Central and Eastern Cheshire NHS
Primary Care Trust

Central & Eastern Cheshire Primary Care Trust

Annual Report of the Director of Public Health 2010

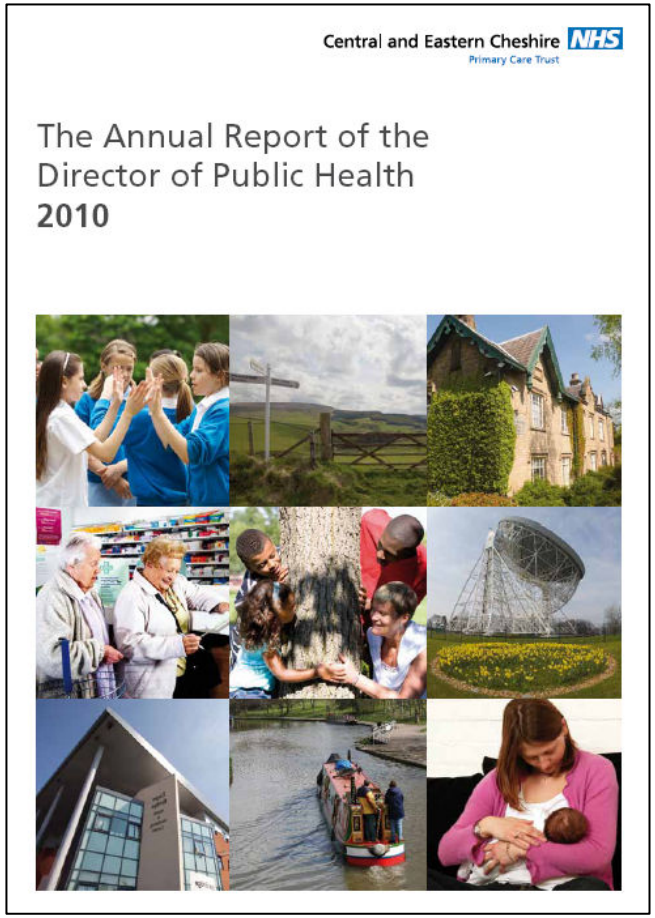
Dr Heather Grimbaldeston

Director of Public Health

Scrutiny Committee, September 2010

Theme of report:

Health Inequalities & Partnerships



Requirement: **Directors of Public Health to produce a yearly report which outlines the health of the local population (on a PCT footprint)**

Purpose: **to inform stakeholders, prevent disease, improve health, support productivity, reduce variation**

2010 Report has an emphasis on highlighting the inequalities/differences in health that exist across and within CECPCT

A 'call to arms' to all partners in health:

- **➔ the individual**
- **➔ Other Statutory & Voluntary Organisation**

to work together. Not just the responsibility of the NHS

Chapters in the Annual Report

- **Chapter One** overview of health of the population of CECPCT
- **Chapter Two** review of use of APHR 2009 by PBC Groups
- **Chapter Three** overview of the health of the resident populations of 9 local authority area partnerships within CECPCT
- **Chapter Four** overview of the findings of ***Fair Society, Healthy Lives*** (Marmot Review of tackling health inequalities post 2010) - and a commentary of what these finding may mean to the various partners within CECPCT
- **Chapter Five** tackling the health impacts of Worklessness
- **Chapter Six** Choosing Well to Keep Well – an overview of the impact of health behaviours and choices on services and service provision

Chapter One:
Overview of Health in CECPCT

Health information outlined under the PCT's 3 Drivers for Change headlines:

❶ Consequences of an ageing population

❷ Health Inequalities/Differences

❸ Wide gaps in life expectancy

Identified as the PCT's focus of attention towards maximising improvements in the health of the population

Chapter One:
Main Headlines: Ageing Population

CECPCT has the fastest growing ageing population in the North West

Population predicted to increase by 16% (70,200 people) between 2006 - 2031

80% of the overall increase is predicted to occur in those aged 65+

Expected proportionate increase in conditions relating to ageing such as falls and associated fractures in those aged 65+

Year	Population Forecast 65+	Estimate of Fallers @30%	Falls with injury @10%	Falls with a fracture as an injury @5%
2009	82,900	24,870	2,487	1,243
2011	87,500	26,250	2,625	1,312
2013	94,300	28,290	2,829	1,415
2015	99,000	29,700	2,970	1,485

Chapter One:
Main Headlines: Health Inequalities

Short term Action	Medium term Action	Longer term Action
Access to high quality services (NHS/Social care)	Lifestyle Issues	Wider determinants of health
Address World Class Commissioning Priority Outcomes (urgent care, CVD, stroke, cancer) Access to immunisations and vaccinations	**Address** Diet Physical Activity Alcohol misuse Breastfeeding Smoking	**Address** Marmot Report - see **Chapter Four** for six key policy areas
Key players The service contribution	**Key players** NHS and CEUA (and other key partner) contributions Local Strategic Partnership Lifestyles Sub Group	**Key players** Local Strategic Partnership collective contribution Sub-regional and regional contribution (Commission)

Chapter One:
Main Headlines: Health Inequalities

Breastfeeding

Breastfeeding initiation rates - 64% (2009-10) is lower than the national average, much lower than best performing PCTs (80%) in same ONS grouping

Link to - Childhood obesity:

Reception Year (age 4-5)

Overweight (14.8%) – higher (worse) than NW and England rate
Obese (8.6%) – lower (better) than NW and England rate

Year 6 (age 10-11)

Overweight (13.8%) – lower (better) than NW and England rate Obese (17.9%) – lower (better) than NW and England rate

CECPCT 6-8 week rate (42%) and drop off rate (22%) are better/equal to the North West and the ONS group

Chapter One:
Main Headlines: Health Inequalities

Teenage Pregnancy

2007: PCT conception rate was 37.4/1,000 (n=351) lower than England rate (41.7)

