**CHESHIRE EAST COUNCIL**

**Health and Adult Social Care Scrutiny Committee**

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| **Date of Meeting:** | 9 September 2010 |
| **Report of:** | Davina Parr, Associate Director of Public Health, Central and Eastern Cheshire Primary Care Trust (CECPCT) |
| **Subject/Title:** | Review of Health Inequalities in Cheshire East |

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## 1.0 Report Summary

1.1 This report provides an overview of health inequalities in Cheshire East – what is meant by health inequalities, what is known about health inequalities and what actions are being taken in partnership to tackle them.

## 2.0 Recommendations

2.1 That:

(a) the Scrutiny Committee note the approach and work being undertaken to date through the Local Strategic Partnership and key stakeholders on addressing and reducing health inequalities;

(b) the Scrutiny Committee note the contents of the CECPCT Annual Report of the Director of Public Health 2010 as its central theme is partnership working to reduce health inequalities; Scrutiny Committee endorse and support the recommendations made in Chapter 4 in particular noting high level actions which can be taken locally across a range of partnerships to reduce health inequalities;

(c) the Scrutiny Committee note the planned work on health inequalities in the next four months – a *Living Well in Cheshire East Statement of Intent Charter* for partners to sign up to and align their future direction of travel in the context of a new commissioning landscape; and a one day Conference on 12th November 2010 to launch the Charter, gather together key partners within or with an interest in Cheshire East to hear key speakers from Department of Health (DH), Local Government Improvement and Development (formerly IDeA), Royal College of General Practitioners, Voluntary Sector North West to communicate forthcoming policy changes and implications / opportunities. There will be a **'call to action'** for partners on an agreed way forward – through organisational sign up to the Charter

## 3.0 Reasons for Recommendations

3.1 To progress work on health inequalities in the context of emerging national policy changes in how health and health care services are commissioned in the future.

## 4.0 Wards Affected

4.1 All

## 5.0 Local Ward Members

5.1 All

## 6.0 Policy Implications

6.1 The recommendations are aimed at improving health outcomes and reducing health inequalities set within the context of major public sector reform and a new Health Bill and Public Health White Paper (latter due Dec 2010)

## 7.0 Financial Implications

7.1 Not known at this stage.

## 8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 New statutory role for Local Authorities – details to be published.

## 9.0 Risk Management

9.1 Risks to be identified

## 10.0 Background

10.1 In the recent publication, ***Tackling Health Inequalities: 10 Years On – A Review of developments in tackling health inequalities in England over the last 10 years*** (DH, May 2009), progress is described against the Acheson report, lessons learned and future challenges. The key message is **much achieved, more to do**

10.2 Central and Eastern Cheshire Primary Care Trust's **World Class Commissioning Strategic Plan** sets out a number of priority outcomes for the local population including improving life expectancy and reducing health inequalities.

10.3 A report to Cheshire East Council Cabinet in November 2009, endorsed the need for a collaborative approach to improving the health and wellbeing of our communities and approved the establishment of a **Cheshire East Council Working Group** (engaging all Council services) to contribute to the drafting of a local Health Inequalities Plan.

10.4 *Fair Society, Healthy Lives*, the Strategic Review of Health Inequalities in England Post 2010 **(the Marmot Review)** published in February 2010 proposes an evidenced based framework for reducing health inequalities from 2010. The framework includes policies and interventions that address the social determinants of health inequalities ***(tackling the "causes of the causes***") such as income, living and working conditions, built environment and employment.

10.5 The Cheshire East Local Strategic Partnership Executive endorsed a local framework for tackling health inequalities at its meeting on 22nd February 2010. The framework takes three key strands:

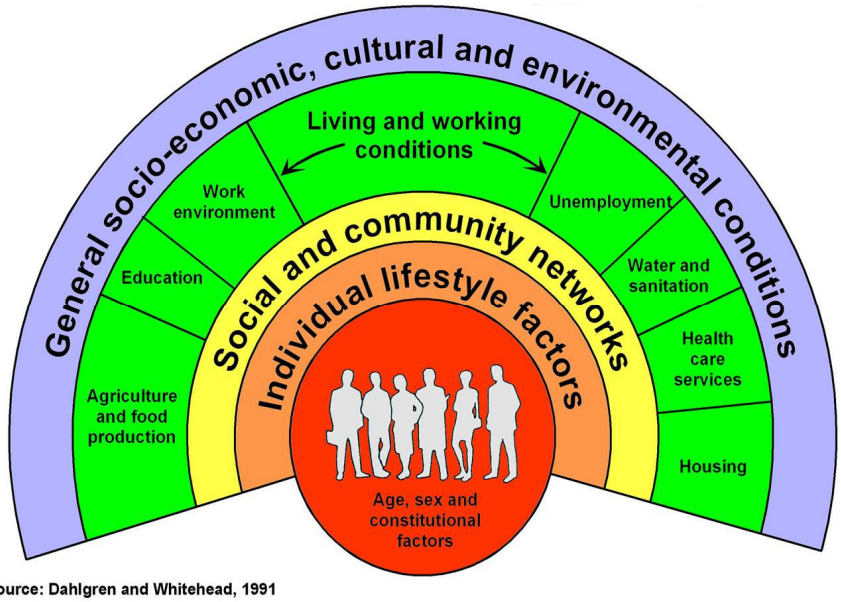
a) Improve access to health and social care services (***the services people use***)
b) Support healthier lifestyles (***the lives people lead***)
c) Tackle the wider factors which impact on health such as housing, employment, transport, education, employment (Marmot Review – ***the causes of the causes***)

