

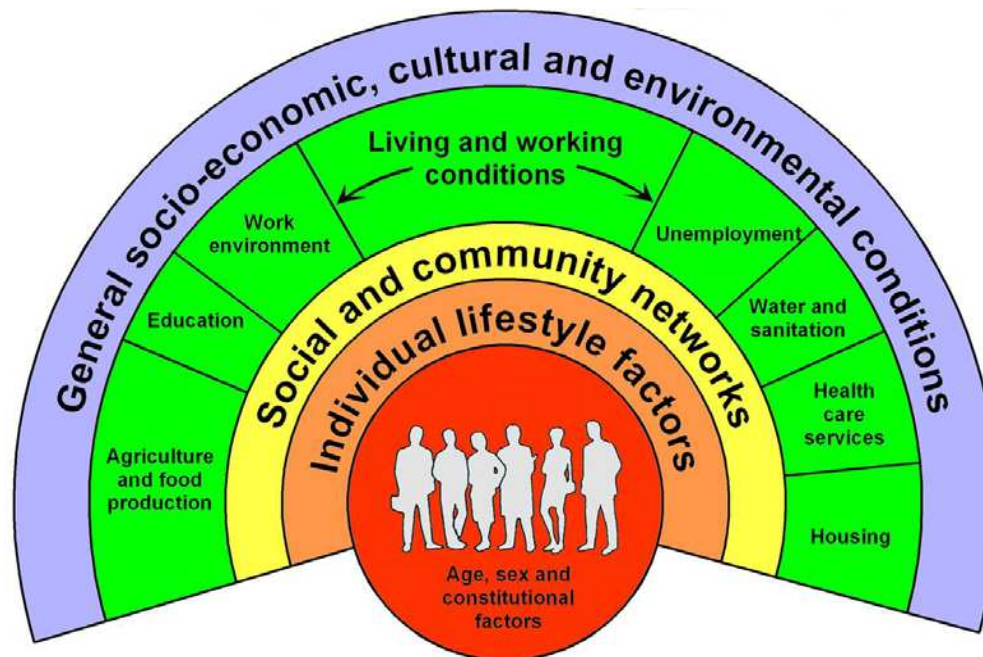
# Health & Wellbeing in Winsford & Rural East Area Partnership Board



# Motto: Health Inequalities - it's everyone's business

*“Inequalities in health arise because of inequalities in society – the conditions in which people are born, grow, live, work, and age are responsible”*

Sir Michael Marmot. *Fair Society, Healthy Lives* (2010)



Source: Dahlgren and Whitehead, 1991

**Health Inequality** is the term used to designate differences, variation and disparities in the determinants of health and health outcomes between individuals and groups that live in our community

**‘Rainbow’** model emphasises the many determinants of health and the role of social and economic factors in damaging health

Health is mainly **‘produced’** outside of the NHS

# Inequalities in Health

## The Marmot Review: Fair Society, Healthy Lives

### Key Findings

- **move beyond mortality** as the main measure of health inequalities, and to focus instead on the inequalities in 'being well' and 'well-being'
- **measure impact on 'disability-free life expectancy' instead of mortality:** people in lower socio-economic groups not only have shorter lives, they also spend more of their shorter life with a disability that limits their life chances
- **concentrate on the 'causes of the causes'** – that is, invest more in the material social and psychosocial determinants of health
- **implement 'proportionate universalism'**-health actions must be universal, but with a 'scale and intensity that is proportionate to the disadvantage', rather than focused solely on the most disadvantaged
- pay attention to the **importance of stress and mental health** in shaping physical health and life chances, and conversely of the importance of personal and community resilience, people's ability to control their lives and levels of social support
- put **empowerment of individuals** and communities and reducing social isolation at the heart of action on health inequalities
- **prioritise investment** to strengthen the role and impact of ill-health prevention, especially health behaviours that follow the social gradient
- **create and develop sustainable communities** that foster health and well-being, ensure social justice and mitigate climate change

