Development Session

Health and Wellbeing Strategy

Thursday 3rd December 2015

Grendon Hall
Welcome

Dr Darin Seiger
Chair
NHS Nene Clinical Commissioning Group
The Board Development Sessions

• Health and Wellbeing Board meets four times a year (17 December, 10 March 2016, 16 June 2016, 15 September 2016)

• Board Development Sessions include the opportunity of extending the reach of the Board

• Each session hosted by the Chair or a Vice Chair, with invitations relating to the theme of the session
Chair and Vice Chairs

Dr Darin Seiger  
Vice Chair

Cllr Robin Brown  
Chair

Prof Nick Petford  
Vice Chair
Health Inequalities

Introduction

Dr Darin Seiger
Chair
NHS Nene Clinical Commissioning Group
Purpose of the Event

Dr Peter Barker
Interim Consultant in Public Health
Northamptonshire County Council
What are Health Inequalities?

Sean Meehan
Health & Wellbeing Programme Lead,
Public Health England, East Midlands
Health inequalities – what are they? why do they arise?

What they are?
“Differences in health status or in the distribution of health determinants between different population groups.”

Source: The World Health Organisation

Why do they arise?
"Avoidable health inequalities arise because of inequalities in society and in the conditions in which we are born, grow, live work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political social and economic forces.”

Source: Commission on Social Determinants of Health, 2008
The health inequalities challenge

• Average life expectancy is at a record high, including in areas with the worst health gaps and deprivation, and infant mortality is at an all time low.

• But inequality gaps remain, and in some cases have widened. In 2008-10 the gap between local authorities with the highest and lowest life expectancy was around 11 years for both males and females.

• Locally, although some areas have made real progress others have struggled.

• More needs to be done now to improve health outcomes and to narrow health inequalities.
What are Health Inequalities

Health inequalities in London

Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost.

- Male Life Expectancy: 77.7 (CI 75.6-79.7)
- Female Life Expectancy: 84.2 (CI 81.7-86.6)

Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line — so as one travels east, each stop, on average, marks nearly a year of shortened lifespan.

Health inequalities result from a range of factors.

- Gender
- Geography
- Disability
- Age
- Ethnicity

**Social-economic environment**
- e.g. jobs, housing, education, transport

**Lifestyles/health behaviour**
- e.g. diets, smoking, social networks

**Access to effective health/social care**
- e.g. services that result in health benefits

**Health outcomes**
- e.g. increase/reduce mortality, morbidity, ill health, disability
What are Health Inequalities

Risk conditions — e.g.:
- Poverty
- Low social status
- Dangerous environments
- Discrimination
- Steep power hierarchy
- Gaps/weaknesses in services and support

Physiological risks
- High blood pressure
- High cholesterol
- Stress hormones
- Anxiety/depression

Behavioural risks
- Smoking
- Poor diet
- Lack of activity
- Substance abuse

Psycho-social risks:
- Isolation
- Lack of social support
- Poor social networks
- Low self-esteem
- High self-blame
- Low perceived power
- Loss of meaning/purpose of life

Well being
The health inequalities challenge: Condition by socio-economic group.
Rate per 1,000 reporting long-standing condition by socio-economic group of household reference person General Household Survey 2006.

Socio-economic class

CHD
(Lung) Cancer
Cancers
Diabetes
Neurotic disorders
Psychotic disorders
Asthma
Epilepsy
Stroke
COPD
Renal
Drug dependence
Alcohol dependence

Higher than expected need
Lower than expected need
Expected level of need given population size
Fair Society, Healthy Lives

The Marmot Review

Closing the gap in a generation

Health equity through action on the social determinants of health
Life expectancy and disability free life expectancy at birth, persons by neighbourhood income level, England, 1999-2003

Source: ONS
The Cost of Inaction - Marmot

In England, dying prematurely each year as a result of health inequalities, costs between 1.3 and 2.5 million extra years of life.