10.6 The **LSP Health and Wellbeing Thematic Partnership** established in September 2009 is the lead partnership for facilitating actions to support healthier lifestyles and tackle the wider determinants of health. Dr Heather Grimbaldeston, Director of Public Health chairs this group supported by public health colleagues from the PCT and health and wellbeing colleagues from Cheshire East Council.

## 11.0 A Common Understanding of Health Inequalities

11.1 'Health inequality' can be referred to as the **gap or variation** in health status, and in access to health services, between different social and ethnic groups and between populations in different geographical areas.

**Figure 1: Factors which influence health outcomes and health inequalities**




Source: Dahlgren and Whitehead, 1991

11.2 The “rainbow” model shown at Figure 1 highlights the existence of ***wider determinants of health*** (Marmot refers to as the ***“causes of the causes”***) that may be beyond the direct influence of the individual, affecting the wider environment. An individual’s social and community networks impact on these factors and links the rainbow between individual lifestyle factors and living and working conditions. This further guides our thinking towards a community engagement and development approach to tackling health inequalities. Health is, therefore, seen as a **resource** for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.

11.3 In his report, ***Fair Society, Healthy Lives***, Marmot further adds that reducing health inequalities is a matter of ***fairness*** and ***social justice***. There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health. To reduce the steepness of the social gradient actions must be ***universal***, but with a ***scale and intensity that is proportionate to the level of disadvantage***.

## 12.0 What we know about Health Inequalities in Cheshire East

12.1 **The CECPCT Annual Report of the Director of Public Health 2010** places great emphasis on the role of partnership working to address and reduce health inequalities. This includes a comprehensive overview of what we know about health inequalities in Cheshire East. In summary:

12.2 **Chapter One** gives an overview of the health of the whole population of CECPCT and the main health issues affecting them, with a particular focus on those conditions that contribute to the causes of local inequalities in health.

12.3 **Chapter Two** reviews the impact of the CECPCT Annual Report of the Director of Public Health 2009 and how it has been utilised by Practice Based Commissioning groups.

12.4 **Chapter Three** highlights the health of the resident populations of the seven Local Area Partnerships and two Area Partnership Boards within CECPCT with brief comparisons between the differences within and between these area partnerships, and finishing with recommendations identifying key areas for development.

12.5 **Chapter Four** provides an overview of the findings of the Marmot Review on tackling health inequalities post 2010 as published in *Fair Society, Healthy Lives* and a commentary on what these findings may mean to the partnerships within CECPCT who have a responsibility for improving health and tackling health inequalities.

12.6 **Chapter Five** explores further one of themes of the Marmot Review - Worklessness - and how it can affect the health of the population, as well as examples of how CECPCT is tackling worklessness to support an improvement in health and well being.

12.7 **Chapter Six** provides information to our working partners and the general public on the impact that health behaviours and choices have on providing health services that are currently provided through the Primary Care Trust.

12.8 **A Technical Appendix** is also provided containing more detailed health information about each of the area partnerships.

12.9 Copies of the CECPCT Annual Report of the Director of Public Health 2010 can be accessed via www.cecpct.nhs.uk. Follow the route: Home > About Us > Public Health

12.10 **Appendix 1** provides an extract from the CECPCT Annual Report of the Director of Public Health 2010, providing data on life expectancy and what we know impacts on differences in life expectancy.

## 13.0 Partnership Actions to Reduce Health Inequalities in Cheshire East

13.1 Using the framework for tackling health inequalities as agreed by the LSP Executive (refer to 10.5 above), listed below are a number of examples of actions and services which have been implemented in the past year which have impacted on health outcomes.