### 6 Policy Objectives

#### 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

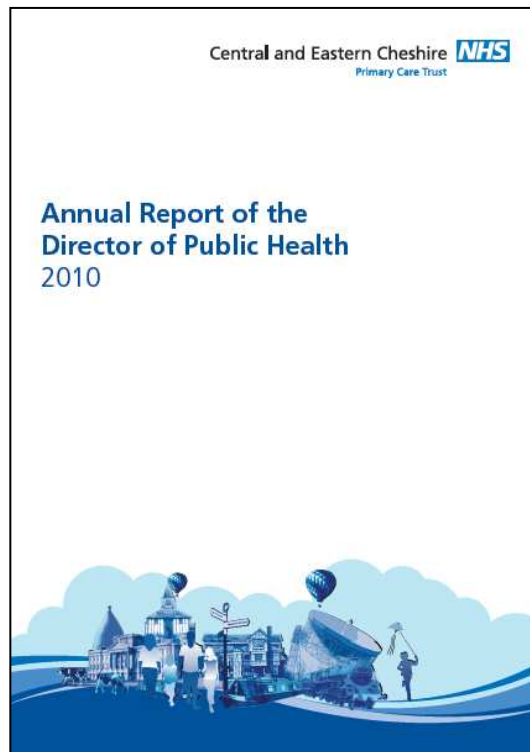
#### Policy Objective E

Create and develop healthy and sustainable places and communities

#### Policy Objective F

Strengthen the role and impact of ill-health prevention

# Annual Report of the Director of Public Health 2010



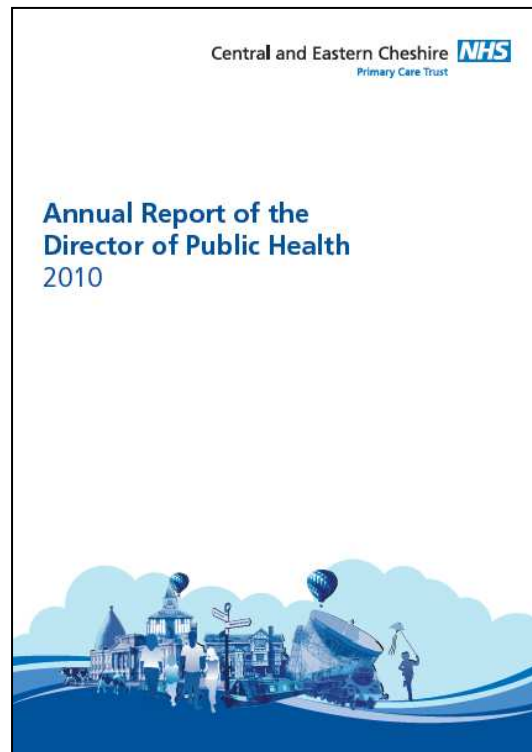
Emphasis on highlighting the **inequalities in health** that exist across and within CECPCT

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

- the individual
- NHS Services
- Local Authority - CEUA and CW&C
- Other Statutory & Voluntary Organisations
  - Fire
  - Police
  - Age UK
  - Housing Trust

to **work together** in addressing **health inequality** and **inequity** - not just the responsibility of the NHS