Cost of doing nothing
Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. Each year in England these account for:

- productivity losses of £31-33B
- reduced tax revenue and higher welfare payments of £20-32B
- increased treatment costs well in excess of £5B
Reducing Health inequalities – What Works

<table>
<thead>
<tr>
<th>Early intervention</th>
<th>Health Equity Evidence Reviews</th>
<th>Health Equity Briefings</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1. Good quality parenting programmes and the home to school transition</td>
<td>1a. Good quality parenting programmes</td>
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<td>2. Building children and young people’s resilience in schools</td>
<td>1b. Improving the home to school transition.</td>
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<td>3. Reducing the number of young people not in employment, education or training (NEET)</td>
<td>2. Building children and young people’s resilience in schools</td>
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<td>4. Adult learning services</td>
<td>3. Reducing the number of young people not in employment, education or training (NEET)</td>
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<th>Education</th>
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<td>5. Increasing employment opportunities and improving workplace health</td>
<td>5a. Workplace interventions to improve health and wellbeing</td>
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<td>6. Health inequalities and the living wage</td>
<td>5b. Working with local employers to promote good quality work</td>
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<td>7. Fuel poverty and cold home-related health problems</td>
<td>5c. Increasing employment opportunities and retention for people with a long-term health condition or disability</td>
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<td>8. Improving access to green spaces</td>
<td>5d. Increasing employment opportunities and retention for older people</td>
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<thead>
<tr>
<th>Employment</th>
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<td></td>
<td>9. Understanding the economics of investments in the social determinants of health</td>
<td>6. Health inequalities and the living wage</td>
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<td>10. Tackling health inequalities through action on the social determinants of health: lessons from experience</td>
<td>7. Fuel poverty and cold home-related health problems</td>
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<thead>
<tr>
<th>Healthy environment</th>
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<tr>
<td>11. Ensuring a healthy living standard for all</td>
<td>8. Improving access to green spaces</td>
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Adverse Childhood Experiences (ACE) indicate that negative childhood experiences are risk factors for accurately predicting a range of negative outcomes in adult life including poor mental and physical health including binge drinking, unintended teenage pregnancy and drug use.

Compared with people with no ACEs, those with a score of 4 or more were found to be:
- 2 x times more likely to currently binge drink and have a poor diet
- 3 x times more likely to be a current smoker
- 5 x times more likely to have had sex while under 16 years old
- 6 x times more likely to have had or caused an unplanned teenage pregnancy
- 7 x times more likely to have been involved in violence in the last year
- 11 x times more likely to have used heroin/crack or been incarcerated

an ACE score above six was associated with a 30-fold increase in attempted suicide
Global Burden of Disease

Burden of disease attributable to 20 leading risk factors, 2010

What are Health Inequalities
19% of adults in England smoke – over 8 million people

Smoking is concentrated in the more disadvantaged groups

Two thirds of smokers start before age 18

1 in 2 long-term smokers dies from a smoking-related illness
‘Promoting independence and quality of life for older adults’

Figure 5: Excess winter mortality: by sex and age group, 2010/11–2012/13
England and Wales

- EWM Index
- Males
- Females
- Under 65
- 65–74
- 75–84
- 85 and over

<table>
<thead>
<tr>
<th>Year</th>
<th>Under 65</th>
<th>65–74</th>
<th>75–84</th>
<th>85 and over</th>
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<td>2010/11</td>
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<td>2011/12</td>
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<td>2012/13</td>
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Cold Homes – why it matters

- **Deaths**
  - Heart Disease
  - Respiratory diseases

- **Morbidity**
  - Mental wellbeing
  - Falls
  - Respiratory problems

- **Long term impacts**
  - Education attainment
  - Mental wellbeing
  - Other forms of poverty
  - Cumulative effects

What are Health Inequalities
Groups at greater risk from cold weather / homes

- **Older People**
  a) over 75 years old
  b) otherwise “frail” older people*
  c) housebound or otherwise low mobility
  d) elderly people who live alone
  e) at risk of recurrent falls

- **Adults with Long Term Conditions or other disabilities**
  a) chronic medical conditions such as heart disease, stroke, asthma, COPD or diabetes
  b) people with mental ill-health that reduces individual’s ability to self-care (including dementia)
  c) people with learning difficulties