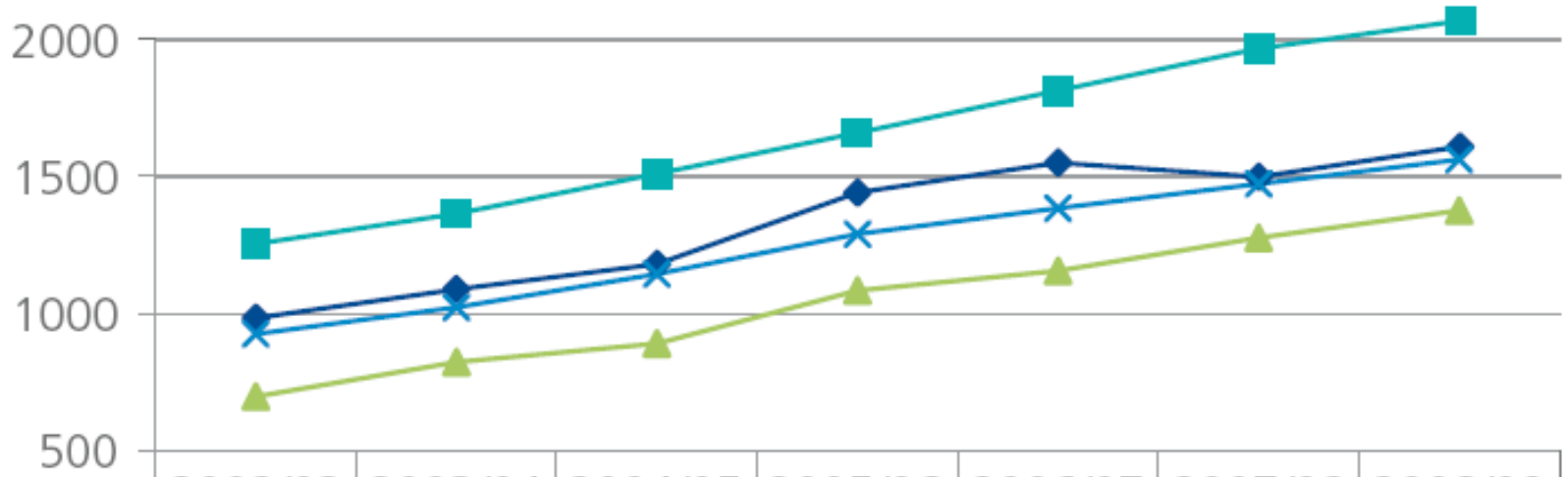
Teenage conception 'hotspot' wards are located in Crewe and Macclesfield

Strong relationship between deprivation and high teenage conception - BUT high rates cannot be completely explained by deprivation alone

Uptake of abortion varies– for period 2005-07 it ranged from just over 41% in former Crewe & Nantwich BC to over 57% in Macclesfield BC

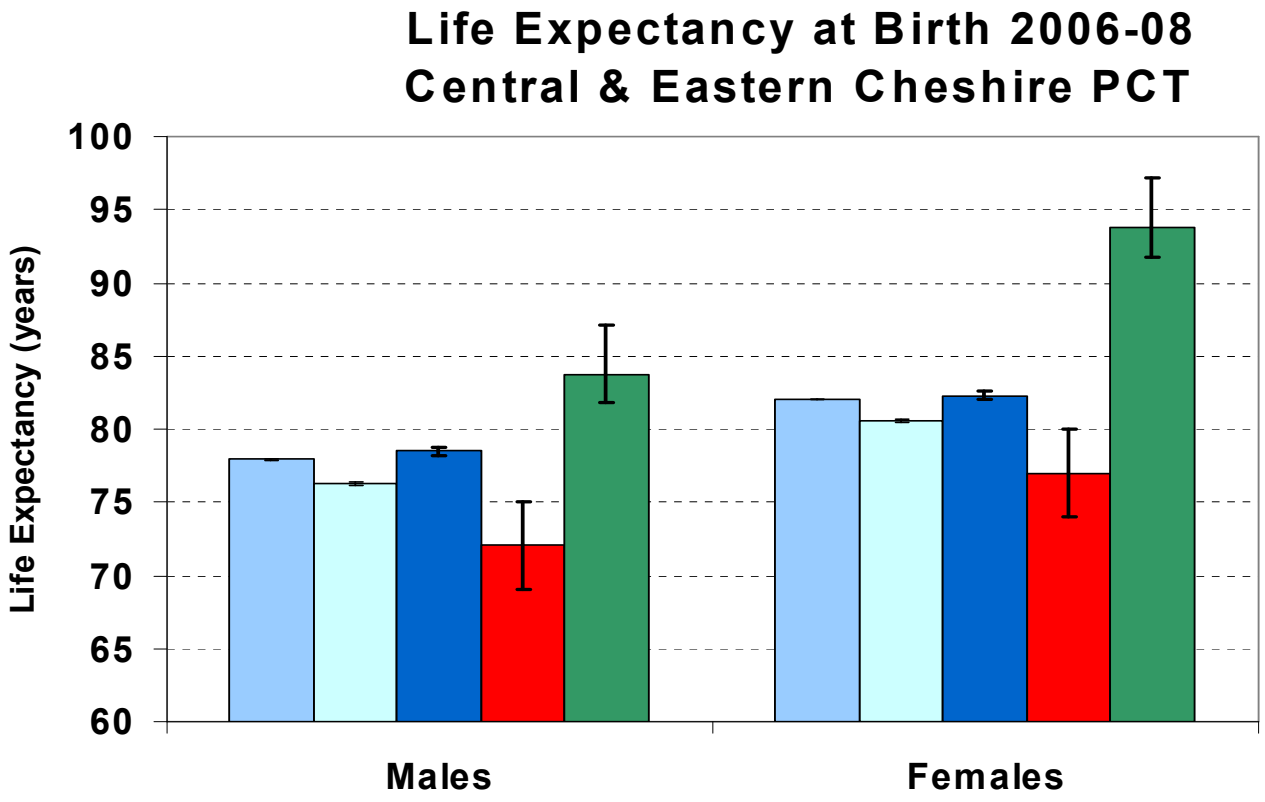
18-19 year age group where most significant rise in abortions has occurred

Chapter One:
Main Headlines: Health Inequalities



	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
CECPCT	983	1087	1180	1441	1550	1498	1608
SHA	1254	1364	1510	1659	1814	1967	2062
ONS Peers	696	822	890	1084	1155	1276	1375
England	925	1022	1144	1290	1384	1473	1562

Chapter One:
Main Headlines: Life Expectancy



Data Source:
National & Regional data NCHOD
Local CECPCT PH Intelligence

Lowest -Winsford Central (72.05)

Highest -Wilmslow Town South East (83.78)

Lowest -Crewe Central & Valley (76.99)

Highest -Macclesfield Town Tytherington (93.8)

Chapter One:
Main Headlines: Life Expectancy

CVD

36% of all deaths - approx 1,600 deaths each year

Biggest contributor to the life expectancy gap for both males and females

26% of deaths are premature (<75 years of age). PREVENTABLE with lifestyle modification

PCT variation: Male early deaths from CVD (2006-2008)