# Annual Report of the Director of Public Health 2010

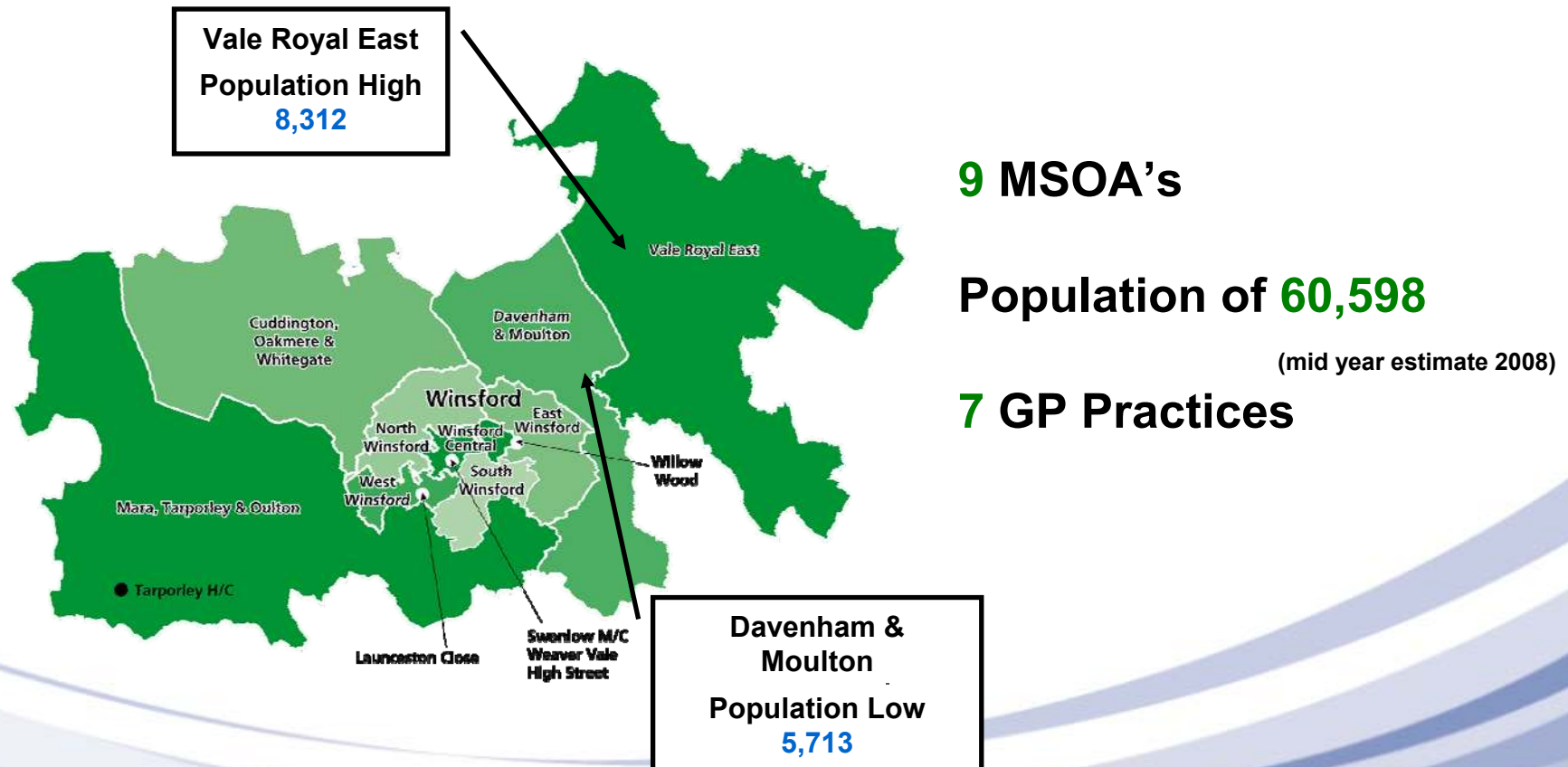


- **Chapter One** overview of health of the population CECPCT
- **Chapter Two** review of use of APHR 2009 by PBC Groups
- **Chapter Three** overview of the health of the resident populations of 9 local authority area partnerships within CECPCT
- **Chapter Four** overview of the findings of *Fair Society, Healthy Lives* 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