- **Children under 5**

- **Other Vulnerable Groups**
  people living in deprived circumstances
  a) people living in houses with mould
  b) people who are fuel poor
  c) homeless or people sleeping rough
  d) other marginalised groups
  e) Those in deprived circumstances
Creating an environment for all people to flourish’

Contributors to overall Health Outcomes

Health Behaviours 30%
- Smoking 10%
- Diet/Exercise 10%
- Alcohol use 5%
- Poor sexual health 5%

Socioeconomic Factors 40%
- Education 10%
- Employment 10%
- Income 10%
- Family/Social Support 5%
- Community Safety 5%

Clinical Care 20%
- Access to care 10%
- Quality of care 10%

Built Environment 10%
- Environmental Quality 5%
- Built Environment 5%


While this is from a US context it does have significant resonance with UK Evidence, though I would want to increase the contribution of housing to health outcomes from a UK perspective.
Figure 8 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census

Standardised Mortality Rate

Source: Office for National Statistics Longitudinal Study

What are Health Inequalities
Employment and Regeneration Areas for Action

1. Improving health and wellbeing in the workplace
2. Getting people into work and job retention
3. Supporting economic growth and regeneration

Source: Dahlgren and Whitehead, 1991
1. A man in social class 1 (professional) is likely to live around 4 years longer than a man in social class 5 (unskilled manual worker)?

2. A child born in social class 5 is twice as likely to die before the age of 15 as a child born in social class 1?

3. There are twice as many reports of long-standing illness among men and women from social class I than social class 5 (because SC 1 more likely to report their illnesses and receive treatment)?

4. Women live on average 4 years longer than men?

5. Low income can affect health:
   • Physiological - inadequate housing
   • Psychological - stress and lack of social support
   • Behavioural - health damaging behaviours
Local Picture of Health Inequalities

Rajwinder Gangotra
Service Development Relationship Manager
Northamptonshire County Council
Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age”

Sir Michael Marmot, 2010

The causes of health inequality are complex but they do no arise by chance. The social, economic and environmental conditions in which we live strongly influence health. These conditions are known as the social determinants of health, and are largely the results of public policy.
## Health Inequalities in Northamptonshire

<table>
<thead>
<tr>
<th>Information on inequalities in life expectancy between Northamptonshire and England</th>
<th>Males (yrs)</th>
<th>Females (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth in Northamptonshire, 2011-13</td>
<td>79.3</td>
<td>82.8</td>
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<tr>
<td>Life expectancy at birth in England, 2011-13</td>
<td>79.4</td>
<td>83.1</td>
</tr>
<tr>
<td>Absolute gap in life expectancy between Northamptonshire and England in years*</td>
<td>-0.1</td>
<td>-0.3</td>
</tr>
</tbody>
</table>

* A value below 0 indicates a lower life expectancy in the selected area compared to England

<table>
<thead>
<tr>
<th>Information on inequalities in life expectancy within Northamptonshire</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Slope index of inequality in Northamptonshire, 2011-13**</td>
<td>8.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Life Expectancy at birth in the most deprived quintile of Northamptonshire, 2010-12</td>
<td>74.4</td>
<td>80.5</td>
</tr>
<tr>
<td>Life expectancy in the least deprived quintile of Northamptonshire, 2010-12</td>
<td>81.7</td>
<td>84.4</td>
</tr>
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## Health Inequalities