13.2 **Improve access to health and social care services (*the health services people use*)**

**Examples of NHS commissioned services:**

1. **Primary prevention – Stop Smoking Services** have been refocused to areas of deprivation. We have successfully maintained our quit rate in Routine and Manual Groups. We employ a Polish speaking Stop Smoking Advisor to support our high numbers of Polish migrant workers in Crewe – 47% quit rate in this target group (2009-2010) has been achieved through this service
2. **Primary Prevention** – **Uptake and duration of breastfeeding** – we saw differences between our two maternity units at Leighton Hospital and Macclesfield District General Hospital and using £98,000 from a successful bid to DH, we're targeting two areas where rates are low (Crewe and Winsford). Work includes progressing BabyFriendly accreditation with both maternity units, employing two Breastfeeding Support Workers and a social marketing insight programme obtaining views of mothers, their partners, professionals and local businesses in public areas.
3. **Primary Care –incentives for GP practices in areas with the worst health** to identify and treat people with Coronary Heart Disease. Payments to GP practices were weighted for socioeconomic deprivation to address health inequalities. Headline results for the first year include improved health outcomes such as 32, 254 people believed to be at high risk of developing cardiovascular disease were screened and assessed and interventions put into place where necessary; 100% of GP practices developed a disease register and a system of annual review for patients at risk of developing diabetes. Cardiovascular disease screening has developed into the

mechanism through which the PCT implements the DH NHS Health Check Programme.

4. **Secondary Care – The Treat and Return Programme** was established to improve patient flow between secondary and tertiary care, to improve access, to maximise the use of beds at all units and reduce the inequalities of provision through the system. The average length of stay for cardiology patients has reduced as they now have fast access to Tertiary Centre services, reducing the inequalities in provision and improving the overall revascularisation rate.

13.3 **Support healthier lifestyles (*the lives people lead*)**

**Examples of Partnership Activity:**

1. **Cheshire East Smoke Free Alliance** – work on behalf of Smokefree North West to identify smoking rates and attitudes towards the use of tobacco amongst the Polish community. Published work helped to inform delivery of services. In Cheshire East a Polish speaking Stop Smoking Advisor was recruited.
2. **Alcohol Social Marketing Project** (see Appendix 2 on partnership success stories)
3. **Health Impact Assessment** one day workshop delivered on 5th July 2010 with a view to establishing a HIA Steering Group to assess major plans and strategies for positive health benefits and to identify and mitigate any negative health impacts.

13.4 **Tackle the wider factors which impact on health such as housing, employment, transport, education, employment (Marmot Review – *the causes of the causes*)**

**Examples of Local Strategic Partnership Activity:**

1. **The Health and Wellbeing Thematic Partnership** has been meeting since September 2009 with a membership of representatives from the PCT, the Fire and Police Services, the local authority and the third sector. The Partnership has focused upon the LAA indicators that sit within it's 'basket'; on providing leadership within the LSP on health (for example the Chair (PCT Director of Public Health) briefed the LSP Executive in November 2009, presentations to the other four thematic partnerships are being planned and members of the Partnership have been proactive in the consultation on the Sustainable Community Strategy and the 2009 refresh of the Local Area Agreement.
2. **Cheshire East Council Health Inequalities Group** - This group has been established with representation from all appropriate Council Services to develop a Council wide approach to health inequalities that integrates effectively with the LSP Health Inequalities Framework. Work that is already underway and has an impact on health inequalities has been audited and mapped against the policy objectives of the Marmot Review. This provides a baseline of activities inherited by the new authority, gaps in activity and priorities for future action. The Group will also lead on workplace health for the Authority.
3. **Local Area Partnerships** - To engage the LAPs and ensure their commitment to reducing health inequalities in each area, the PCT has produced detailed analyses of health data on a LAP by LAP basis. This has been shared with all LAPs during their May - July 2010 meeting cycle as part of a "Health Inequalities / Marmot Roadshow" that the PCT and Cheshire East Council have delivered in partnership. Through this process and follow up activities and support, the LAPs will be able to take into account the health needs of their local communities and build into the Local Area

Plans appropriate actions to help reduce the health inequalities in their communities. LAP presentations are available on the Cheshire East JSNA webpage and CECPCT Public Health webpage

4. **Focus on Alcohol** - The need to reduce alcohol harm has been clearly identified as a priority in the Joint Strategic Needs Assessment and 2009/10 refresh of the Cheshire East Local Area Agreement. The Chief Executive of Cheshire East Council is acting as Champion to lead improvements in this area. The LSP Health and Wellbeing Partnership is accountable for overseeing the drive to reduce alcohol harm, but other partnerships have a role to play, for example the Crime and Disorder Reduction Partnership. The LSP's Alcohol Harm Reduction Strategy is being finalised and was endorsed at a Summit event in July 2010, where action planning was also undertaken by partners. The **Sub Regional Health Commission** has been established and is focusing upon alcohol as a priority, bringing opportunities to learn from good practice in neighbouring authorities and to add value through working in partnership.
5. **Work on Comprehensive Area Assessment** – although CAA has been abolished the PCT and Cheshire East Council undertook a review of health inequalities as part of the preparation with Audit Commission inspectors in the run up to this years CAA. Whilst no official feedback was provided, informal feedback indicated that no red flags would have been given for health inequalities – that the Audit Commission were confident of the work being undertaken locally to reduce health inequalities.