West Coppenhall & Grosvenor MSOA (Crewe) DSR 226.6 per 100,000 (9 deaths p/year)

Holmes Chapel MSOA DSR 25.8 per 100,000 (<5 deaths p/year)

LAP Variation: Male early deaths from CVD (2006-2008) Crewe

West Coppenhall & Grosvenor MSOA DSR 226.6 per 100,000 (9 deaths p/year)

St Marys & Wells Green MSOA DSR 55.1 per 100,000 (<5 deaths p/year)

31% of these premature deaths would be eliminated if the health experience of residents living in the most deprived MSOA was the same as the least deprived

Chapter One:
Main Headlines: Life Expectancy

CANCER

26.4% of all deaths– approx 1,160 deaths each year

2nd biggest cause of all deaths - BUT main cause of premature death

50% of cancers are PREVENTABLE with lifestyle modification

Breast, Colorectal and Lung cancers - main forms of cancer that cause premature death

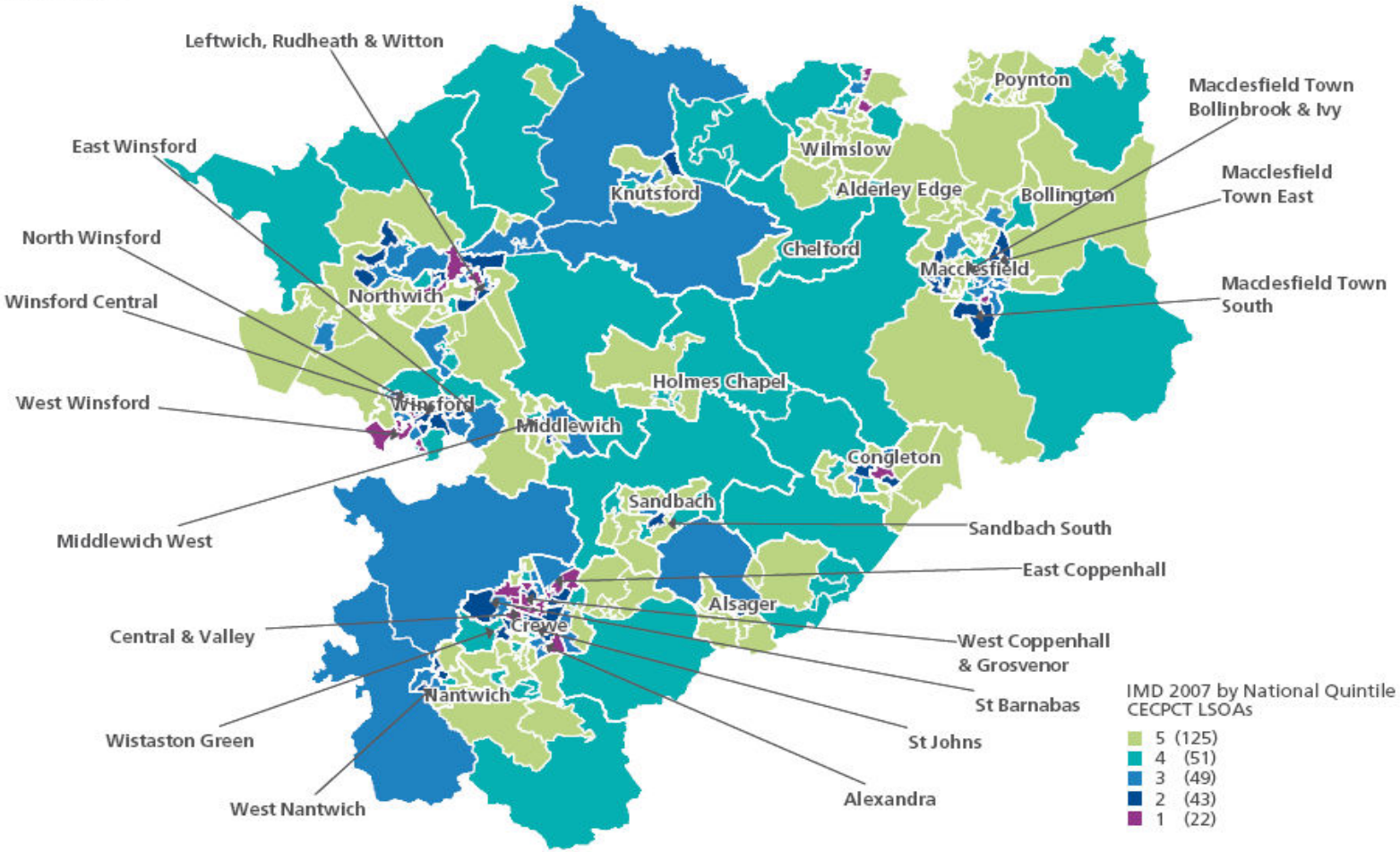
There has been a steep rise in the number of new cases of lung cancer in women

The three largest and most deprived towns in CECPCT (Crewe, Macclesfield, Winsford) have double the incidence of lung cancer than occurs in other communities

CECPCT has a 5% higher incidence of breast cancer than nationally – two of the three towns in CECPCT with the highest incidence are affluent towns (Knutsford, Wilmslow) – a historical low uptake of breast and cervical screening

Chapter One:
Main Headlines: Life Expectancy

Figure 20: Central and Eastern Cheshire Primary Care Trust Lower Super Output Areas by Index of Multiple Deprivation 2007 quintile with Spearhead Middle Super Output Areas labelled