<table>
<thead>
<tr>
<th>Area</th>
<th>Gender</th>
<th>Life expectancy at birth, 2011-13 (years)</th>
<th>Absolute gap in life expectancy with England in years*</th>
<th>Slope index of inequality, 2011-13 (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northamptonshire</td>
<td>Males</td>
<td>79.3</td>
<td>-0.1</td>
<td>8.9</td>
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<td></td>
<td>Females</td>
<td>82.8</td>
<td>-0.3</td>
<td>6.6</td>
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<td>Corby</td>
<td>Males</td>
<td>77.1</td>
<td>-2.3</td>
<td>10</td>
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<tr>
<td></td>
<td>Females</td>
<td>80.5</td>
<td>-2.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Daventry</td>
<td>Males</td>
<td>79.9</td>
<td>0.5</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>Females</td>
<td>83</td>
<td>-0.1</td>
<td>2.3</td>
</tr>
<tr>
<td>East Northamptonshire</td>
<td>Males</td>
<td>79.7</td>
<td>0.3</td>
<td>5</td>
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<tr>
<td></td>
<td>Females</td>
<td>84.1</td>
<td>1</td>
<td>3.4</td>
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<tr>
<td>Kettering</td>
<td>Males</td>
<td>79.3</td>
<td>-0.1</td>
<td>8.2</td>
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<td></td>
<td>Females</td>
<td>83</td>
<td>-0.1</td>
<td>5.8</td>
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<tr>
<td>Northampton</td>
<td>Males</td>
<td>78.1</td>
<td>-1.3</td>
<td>10.3</td>
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<td></td>
<td>Females</td>
<td>81.7</td>
<td>-1.4</td>
<td>7.2</td>
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<tr>
<td>South Northamptonshire</td>
<td>Males</td>
<td>82.3</td>
<td>2.9</td>
<td>3.9</td>
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<td></td>
<td>Females</td>
<td>84.7</td>
<td>1.6</td>
<td>3.1</td>
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<tr>
<td>Wellingborough</td>
<td>Males</td>
<td>80.1</td>
<td>0.7</td>
<td>7.1</td>
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<td></td>
<td>Females</td>
<td>83.3</td>
<td>0.2</td>
<td>10</td>
</tr>
</tbody>
</table>

*Significantly worse than England

*Similar to England

*Significantly better than England
Health Inequalities

Life expectancy at birth for females, 2008-2012 - source: ONS, PHE © Copyright 2013

Life expectancy at birth for males, 2008-2012 - source: ONS, PHE © Copyright 2013
Location of Middle Layer Super Output Areas with highest and lowest life expectancy at birth by gender

2008-12: Northampton district

BIPI, November 2015
Health Inequalities - Breakdown of the life expectancy gap between the most and least deprived areas within the districts and Northamptonshire (2010-12)
Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective:

1. giving every child the best start in life
2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
   3. creating fair employment and good work for all
   4. ensuring a healthy standard of living for all
5. creating and developing sustainable places and communities
6. strengthening the role and impact of ill-health prevention.
“to create the conditions for people to take control over their own lives. If the conditions in which people are born, grow, live, work and age are favourable and more equitably distributed, then they will have more control over their lives in ways that will influence their own health and health behaviours and those of their families”
HI Activity

• Family A is living in Corby and Family B is in South Northants
• From what you know about the two areas how would you describe South Northants and Corby
• How would you describe the families living in these areas
• What are the health inequalities between families living in these areas.
Marmott and the lifespan – A framework for action

Policy objectives

A. Give every child the best start in life.

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

C. Create fair employment and good work for all.

D. Ensure healthy standard of living for all.

E. Create and develop healthy and sustainable places and communities.

F. Strengthen the role and impact of ill health prevention.

Policy mechanisms

- Equality and health equity in all policies.
- Effective evidence-based delivery systems.

Reduce health inequalities and improve health and well-being for all.

Create an enabling society that maximises individual and community potential.

Ensure social justice, health and sustainability are at heart of policies.
Health Inequalities

Marmot Indicators for Local Authorities in England, 2015 - Northamptonshire

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that broadly correspond to the policy recommendations proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for Northamptonshire is shown as a circle, against the range of results for England, shown as a bar. For three indicators, local authority figures are not available and so only the regional value is reported.