13.5 Additional stories of successful actions and services to improve health outcomes are outlined in **Appendix 2.**

## 14.0 Future Work on Health Inequalities in Cheshire East

14.1 In view of the Coalition Government's policy proposals for the reform of the NHS, it is important to maintain the momentum on actions to reduce health inequalities. In preparation two activities are planned for the remainder of the year, in advance, but mindful, of the publication of the National Public Health White Paper (due Dec 2010). These are the publication of a Cheshire East Health Inequalities Statement of Intent Charter and a Cheshire East Health Inequalities Conference to be held on 12th November 2010.

14.2 The Cheshire East Health Inequalities Statement of Intent Charter to be known as **"Living Well in Cheshire East – a Statement of Intent/"** is a short user friendly summary of the major challenges in relation to improving health outcomes and reducing health inequalities in Cheshire East. It will make recommendations for GP commissioners, the Local Strategic Partnership; local communities, public health, local authorities and new Health and Wellbeing Boards. The aim is for key partners in the *new world* to "sign up" to the Statement of Intent and to agree on and set the future direction of travel including new ways of working, for example, an asset approach to supporting healthy communities. A first draft is expected by mid October 2010.

14.3 A date of **Friday 12th November 2010** at (venue tbc) has been set for a Conference to bring together key stakeholders in the new world (as referenced above) to be entitled **"Living Well in Cheshire East – a call to action to reduce inequalities".** The aim of the event is to bring together a range of high profile speakers to set out the future direction of travel and future challenges and how partnerships can support work to improve health outcomes and reduce health inequalities. At the event we will be

looking for partners to sign up to the Charter**.** Details of the event and joining instructions are to be issued.

## 15.0 Preparing for the future – headlines for new Public Health Services

15.1 The forthcoming Health Bill will support the creation of a **new Public Health Service**, to integrate and streamline existing health improvement and protection bodies and functions, including an increased emphasis on research, analysis and evaluation.

15.2 **PCT responsibilities for local public health including health improvement will transfer to local authorities**, who will employ the Director of Public Health, jointly appointed with the National Public Health Service.

15.3 A **ring-fenced public health budget will be allocated** (to Local Authorities) to reflect relative population health outcomes, with a new "health premium" to promote action to reduce health inequalities and improve population-wide health. The Director of Public Health will be responsible for health improvement funds allocated according to relative population health need.

15.4 Each **local authority will take on the 'function of' joining up the commissioning of local NHS services, social care and health improvement'** by bringing together partners to agree *local priorities* for the benefit of patients and taxpayers, informed by community and neighbourhood needs.

15.5 Fuller details regarding this and other implications for the wider NHS commissioning and provider landscapes will be outlined at a forthcoming Council Cabinet meeting.

## 16.0 Conclusion

16.1 During the past year there has been focused activity through the Local Strategic Partnership and through the actions of key stakeholders to both identify and describe differences in health outcomes and take action to reduce these differences. This work has been backed by national policy and guidance on the evidence of what works to support healthier communities.

16.2 In light of the forthcoming Health Bill and Public Health White Paper, it is important to retain the momentum and action on health inequalities generated so far. A number of recommendations are proposed for Scrutiny Committee.

## 17.0 Access to Information

The background papers and Powerpoint presentations relating to this report can be inspected by contacting the report writer:

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## Appendix 1 – Extract from the CECPCT Annual Report of the Director of Public Health 2010 – Chapter 1 – Section on Life Expectancy

### Life Expectancy

Life expectancy is a fundamental measure of health outcome. The PCT has a significantly higher male and female life expectancy than the North West region figures. Although the CECPCT life expectancy rate is higher than the England average in both sexes, only the male life expectancy is significantly higher. Both the local male and female life expectancies have increased between 2005-2007 and 2006 - 2008.