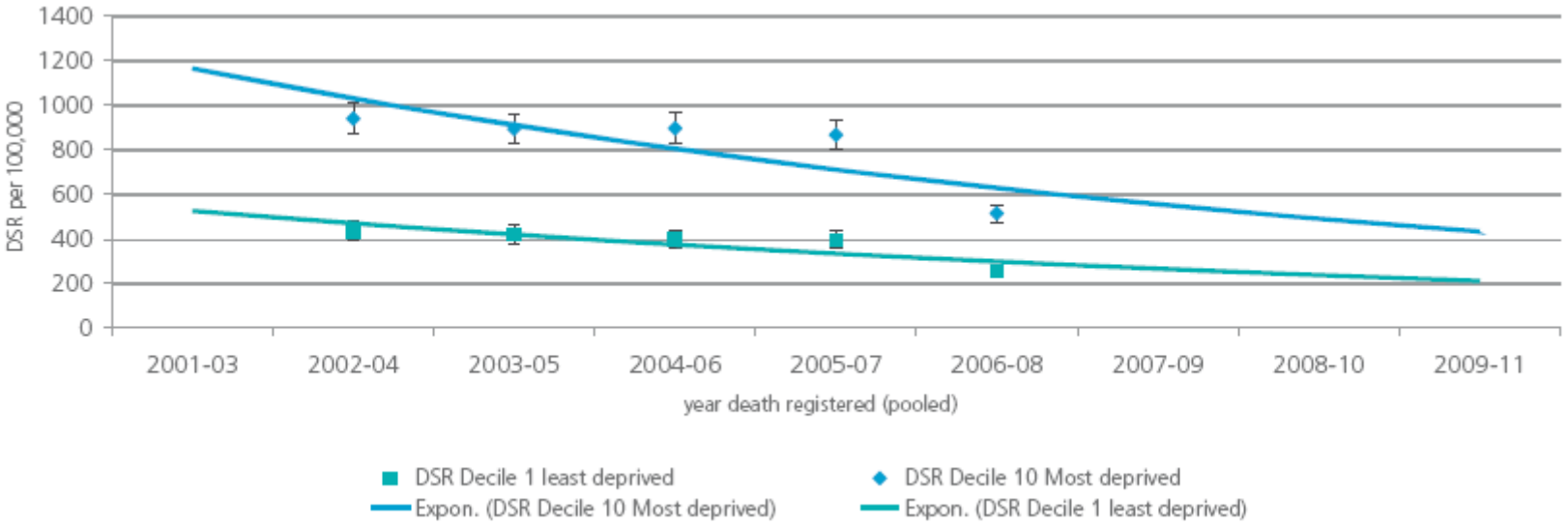


Chapter One:
Main Headlines: Life Expectancy

Deprivation

MSOAs within CECPCT with low life expectancy rates also encompass some of the more affluent populations

Review of mortality trends by deprivation deciles show that whilst death rates are reducing in our most deprived 10%, the reduction is slowing and levelling off in the least deprived 10%



Chapter Two: APHR 2009

Purpose of the 2009 report:

- **set out information on local health needs and health care activity for by practice**
- **help inform the PBC groups and practices to redesign and commissioning local services**
- **be a tool for PBC groups to engage with the communities they service**

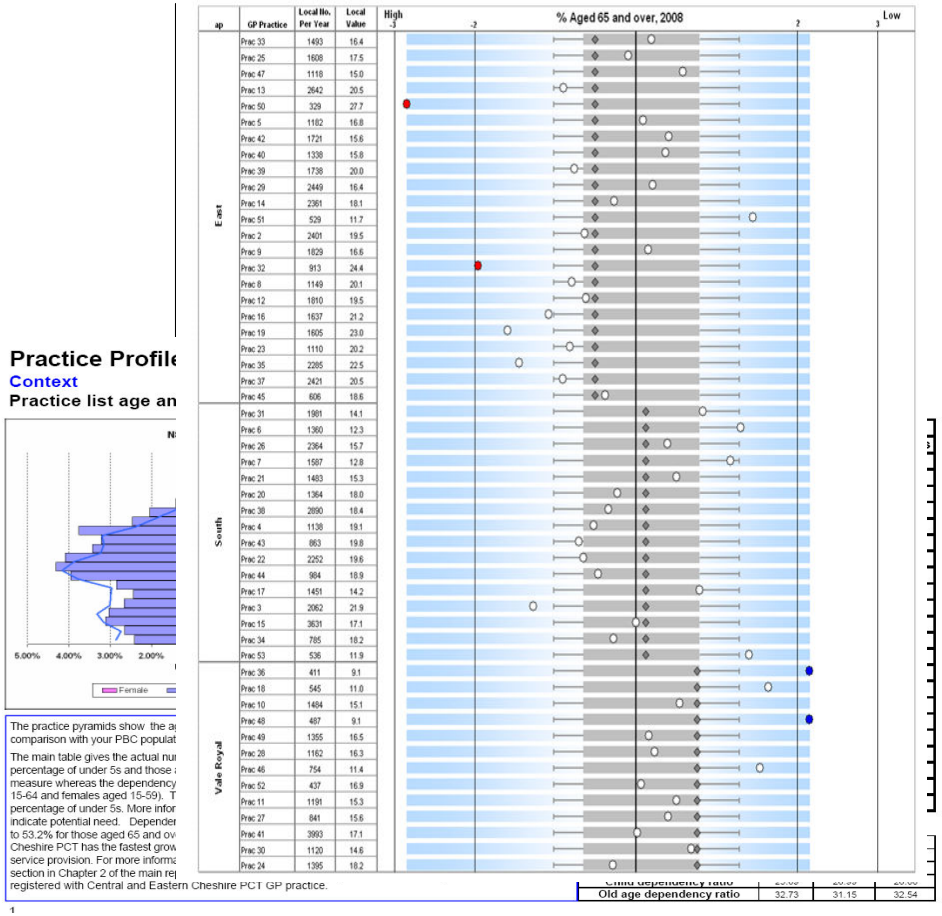
Produced 3 products-

Report

Individual practice profiles

Technical appendix – z-score spines

Charts allow comparisons between practices as well how practice compares to PBC group and PCT



Chapter Two: APHR 2009

Feedback from the 3 PBC groups about the APHR 2009 has been very positive:

Eastern Cheshire PBC Consortium

"The success of effective clinical commissioning relies on timely, accurate and relevant information that clinicians can use to improve patient services.

The 2009 Annual Public Health report has been an important tool for the East Cheshire PBC board in developing it's commissioning strategy. It has given GPs a wider perspective on our population and it's health needs.

This has helped us focus in on areas where we feel, as clinical commissioners, we can make a difference to people's health.