# Winsford & Rural East APB

## Key facts related to health and wellbeing

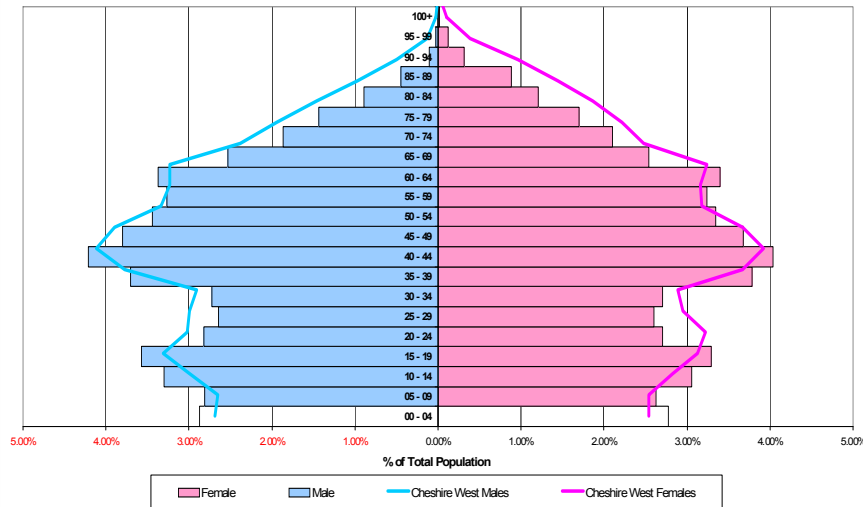
### Context



# Winsford & Rural East APB

## Key facts related to health and wellbeing

### APB Population Pyramid



East Winsford has the **highest %** of children under 5 for an MSOA area within CECPC

### APB Population

Age	APB	CW&C	CECPCT
Under 5's	<b>5.6%</b> (n3,423)	<b>5.2%</b> (n18,015)	<b>5.2%</b> (n26,651)
Aged 65+	<b>16.2%</b> (n9,816)	<b>16.9%</b> (n58,188)	<b>17.3%</b> (n88,305)
Population of working age	<b>63.0%</b> (n38,151)	<b>63.6%</b> (n219,196)	<b>62.6%</b> (n318,571)

### Internal variation

Age	MSOA High %	MSOA Low %	MSOA High No	MSOA Low No
Under 5's	<b>8.1%</b> East Winsford	<b>4.5%</b> Cuddington, Oakmere & Whitegate	<b>n563</b> East Winsford	<b>n287</b> Davenham & Moulton
Aged 65+	<b>21.8%</b> Mara, Tarporley & Oulton	<b>11.1%</b> North Winsford	<b>n1,763</b> Cuddington, Oakmere & Whitegate	<b>n718</b> North Winsford
Population of working age	<b>67.1%</b> North Winsford	<b>58.4%</b> Mara, Tarporley & Oulton	<b>n5,244</b> Davenham & Moulton	<b>n3,531</b> Mara, Tarporley & Oulton

Data source: Resident population from mid 2008 Exeter download







# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Population: Out of Work Benefit Claimants

Type of Benefit	APB	CECPCT
Incapacity Benefit (IB)	5.2%	4.1%
Job Seekers Allowance (JSA)	3.5%	3.0%

**Highest** Incapacity Benefit rate for an area partnership within CECPCT

West Winsford	
IB % High	<b>9.6%</b>
IB No High	<b>360</b>
JSA % High	<b>5.8%</b>
JSA No High	<b>220</b>

Mara, Tarporley & Oulton	
IB % Low	<b>2.3%</b>
IB No Low	<b>80</b>
JSA % Low	<b>1.7%</b>
JSA No Low	<b>60</b>