**Figure Seventeen: Life Expectancy for England, Northwest and Central and Eastern Cheshire Primary Care Trust**

| Area | Males (years) | | | | Females (years) | | | |
|---|---|---|---|---|---|---|---|---|
| | 2005-07 | 2006-08 | change | %change | 2005-07 | 2006-08 | change | %change |
| England | 77.7 | 77.9 | 0.3 | 0.4% | 81.8 | 82.0 | 0.2 | 0.3% |
| North West | 76.0 | 76.3 | 0.3 | 0.4% | 80.5 | 80.6 | 0.1 | 0.2% |
| CECPCT | 78.1 | 78.5 | 0.4 | 0.5% | 82.1 | 82.3 | 0.2 | 0.2% |

Source: National Centre for Health Outcomes Development

To inform priority setting and to identify the geographical areas of concern regarding male and female low life expectancy and the factors that influence it, the PCT in 2009 combined Middle Super Output Area's (MSOA) into five equal groups based on the overall life expectancy. This approach:

- created a local PCT 'spearhead MSOA group' which identified those MSOA areas where there is a low life expectancy for either male or females whose poor health experience needs to be the focus of further attention and;
- enabled the PCT, and its partners, to look at the various factors that influence life expectancy such as poor lifestyles and access to services and deprivation.

The movement between the life expectancy value within the Spearhead MSOA's have been calculated for 2005-2007 and for 2006-2008.

**Figure Eighteen: Central and Eastern Cheshire Primary Care Trust Spearhead Middle Super Output Area Group Life Expectancy by Male and Female, 2005-2007 and 2006-2008**

| MSOA Name | Male Life Expectancy | | | Female Life Expectancy | | |
|---|---|---|---|---|---|---|
| | 2005-07 | 2006-08 | Movement | 2005-07 | 2006-08 | Movement |
| East Coppenhall | 71.6 | 72.7 | ↑ | 78.7 | 79.4 | ↑ |
| Central & Valley | 72.2 | 73.7 | ↑ | 77.9 | 77.3 | ↓ |
| West Coppenhall & Grosvenor | 73.0 | 74.2 | ↑ | 83.0 | 81.6 | ↓ |
| St Barnabas | 73.6 | 74.2 | ↑ | 78.3 | 78.9 | ↑ |
| Alexandra | 75.0 | 74.2 | ↓ | 81.3 | 80.9 | ↓ |
| St Johns | 76.6 | 74.9 | ↓ | 79.0 | 80.7 | ↑ |
| West Nantwich | 77.9 | 78.4 | ↑ | 80.0 | 81.3 | ↑ |
| Wistaton Green | 78.1 | 78.5 | ↑ | 79.5 | 82.0 | ↑ |
| East Winsford | 73.3 | 74.7 | ↑ | 78.8 | 79.7 | ↑ |
| Winsford Central | 73.6 | 73.3 | ↓ | 78.5 | 76.6 | ↓ |
| West Winsford | 74.8 | 77.5 | ↑ | 79.8 | 81.4 | ↑ |
| Leftwich, Rudheath & Witton | 75.3 | 75.2 | ↓ | 80.0 | 80.5 | ↑ |
| North Winsford | 75.6 | 79.2 | ↑ | 81.2 | 80.7 | ↓ |
| Macclesfield Town South | 73.6 | 74.3 | ↑ | 80.2 | 80.1 | ↓ |
| Macclesfield Town East | 75.5 | 78.9 | ↑ | 80.9 | 81.4 | ↑ |
| Macclesfield Town Bollinbrook & Ivy | 77.4 | 76.8 | ↓ | 79.5 | 81.2 | ↑ |
| Sandbach South | 74.3 | 76.4 | ↑ | 80.0 | 83.0 | ↑ |
| Middlewich West | 78.8 | 78.4 | ↓ | 79.8 | 80.6 | ↑ |

Spearhead MSOA for males only  Spearhead MSOA for females only  Spearhead MSOA for male and female
Source: Public Health Mortality File, Annual District Deaths Extract ONS MSOA Quinary Population Estimates

This process has been done across all areas to ensure that any significant changes are picked up, regardless of whether an MSOA is designated a 'spearhead' or not. No significant decreases between the two periods in either male or female life expectancy was identified.

This method demonstrated that whilst the overall CECPCT life expectancy rate is good, it masks the large internal variations that exist between the MSOA areas that make up the new strategic Local Area Partnerships and Area Partnership Boards that are within the PCT boundaries. The summary below shows the gap in life expectancy calculated at MSOA level for 2006 - 2008:

- **11.5 years in Men**
  Range: 72.7 years East Coppenhall (Crewe) to
  84.2 years Wilmslow Town South East
- **16.5 years in Women**
  Range: 76.6 years Winsford Central to
  93.1 years Macclesfield Town Tytherington

When 95% Confidence Intervals are calculated there is still a significant difference in males (7.9 years) and females (7.2 years) between the highest and lowest life expectancy.