The partnership between Public Health and Primary Care will hopefully, with support from the PCT, continue to develop for the benefit of patients and the public"

Dr Paul Bowen
McIlvride Medical Centre
Chair, Clinical Commissioning Executive,
Chair, Eastern Cheshire PBC consortium

Chapter Three: Health of Area Partnerships

Provided an overview of the health and health needs of CECPCT residents who live within the 7 Local Area Partnerships (LAPS) of Cheshire East Council and 2 out of the 5 Area Partnership Boards of Cheshire West & Chester Council

Supports the development of the area partnerships by setting out information on local health and health care activity so as to:

enable area partnerships to recognise local health issues that cause variations in health / health experience

Inform area partnership priorities to tackle health inequalities

Chapter Three: Health of Area Partnerships

Commentary in Chapter 3, supported by Technical Appendix, provides information to the 9 area partnerships on/around 85 indicators:

13 Context Indicators

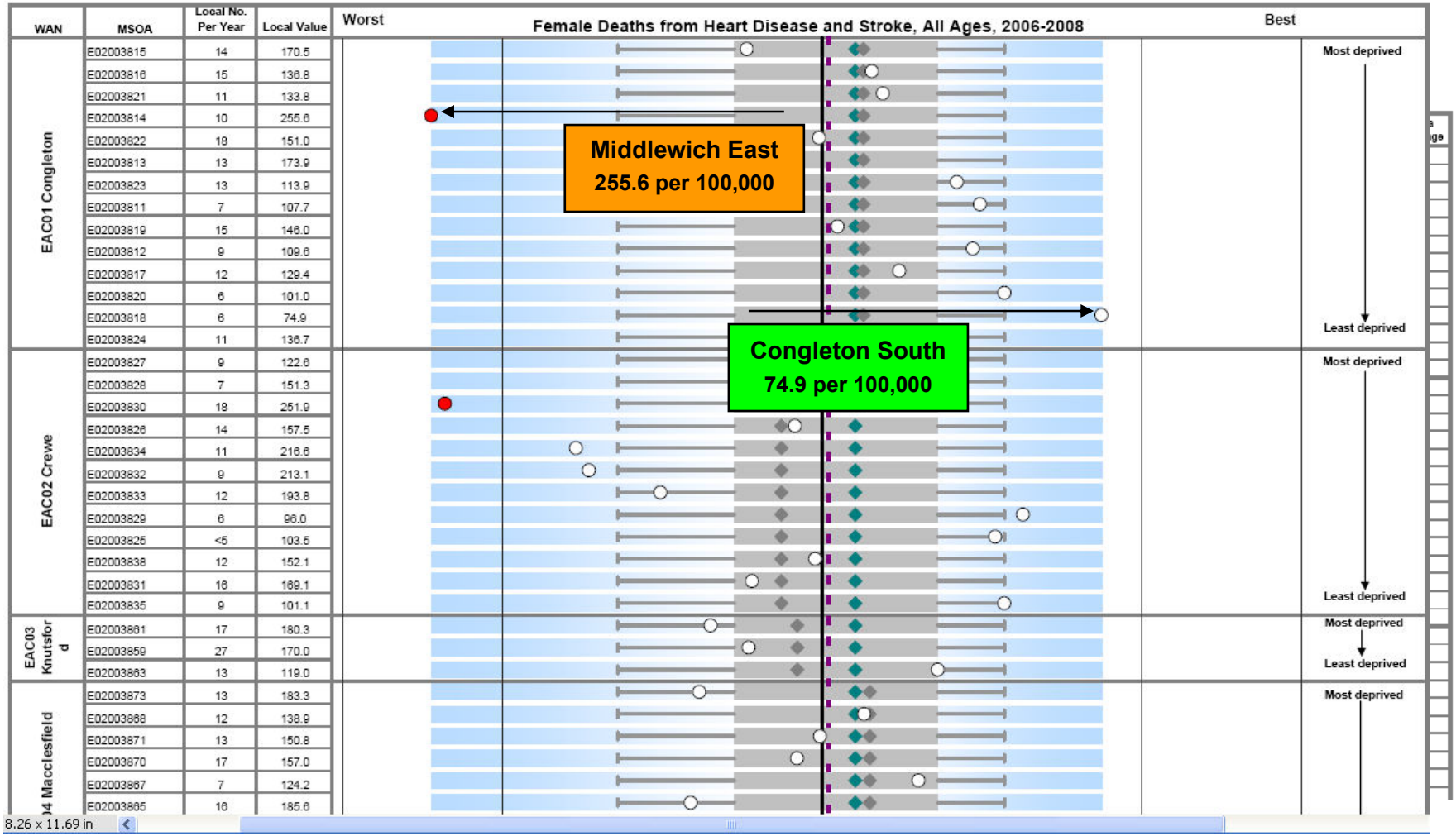
14 Life Expectancy and cause of Death Indicators

13 Lifestyle and risk factor indicators

14 Hospital Activity Indicators

31 Disease prevalence and other health indicators

Chapter Three: Health of Area Partnerships



WAN	MSOA	Local No. Per Year	Local Value
EAC01 Congleton	E02003815	14	170.5
	E02003816	15	136.8
	E02003821	11	133.8
	E02003814	10	255.6
	E02003822	18	151.0
	E02003813	13	173.9
	E02003823	13	113.9
	E02003811	7	107.7
	E02003819	15	146.0
	E02003812	9	109.6
	E02003817	12	129.4
	E02003820	6	101.0
	E02003818	6	74.9
	E02003824	11	136.7
EAC02 Crewe	E02003827	9	122.6
	E02003828	7	151.3
	E02003830	18	251.9
	E02003826	14	157.5
	E02003834	11	216.6
	E02003832	9	213.1
	E02003833	12	193.8
	E02003829	6	96.0
	E02003825	<5	103.5
	E02003838	12	152.1
	E02003831	16	169.1
	E02003835	9	101.1
EAC03 Knutsford	E02003861	17	180.3
	E02003859	27	170.0
	E02003863	13	119.0
J4 Macclesfield	E02003873	13	183.3
	E02003868	12	138.9
	E02003871	13	150.8
	E02003870	17	157.0
	E02003867	7	124.2
	E02003865	16	185.6

8.26 x 11.69 in

Congleton LAP

Key facts related to health and wellbeing

Population: Main causes of death (2006-2008)