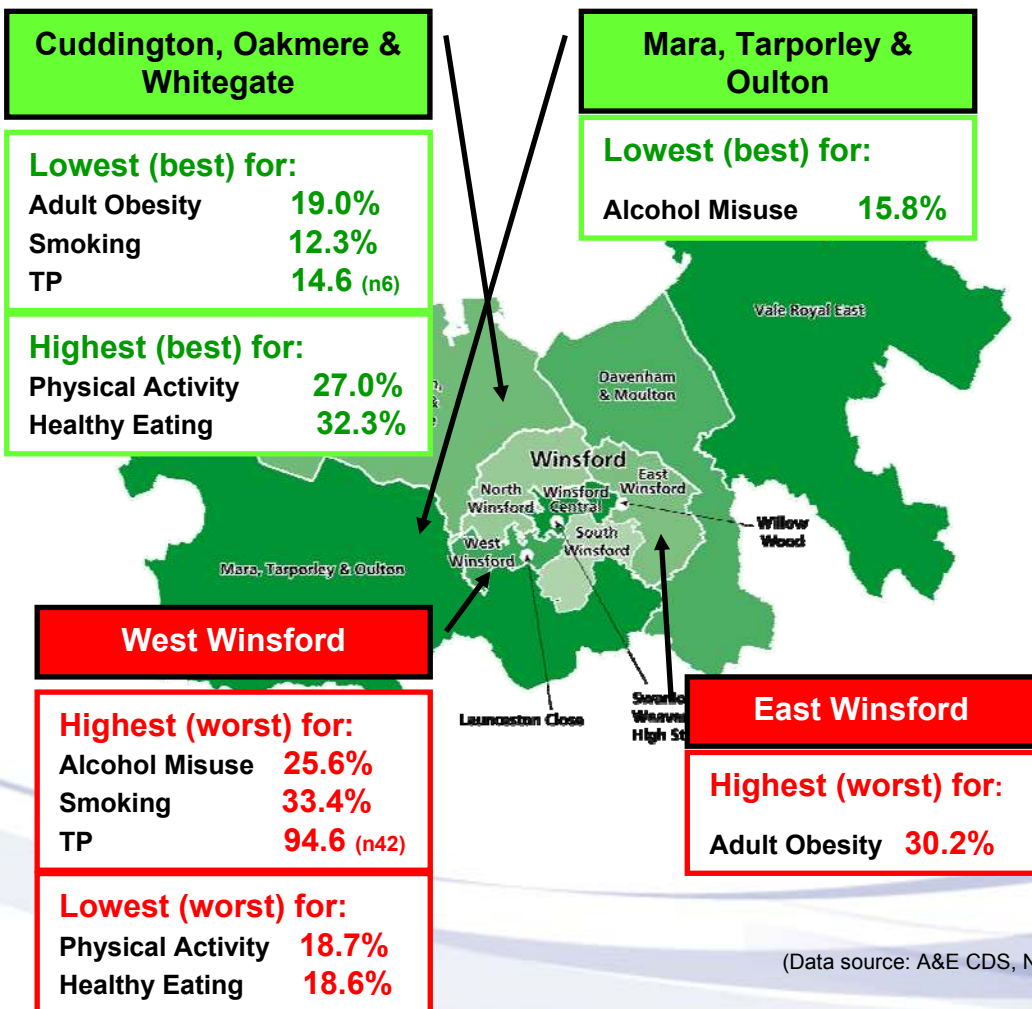
CECPCT Public Health Intelligence  
 Budget Size © Devon Partnership  
 and/or similar reports  
 All rights reserved  
 House number 1000000

(Data source: Department for Work & Pensions Mid-2009 Exeter Population download)

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Population: Lifestyles (2006-2008)



Indicator	APB	CECPCT
<b>Alcohol Misuse</b> (% adults binge drinking)	21.2%	21.2%
<b>Adult obesity</b> (BMI 30+)	25.1%	23.1%
<b>Smoking</b> (% of adults smoking)	22.0%	19.7%
<b>Teenage Pregnancy</b> (conception rate per 1000)	50.5 (n182)	36.8 (n958)
<b>Healthy Eating</b> (% adults eating 5 or more fruit & veg per day)	24.9%	25.6%
<b>Physical Activity</b> (% adults achieving 3daysx30mins weekly)	22.6%	24.1%

West Winsford has **2<sup>nd</sup> highest (worst)** rate of Teenage Pregnancy for an MSOA area within CECPCT