**Causes of premature death that affect the Life Expectancy rate**

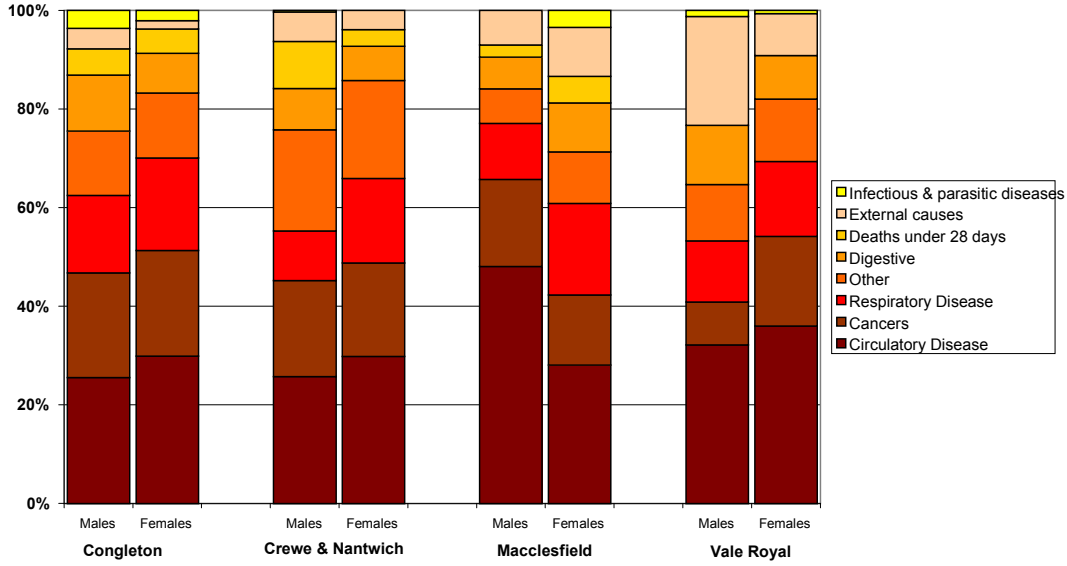
The main causes of premature death that account for the gap in life expectancy between the most deprived and least deprived quintiles within CECPCT are the largely preventable diseases of CVD and cancer.

**Cardiovascular Disease**
Nearly 36% of all deaths within CECPCT are a result of CVD. This equates to approximately 1,600 deaths from CVD each year. CVD is the biggest contributor to the life expectancy gaps experienced by both males and females (range 25.6% - 48.1%) within all the four former district council areas within CECPCT (**Figure Nineteen**).

Approximately 26% (1,245) of deaths are premature and could be preventable with lifestyle modification. Almost a third (31%) of these premature deaths would be eliminated if the health experience of residents living in the worst (most deprived) MSOA was the same as the very best (least deprived).

Premature mortality (under 75s) from CVD has been reducing within the PCT however there remains a large inequality gap between the best and worst experiences within the population when analysed by deprivation index or geographical areas (town areas and MSOAs).

**Figure Nineteen:** **Main causes of death contributing to the life expectancy gap between the most deprived and least deprived quintile within Central and Eastern Cheshire Primary Care Trust 2005-2007**




Source: Health Inequalities Intervention Toolkit. London Health Observatory. http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx

**Cancer**

26.4% of deaths are a result of cancer. This equates to 1,160 deaths from cancer per annum. Although cancers are the second biggest cause of all deaths in CECPCT following CVD they are the main causes of premature death and therefore have a considerable impact on life expectancy. 50% of cancers are preventable with lifestyle modification (smoking, obesity and alcohol), increased awareness, early detection and improved care.

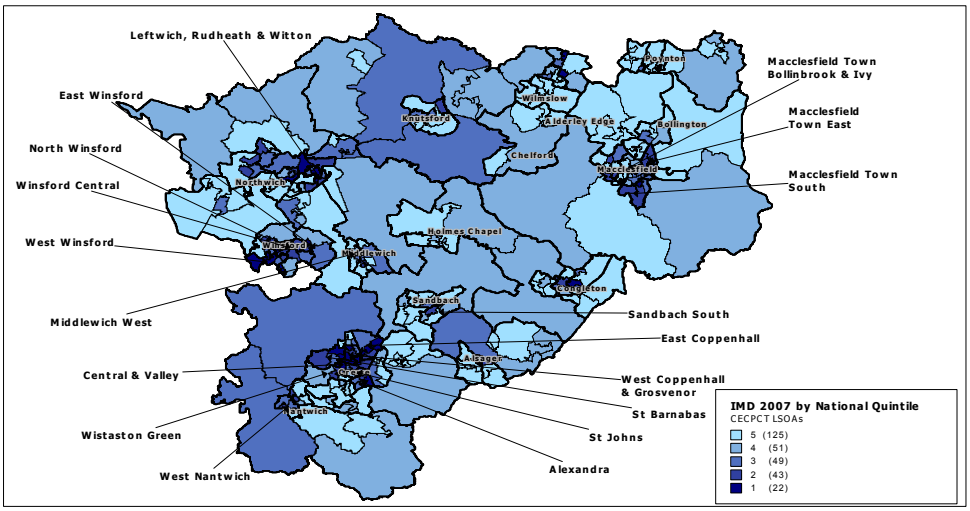
Breast, colorectal and lung cancers are the main forms of cancer that cause premature death within CECPCT. The position locally is that:

- there has been a steep rise in the number of new cases of lung cancer in women which has also contributed to an increase in cancer mortality among women under 75. Although in part this reflects the consequences of unhealthy lifestyles in the past, it also emphasises the need to continue to focus on smoking cessation and the early detection of cancer
- analysis of lung cancer incidence between 2005-2007 show that the three largest and most deprived towns within the PCT (Crewe, Winsford and Macclesfield) have double the incidence of lung cancer than occurs in other communities
- the PCT has a 5% higher incidence of breast cancer than nationally, which reflects the generally affluent status of our population. Two of the three communities with the highest incidence of breast cancer are affluent towns (Knutsford and Wilmslow) that have a historically low uptake of breast and cervical screening
- our 1-year survival for lung, colorectal and breast cancer is in the best 25% of PCTs, as is 5-year survival for lung, prostate and breast cancer
- recent improvements in survival from colorectal cancer are leading to reductions in mortality from this disease in both men and women
- 1-year survival rates for prostate cancer have not improved since 2002 and in fact have slipped compared to other PCTs. It is likely that our 5-year survival rates for prostate cancer will also start to be affected soon

## Deprivation

Across the PCT most of the local "town" areas have relatively less people affected by income deprivation than the national average, except in Winsford where it affects both children and older people and in Crewe where children are affected. More significantly, there are three fold percentage differences in income deprivation between our "town" areas. This contributes to poor health and health inequalities which are closely linked to life expectancy.

**Figure Twenty:** **CECPCT Lower Super Output Areas by Index of Multiple Deprivation 2007 Quintile with Spearhead Middle Super Output Areas labelled**

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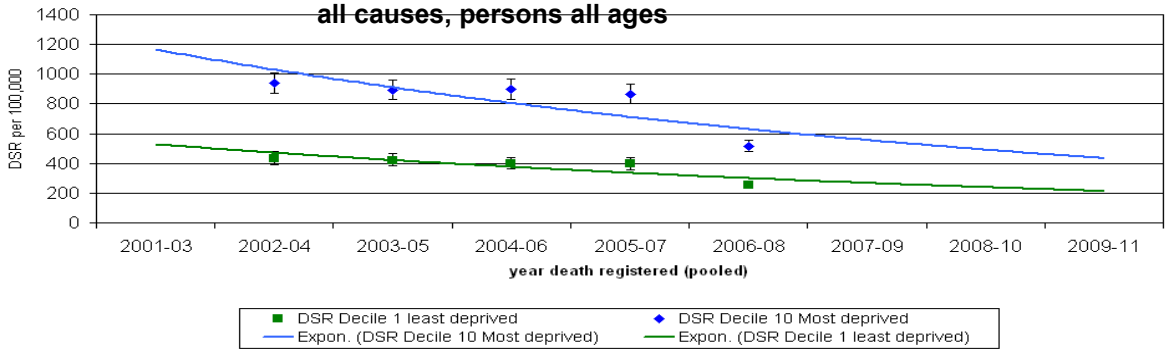
Whilst higher levels of deprivation are generally associated with a lower life expectancy and are a cause for the 'gap' in life expectancy rates experienced by males and females residing in more deprived MSOA areas compared to the least deprived MSOA areas, MSOA's within CECPCT with low life expectancy rates do encompass some of the more affluent populations.

A review of mortality trends by deprivation (**Figure Twenty One**) shows that whilst death rates are reducing in our populations living within those MSOA's that are amongst our 10% (decile) most deprived locally, the reduction is slowing and levelling off in our population who live within those MSOA's that are amongst our 10% (decile) least deprived locally.

**Figure Twenty One:** **Mortality within Central and Eastern Cheshire Primary Care Trust from all causes, persons all ages**




Source: ONS Annual District Death Extracts and Mid-year Population Estimates (Local), Compendium of Clinical and Health Indicators (National Centre for Health Outcomes Development)

## Appendix 2 – Success Stories – Actions to Reduce Health Inequalities and Improve Health Outcomes

### Success Story 1 - links to LAA National Indicator 39 – Alcohol Related Hospital Admissions

**Cheshire and Merseyside Public Health Network (ChaMPs) Alcohol Social Marketing programme**

The Travellers Rest pub on Cross St in Macclesfield won't be just a usual local for the 6 week period from 14th November to 18th December 2009. It's the chosen venue for an innovative social marketing trial aimed at helping men be more health aware and realise the effect that alcohol may be having on their physical and emotional wellbeing.