### Health outcome indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>Local value</th>
<th>Regional value</th>
<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
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</thead>
<tbody>
<tr>
<td>Healthy life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>64.5</td>
<td>62.7</td>
<td>63.3</td>
<td>53.6</td>
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<td>71.4</td>
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<tr>
<td>Healthy life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>64.4</td>
<td>63.5</td>
<td>63.9</td>
<td>55.5</td>
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<td>71.3</td>
</tr>
<tr>
<td>Life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>79.3</td>
<td>79.3</td>
<td>79.4</td>
<td>74.3</td>
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<td>82.6</td>
</tr>
<tr>
<td>Life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>82.8</td>
<td>83.0</td>
<td>83.1</td>
<td>80.0</td>
<td>[ ]</td>
<td>86.2</td>
</tr>
<tr>
<td>Inequality in life expectancy at birth - Male (Years)</td>
<td>2011-13</td>
<td>8.9</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>17.3</td>
<td>2.4</td>
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<tr>
<td>Inequality in life expectancy at birth - Female (Years)</td>
<td>2011-13</td>
<td>6.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.4</td>
<td>0.6</td>
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<tr>
<td>People reporting low life satisfaction (%)</td>
<td>2014/15</td>
<td>3.8</td>
<td>4.4</td>
<td>4.8</td>
<td>8.7</td>
<td>[ ]</td>
<td>2.8</td>
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### Giving every child the best start in life

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<tr>
<th>Indicator</th>
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<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good level of development at age 5 (%)</td>
<td>2013/14</td>
<td>57.1</td>
<td>57.8</td>
<td>60.4</td>
<td>41.2</td>
<td>[ ]</td>
<td>75.3</td>
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<tr>
<td>Good level of development at age 5 with free school meal status (%)</td>
<td>2013/14</td>
<td>41.3</td>
<td>40.3</td>
<td>44.8</td>
<td>31.7</td>
<td>[ ]</td>
<td>68.1</td>
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## Health Inequalities

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

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<th></th>
<th>Period</th>
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<th>England value</th>
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<th>Range</th>
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<tbody>
<tr>
<td>GCSE achieved 5A*-C including English and Maths (%)</td>
<td>2013/14</td>
<td>51.8</td>
<td>54.0</td>
<td>56.8</td>
<td>35.4</td>
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<tr>
<td>GCSE achieved 5A*-C including English &amp; Maths with free school meal status (%)</td>
<td>2013/14</td>
<td>27.3</td>
<td>29.4</td>
<td>33.7</td>
<td>16.0</td>
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<tr>
<td>19-24 year olds not in education, employment or training (%)</td>
<td>2014</td>
<td>13.9</td>
<td>15.9</td>
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### Create fair employment and good work for all

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<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment % (ONS model-based method)</td>
<td>2014</td>
<td>4.5</td>
<td>5.6</td>
<td>6.2</td>
<td>12.5</td>
<td></td>
<td>2.9</td>
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<tr>
<td>Long term claimants of Jobseeker’s Allowance (rate per 1,000 population)</td>
<td>2014</td>
<td>5.8</td>
<td>6.9</td>
<td>7.1</td>
<td>23.5</td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>Work-related illness (rate per 100,000 population)</td>
<td>2013/14</td>
<td>4850</td>
<td>4000</td>
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### Ensure a healthy standard of living for all

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<tbody>
<tr>
<td>Households not reaching Minimum Income Standard (%)</td>
<td>2012/13</td>
<td>24.3</td>
<td>24.4</td>
<td>24.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuel poverty for high fuel cost households (%)</td>
<td>2013</td>
<td>9.3</td>
<td>10.4</td>
<td>10.4</td>
<td>18.9</td>
<td></td>
<td>5.6</td>
</tr>
</tbody>
</table>

### Create and develop healthy and sustainable places and communities

<table>
<thead>
<tr>
<th></th>
<th>Period</th>
<th>Local value</th>
<th>Regional value</th>
<th>England value</th>
<th>England worst</th>
<th>Range</th>
<th>England best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilisation of outdoor space for exercise/health reasons (%)</td>
<td>Mar 2013 - Feb 2014</td>
<td>22.2</td>
<td>15.5</td>
<td>17.1</td>
<td>0.3</td>
<td></td>
<td>30.8</td>
</tr>
</tbody>
</table>
Health inequalities