Circulatory Disease & Cancer

Middlewich East

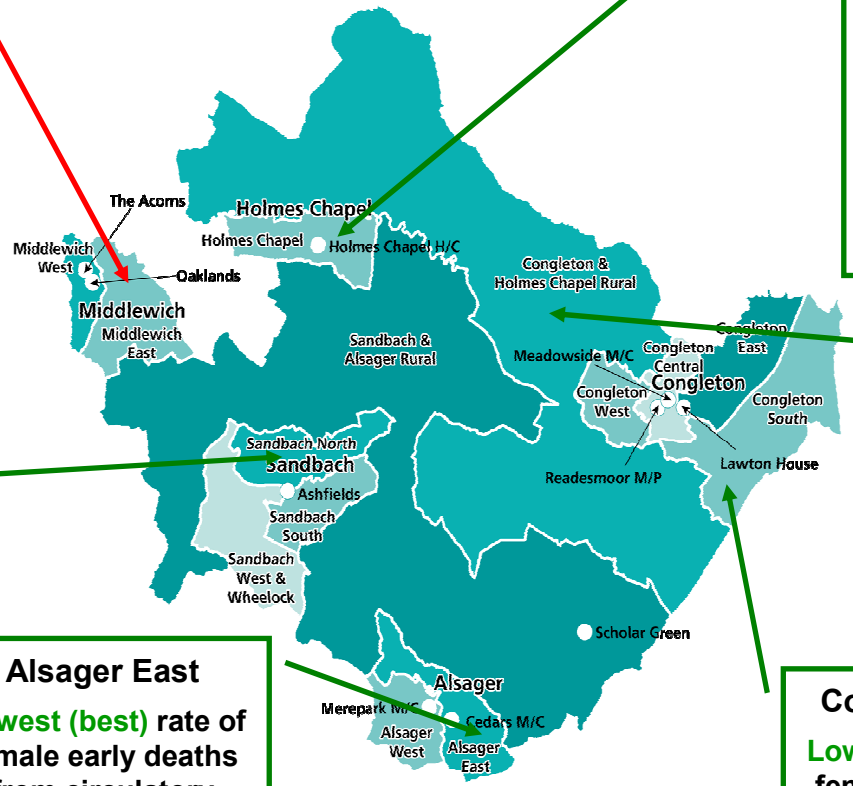
Highest (worst) rate of female deaths from circulatory disease within CECPCT
255.6 per 100,000

4th highest (worst) rate of female early deaths from circulatory disease within CECPCT
95.4 per 100,000

Homes Chapel

Lowest (best) rate of male deaths from circulatory disease within CECPCT
101.8 per 100,000

Lowest (best) rate of male early deaths from circulatory disease within CECPCT
25.8 per 100,000



Congleton & Holmes Chapel Rural

3rd lowest (best) rate of male deaths from cancer within CECPCT
109.0.0 per 100,000

Sandbach North

2nd lowest (best) rate of male deaths from cancer within CECPCT
107.0 per 100,000

2nd lowest (best) rate of male early deaths from cancer within CECPCT
107.0 per 100,000

Alsager East

Lowest (best) rate of female early deaths from circulatory disease within CECPCT
6.3 per 100,000

Congleton South

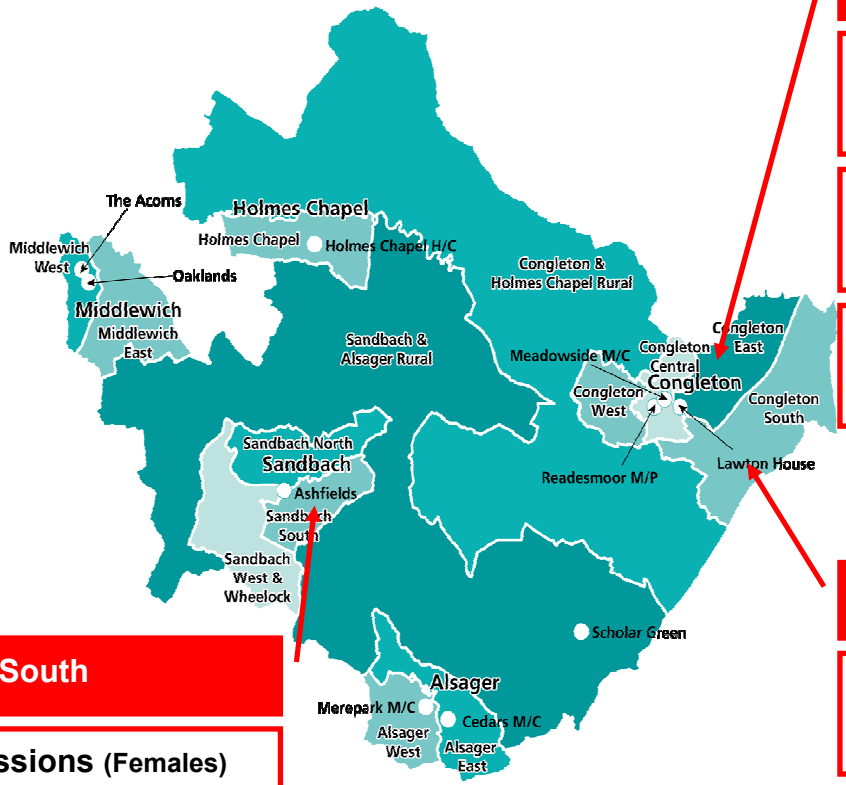
Lowest (best) rate of female deaths from circulatory disease within CECPCT
74.9 per 100,000

Data source: ONS SYOA Population Estimates, 2006-2008

Congleton LAP

Key facts related to health and wellbeing

Population: Hospital Activity (2008-2009)



Congleton East

A&E Attendance (All Ages)

Highest (worst) DSR rate in PCT (47935.0 per 100,000)

A&E Attendance (Under 20's)

Highest (worst) DSR rate in PCT (49642.3 per 100,000)

Alcohol- related admissions (Males)

Highest (worst) DSR rate in LAP (1309.1 per 100,000

Sandbach South

Alcohol- related admissions (Females)

Highest (worst) DSR rate in LAP (861.7 per 100,000

Congleton South

A&E Attendance (Over 65's)