ChaMPs Public Health Network in partnership with Central & Eastern Cheshire PCT and Cheshire East Council have devised the trial which makes confidential health checks available in the pub to males aged between 35 and 55 who are routine and manual workers. The trial is part of the overall alcohol social marketing programme which aims to reduce levels of hazardous drinking, and potentially prevent future alcohol related hospital admissions.

ChaMPs is working in partnership with local brewery Robinson's, who are backing the campaign and have suggested the Travellers Rest, run by Landlady Jane Christian, as the ideal pub for the trial to take place in.

With the strapline, "Drink a little less, see a better you", the initiative encourages men to book in for a general health check and think about the effect that drinking may have on them. It asks them to 'Wind down' and consider swapping an alcoholic drink at the end of the night for lower alcohol drinks or soft drinks.

The first phase will see posters, washroom media, and a wind down promotion of reduced price shandy and a free slice of toast offered at the pub in the from Monday to Thursday in the evenings. A quiz was held in the pub on Thursday, 12th November to launch the initiative to the locals and a local media launch during the 1st week of December to generate interest and raise awareness. Those men who sign up to receive further information on health issues and tips on reducing their alcohol consumption were also entered into a prize draw to win a driving experience. The health check covered key issues such as cholesterol, height and weight, blood pressure, blood sugar and general lifestyle issues.

Following the trial, the University of Chester will be carrying out an evaluation to see how it has worked. If successful the programme will be rolled out mid-end of January across other pubs in the Cheshire and Merseyside area.

Although the programme is focused on encouraging the target audience to change their own behaviour, some may access their local GP or Alcohol services for extra support to change their drinking behaviour or address other lifestyle or health issues

The campaign received significant local and national media, for example:
http://www.guardian.co.uk/society/2009/dec/09/mens-health-services-pub

Further information can be found on the CHaMPs website: www.nwph/champs

**Success Story 2 – links to LAA National Indicator 125 – Achieving independence for older people through rehab / intermediate care and deferred NI Healthy Life Expectancy at age 65.**

**The Next Steps Scheme Innovation – Improving Discharge from hospital for older people**

The Next Steps scheme was launched at Leighton Hospital Crewe in March 2008 in order to improve access to support and local services for those aged 60+ on discharge from hospital whilst also providing a range of bespoke health promotion information, selected by older people. The Next Steps bag includes both core information supporting healthy ageing and local information which signposts to useful community-based services.

Sourcing the information for the Next Steps bag is undertaken by the Next Steps Steering Group, led by Cheshire East Council, Central and Eastern Cheshire PCT and Mid-Cheshire Hospitals Foundation Trust. The task of filling the bags for distribution is done by volunteers from the Hilary Centre, a centre for people with physical and sensory disabilities, providing meaningful engagement as well as a vital support role.

Following the distribution of the bag, which is carried out by trained hospital volunteers, a simple questionnaire is sent to bag recipients to obtain user feedback on the impacts of the Next Steps scheme. The vital information provides segmentation information, showing for example, who uses what types of information and how.

During the first 12 months of the scheme approximately 700 Next Steps bags have been distributed to people leaving hospital. Following a 40% response rate to the follow-up questionnaire 93% of males and 78% of females stated that they found the Next Steps bag useful.

The Next Steps bags cost just 7p each. This cost includes all resources, plus packing and delivery to hospital and distribution to patients – meeting the aim of the scheme to be low cost, high impact. The ongoing evaluation has demonstrated that patients have had home adaptations carried out, joined exercise classes, followed a healthier diet etc. as a result of following up information given to them through the Next Steps bag, potentially reducing the cost to health and social care. Evaluation of the scheme has also revealed that patients have taken lifestyle advice from the bag information where they would have previously seen their GP for this information.

From an initial investment of £1000, the potential cost savings to the NHS and Social Care are significant.

Based on the cost of GP appointment of £25, potential costs savings of 700 saved GP appointments = £17,500

Based on the cost of inpatient stay for an older person, per day = £340, potential cost savings of 700 saved bed days = £238,000

We know that on average, 93% of recipients who receive a bag use the information, so that would put savings between, £16,275 and £221,340.

**Moving On To Phase Two Of The Next Steps Scheme**

Evaluation from the first phase of the Next Steps scheme has proved to be invaluable in developing and stream-lining the information contained in the Next Steps bag and working processes for the next stage of the scheme's development.

Phase Two of the Next Steps Scheme launches during February 2010, at Leighton Hospital Crewe, Macclesfield General Hospital and Victoria Infirmary, Northwich.

The innovation and success of the Next Steps Scheme has been recognised through CECPCT, Cheshire East and MCHT being chosen as regional finalists for the Health & Social Care Awards for this scheme