- To look at poverty across the social gradient and not just the most and least deprived areas
- Look at deprivation in more detail, new 2015 indices of deprivation will be released in September
- To map current services across the 6 Marmott policy objectives
- Look at years of life lost analyses by income deprivation
- Update Marmot Indicator spine chart if possible, last update was in 2012
- Look at inequality gaps between county and districts and England for Marmot indicators where data is available, and for those that we hold local data look at the inequalities across deprivation deciles or quintiles
- Disability free life expectancy is still available but PHOF have replaced now with healthy life expectancy. Data needs further analyses and is only available at a county level.
- Look at other indicators from outcome frameworks in addition to Marmot
- Look at Social determinants of health data and beyond what is covered in Marmot indicators such as:
  - Unemployment gaps
  - NEETS
  - Education
  - Housing inequalities,
  - wages,
  - impact of welfare reform
  - fuel poverty
  - food banks
Healthcare Public Health

Lucy Douglas Green
Consultant in Public Health
Northamptonshire County Council
If all variation were bad, solutions would be easy. The difficulty is in reducing the bad variation, which reflects the limits of professional knowledge and failures in its application, while preserving the good variation that makes care patient centred.

When we fail, we provide services to patients who don’t need or wouldn’t choose them, while we withhold the same services from people who do or would, generally making far more costly errors of overuse than of underuse.

(Mulley, 2010)
Causes of variation in health outcomes

The Kings Fund, 2011

Figure 1: Mapping the causes of variation
Causes of variation in health outcomes
Practice variation in Northamptonshire
Practice variation in Northamptonshire

Registered Persons
- Rillwood Medical Centre: 3,444
- NHS Nene CCG: 9,294 (average)
- England: 7,138 (average)

Deprivation
- Thinnest deprived decile
- Least deprived decile

QOF achievement: 865.9 (out of 991)
- Male life expectancy: 77.0 years
- Female life expectancy: 81.8 years
- % of patients that would recommend their practice

Ethnicity Estimate
- Insufficient data to provide accurate summary

Registered Persons
- The Meadows Surgery: 5,383
- NHS Nene CCG: 9,294 (average)
- England: 7,138 (average)

Deprivation
- More deprived
- Less deprived

QOF achievement: 869.9 (out of 997)
- Male life expectancy: 80.0 years
- Female life expectancy: 83.4 years
- % of patients that would recommend their practice

Ethnicity Estimate
- 1.6% Asian
Practice variation in Northamptonshire

Index of multiple deprivation in Northamptonshire 2015

Comparison of GP to CCG average blood pressure reading in previous 9 months in people with hypertension

BIPI, 2015. Please note this map only covers Nene & Corby CCGs
Practice variation in Northampton

Index of multiple deprivation in Northampton 2015

Comparison of GP to CCG average blood pressure reading in previous 9 months in people with hypertension

BIPI, 2015. Please note this map only covers Nene & Corby CCGs
Practice variation in Northamptonshire

GP record of blood pressure reading in previous 9 months in people with hypertension
Practice variation in Northamptonshire

Index of multiple deprivation in Northamptonshire 2015

Comparison of GP to CCG good blood sugar control in people with diabetes

BIPI, 2015. Please note this map only covers Nene & Corby CCGs
Practice variation in Northampton

Index of multiple deprivation in Northampton 2015

Comparison of GP to CCG good blood sugar control in people with diabetes

BIPI, 2015. Please note this map only covers Nene & Corby CCGs
Practice variation in Northamptonshire

Good blood sugar control in people with diabetes

%
Next steps

- Analyse local data on health outcomes & variables relating to inequalities
- Collect qualitative data on health behaviour of those experiencing inequalities
- Look at current evidence on reducing inequalities & variation
- Work in partnership with CCGs to implement change/programmes of work where required
- Evaluate effectiveness & review outcomes (unintended consequences)
Northamptonshire Health & Wellbeing Board

REFRESHMENT BREAK
Workshop:

Marmott Objectives
Marmott Indicators for Northamptonshire County Council

1. What is currently happening across all the indicators and how do we jointly build on it

2. Who needs to be involved and how do we get them involved

3. What should we include in our Marmott Plan to influence change
Workshop Feedback
Northamptonshire
Health & Wellbeing Board

Plenary and next steps

Dr Darin Seiger
Chair
NHS Nene Clinical Commissioning Group
Closing Remarks

Dr Peter Barker
Interim consultant in Public Health
Northamptonshire County Council
Thank you
“Enjoy yourselves, but remember... drink responsibly”