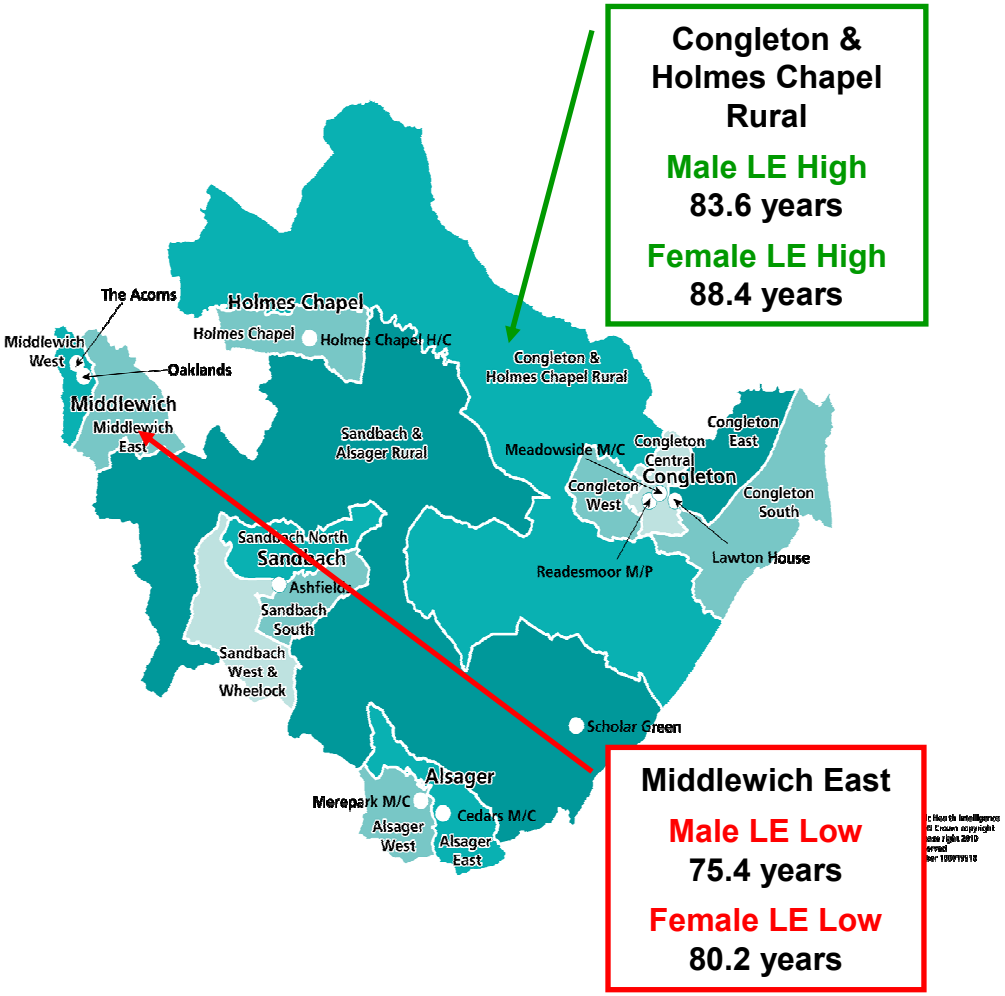
Highest (worst) DSR rate in PCT (55554.4 per 100,000)

Data source: A&E CDS, NHS Postcode Directory, ONS SYOA Population Estimates mid-2008

Congleton LAP

Key facts related to health and wellbeing

Population: Life Expectancy (LE)



LE (Years)	LAP	CEUA	CECPCT	England
Male	78.9	78.7	79.0	77.4
Female	83.1	82.5	82.5	81.6

4.2 year gap between average Male and Female LE

Congleton & Holmes Chapel Rural MSOA Female LE 2nd highest (best) in CECPCT

8.2 year gap between best and worst Male LE by MSOA

8.2 year gap between best and worst Female LE gap by MSOA

There is not a strong relationship between lower life expectancy and residency in areas of higher deprivation

Data source: SYOA Population Estimates, 2006-2008, ONS Life table Template

Chapter Four: Marmot Commentary

2008 Sir Michael Marmot asked by Government to review best global evidence on reducing health inequalities

Asked to produce a set of evidence based recommendations to inform strategic direction for next 10 years

February 2010 ***Fair Society, Healthy Lives*** published

Adopted a **'life course'** perspective for tackling health inequalities - actions need to **start before birth** and continue throughout all stages of life to **retirement**

Chapter Four: Marmot Commentary

APHR Chapter 4 provides recommendations to local partners on high level policy actions that can be taken around each policy objective in Fair Society, Healthy Lives:

Policy Objective A
Give every child the best start in life

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

Policy Objective C
Create fair employment and good work for all

Policy Objective D
Ensure a healthy standard of living for all

Policy Objective E
Create and develop healthy and sustainable places and communities

Policy Objective F
Strengthen the role and impact of ill-health prevention

Chapter Four: Marmot Commentary

Policy Objective A

Give every child the best start in life

Recommendations for Local Action:

Agency	Recommendation
Central and Eastern Cheshire Primary Care Trust (Commissioners)	Maternity and child health commissioners refer to the policy recommendations in determining contracts with "providers" of health care services. Note what the Report calls "proportionate universalism"
Cheshire East Unitary Authority Cheshire West & Chester Unitary Authority	Consider how integrated children's commissioning plans refer to and take into account the policy recommendations. Consider, as part of any children's services re-design, plans which take into account the policy recommendations
Joint Strategic Needs Assessment (JSNA) Improving the health of children is already a priority identified in the Cheshire East JSNA.	Ensure commissioners have access to information on "the social gradient" for a range of health, social care and education indicators (as defined in Local Area Agreement (LAA)) in order to determine proportional investment of resources
Practice Based Commissioners (PBC)	PBC commissioning plans reflect priority to early years development
Local Strategic Partnerships (LSP)	Sustainable Community Strategy reflects importance of this policy objective and is reflected in LAA indicators. The Children's Trust's plans should take into account the policy recommendations
Local Area Partnerships / Area Partnership Boards	Neighbourhood / community delivery plans reflect actions to support disadvantaged families
Third Sector	Maximise support for families / carers who need it the most
Private Sector / workplaces	Support family friendly and flexible working practices. Providers of childcare do so to high quality standards

Chapter Five: Health Impacts of Worklessness

Describes the impact that 'worklessness' has on health and a snapshot of what is being done locally to address this

Recognition of the significant contribution and inter-related way that employment arrangements and work conditions have on the development of social inequalities in health

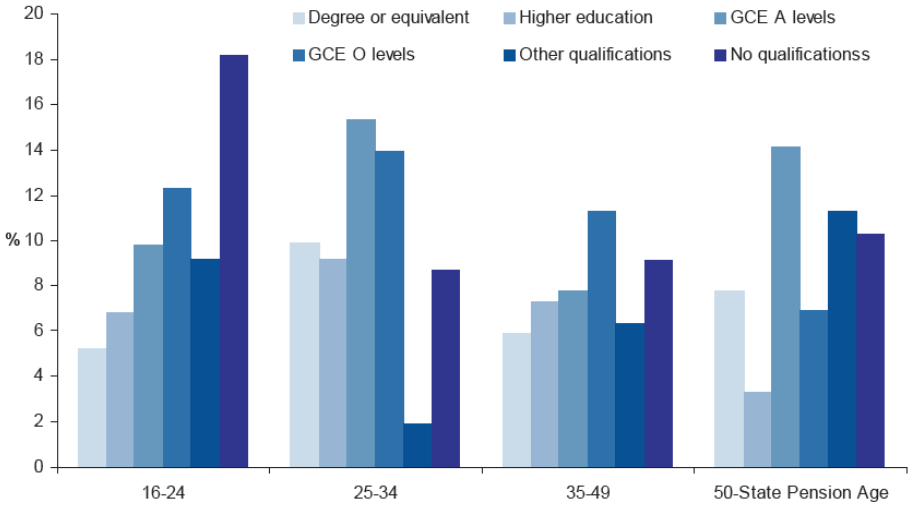
Links to POLICY OBJECTIVE 3 of *Fair Society, Healthy Lives* – 'Create fair employment and good work for all' and its priority objectives:

- **improve access to good jobs and reduce long term unemployment across the social gradient**
- **make it easier for people who are disadvantaged in the labour market to obtain and keep work**
- **improve quality of jobs across the social gradient**

Chapter Five: Health Impacts of Worklessness

Current Picture

As a result of the current recession the unemployment rate in all age groups nationally has increased - however the increase has been most acute among young people (16 - 24)



Concern

Evidence indicates that young people who experience long term unemployment are at significant risk of experiencing:

- **Unemployment in later life**
- **Experience a reduced income by up to 12-15% some 20 years later**

Affect on future earning caused by unemployment at an early age can cause 'income inequality' which is associated with unequal life expectancy and incidence of illness

Chapter Five: Health Impacts of Worklessness

Risky health behaviours

Men who experience long term unemployment before age of 33 are more likely to report risky health behaviours (smoking, little exercise, low fruit & veg) compared to those who have not – including those from more advantaged backgrounds

Alcohol

Job loss due to work establishment closure can trigger problematic drinking which increases risk of alcohol related hospitalisation in 1 in 5 men and 2 in 5 women

Long durations of involuntary employment (3+ years) in young adulthood predict heavy drinking and more frequent drinking at ages 27-35

Suicide

1% increase in unemployment associated with 0.79% rise in suicide in people aged 65 years and under

Larger increases in unemployment (>3%) in a year) associated with 4.5% rise in suicide rates

1981 was last time such a rise in unemployment (3.6%) - suicide rates went up to 2.7%

Suicide rates in young unemployed men substantially higher than those in employment

Younger claimants are more likely than older claimants to claim for mental health reasons

A persons health can deteriorate further the longer they remain on benefits

Chapter Six: Choosing Well to Keep well

Expansion of the regional Choose Well Concept

Start of identifying – to partners and public - where waste (in health services) can occur nationally and locally and suggests how it could possibly be avoided or reduced

Emphasis on how we are all 'partners in health' and the need to work together to reduce unnecessary expenditure and manage demand to allow the most efficient and effective use of available resources

Chapter Six: Choosing Well to Keep well

Areas highlighted included:

Services

Medications - use wisely

£2 million worth of unwanted or unused prescribed medication returned to community pharmacies within CECPCT each year

£60,000 a year cost to PCT to incinerate returned medicines

Ambulance Services - reduce demand

£10.5 million spent by PCT between 2009-2010 on 48,540 callouts

£2.2 million of this spent on *'Not Serious, Not life threatening'* condition call outs

Falls are the reason for nearly ¼ of all ambulance call outs within PCT

Make an Appointment – Keep your appointment

Cost of a missed appointment is £17

During the period Jan - May 2010 1,240 GP appointments were missed at the 6 GP practices of Waters Green Medical Practice, Macclesfield –avg of 69 per month

Equivalent of £21,080 lost

Chapter Six: Choosing Well to Keep well

Lifestyles

Alcohol

In CECPCT, between 2002-2006, 22,228 alcohol related admissions to hospital

£31.5 million a year cost to PCT for treating alcohol related problems

Estimates that alcohol is a factor in 35% of all A&E cases during the week, up to 70% at weekends

Sexual Health

Consequences of risky sexual health behaviour (emotional and financial)

Chlamydia – 1 in 10 sexually active young people who are tested

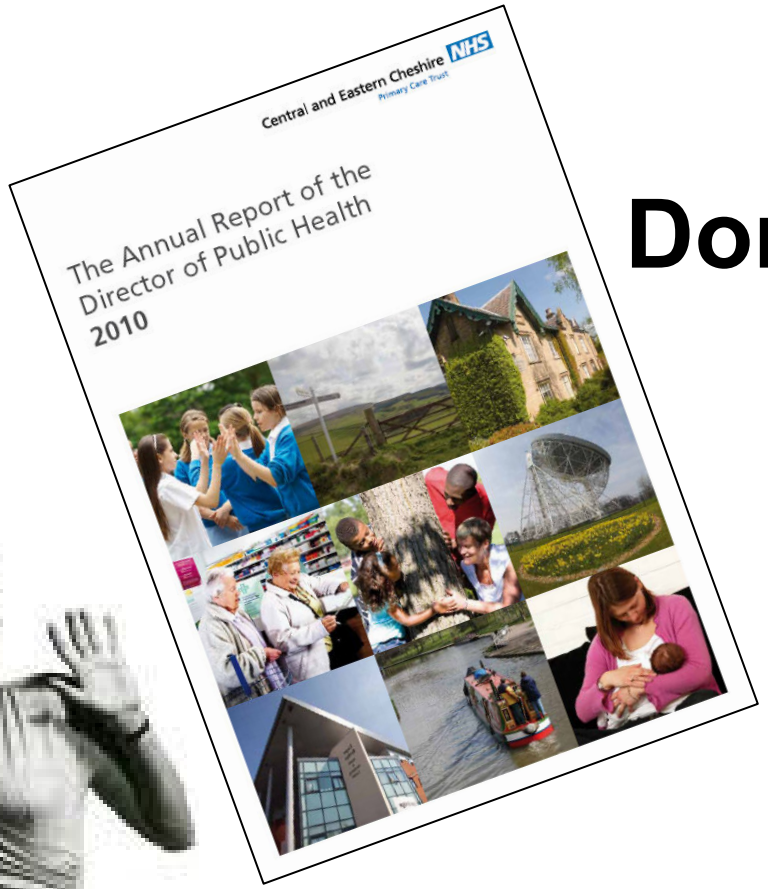
£9,000 cost on fertility treatment to repair damage caused by Chlamydia if left undiagnosed

Teenage Pregnancy – avg of 320 teenagers becoming pregnant each in CECPCT

£1000 cost to local economy per teenage conceptions

£1,500 cost associated with delivery of each live birth

What Next?



Don’t be afraid of it

What Next?

- **Digest**
- **Discuss**
  (presentations)
- **Decide – does it fit; what more?**
- **Prioritise**
- **Act**
- **Review**
- **TOGETHER**

THANKYOU

CECPCT Annual Report of the

Director of Public Health 2010

can be viewed and downloaded from:

www.cecpct.nhs.uk/about-us/public-health