the ground. The programme will offer local authorities a range of capacity building support.

Funded the Sustainable Development Commission’s “Healthy Futures” programme to develop the capacity of NHS organisations to act as good corporate citizens. This included the development of a self-assessment model that, so far, 130 NHS organisations have registered to use.

Implement NHS Health Trainers in Spearhead PCTs and engage those remaining PCTs not currently involved in the initiative in preparation for projected rollout in 2007/8.

Work with the NHS Life Check project to develop the three Life Check products: Early Years, Adolescence and Mid-life.

WHERE WE ARE HEADING

- Developing new, innovative, approaches and ways to systematise interventions and activities that will have the greatest – and fastest – impact on health inequalities.
- Further, refined, modelling of interventions within the Spearhead areas to reduce the life expectancy gap by 2010.
- More robust and rigorous performance management, to enable DH, SHAs and PCTs to drive successful delivery of the life expectancy element of the 2010 target.
- Developing National Support Teams for Health Inequalities and for smoking to disseminate best practice across all Spearhead areas, and to provide intensive support for those areas that need it.
- Linking the implementation of the infant mortality health inequalities review to the work on life expectancy element of the target and the national maternity delivery plan, due to be published in Autumn 2007.
- Completing the final rollout phase for LAAs so that all areas will have a LAA by March 2007.
- Including the health inequalities mandatory target in the final rollout phase for LAAs, and at the refresh stage of earlier LAAs.
- Rollout of the Communities for Health programme across England.
- Extending the healthy community collaborative approach to health inequalities Spearhead areas.

WE WILL HAVE DELIVERED IF

- At the same time as improving the health of the population and developing healthier communities across England, we meet the Government’s 2004 PSA target to: “reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.”

Data Sources

1 Source: ONS data from NCHOD website, 2002-04 data used, figures being 72.8 Blackpool and 80.8 for East Dorset & K&C, difference = 8.0 years exactly.
3 Source: ONS data from NCHOD website, 2002-04 data used, figures being 265.52 (NW) and 212.16 (SW) for persons all ages.
4 Source: Health Survey for England (HSFE) 2004, table 7.1, 7.3.
5 ONS Health Statistics Quarterly 28, and special analysis by ONS.
7 Source: ONS Health Statistics Quarterly number 28, p 65, year being 2004, figures being 4.9 (England & Wales) and 8.9 (Pakistan) deaths per 1,000 live births.
8 Source: ONS data, published by National Centre for Health Outcomes Development (NCHOD) http://www.nchod.nhs.uk
9 Source: HSFE 2004 table 4.1, figures being 24/40 (higher) and 24/20 (lower).
10 Source: HSFE 2003, via British Heart Foundation (BHF) website http://www.heartstats.org/temp/Chaptersp11.pdf , Table 11.7 – 19% in professional/managerial, 29% in routine/semi-routine.