East Winsford has **highest (worst) %** of obese adults for an MSOA area within CECPCT

Mara, Tarporley & Oulton has **the lowest (best) %** of adults who binge drink for an MSOA area within CECPCT

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

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

#### Alcohol Misuse

#### Harmful drinking associated with:

- disruption in family, social and work life
- chronic health implications such as alcohol induced pancreatitis, chronic liver disease and incidence of stomach and throat cancer

#### Obesity

#### Smoking

Estimated months of life lost due to alcohol for CWaC residents –

male 9.9 months

female 4.7 months

#### Healthy Eating

Alcohol is a factor in 35% of all A&E cases

#### Physical Activity

Cost to CECPCCT of treating alcohol related harm - £31.5 million – equivalent of £80 per person

#### Teenage Pregnancy

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

Alcohol Misuse

Risk factor for many preventable chronic diseases, such as CVD, diabetes, cancers – i.e.

Obesity

Obese women is nearly **13** times more likely to develop T2 diabetes

Smoking

Most preventable risk factor for cancer for non smokers

Cost to wider national economy estimated at **£16 billion**

Healthy Eating

CECPCT obese subset of population estimated to be responsible for:

**200,000** additional GP appointments over normal expected consultation rates

Physical Activity

equivalent of **3 - 4** GP appointments per day, or **5,000** appointments for a **10,000** patient practice, or **1** full time GP

Teenage Pregnancy

consumes an extra **2%** of total local prescribing budget for all conditions

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

Alcohol Misuse

Single most preventable cause of ill health and premature death

Obesity

**80,000** people die prematurely from smoking related diseases in England every year

Smoking

Attributable to:

**29%** of all cancer deaths

**14%** of circulatory disease deaths

**35%** of respiratory disease deaths

Healthy Eating

Physical Activity

On average, life long smoker loses **10** years of life

Teenage Pregnancy

Cost to NHS in England for treating smoking related/associated illnesses - **£5.2 billion**

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

Alcohol Misuse

Increasing fruit and vegetable consumption is the second most important cancer prevention strategy after reducing smoking

Obesity

Achieving **5 a day** is a protective lifestyle factor that could reduce the risk of deaths from chronic diseases such as heart disease, stroke and cancer by up to **20%**

Smoking

**Healthy Eating**

Estimates indicate that if all adults in England were to achieve 5 a day then up to **42,000** premature deaths each year could be avoided

Physical Activity

An increase in **one portion** of fruit or vegetables a day can lower risk of **heart disease** by **4%** and **stroke** by **6%**

Teenage Pregnancy

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

Alcohol Misuse

Obesity

Smoking

Healthy Eating

**Physical (In)Activity**

Teenage Pregnancy

People who are physically active:

reduce their risk of developing chronic condition such as CHD, T2 diabetes and Stroke by up to **50%**

Reduce their risk of premature death by between **20-30%**

**3%** of all disease burden in developed countries is caused by physical inactivity

over **20%** of CHD and **10%** of stroke in developed countries is due to physical inactivity

Cost of physical inactivity to NHS in England **£1 billion - £1.8 billion**

Costs to wider economy each year - **£8.3 billion**

Cost to CECPCCT on treating diseases related to physical inactivity - **£7.5 million**



# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Lifestyles - Importance

Alcohol Misuse

Teenage mothers suffer from poorer mental health in the 3 years after child births – **30%** higher levels of mental health 2 years after birth

Obesity

Probability of teen mothers partner not having an education beyond 16 rises from about **60-80%** and probability of partner not having a job falls from **95% to 75%** - **LOWER STANDARD OF LIVING**

Smoking

Children of teenage mothers, as young adults, have lower educational attainment, higher risk of economic inactivity and of becoming a teenage mother themselves

Healthy Eating

Physical Activity

**Teenage Pregnancy**

#### Cost

Per Termination

**£500** (CECPCT 2008 £73,000)

Teenage Conception Cost

**£1,000** (CECPCT 2008 £230,000)

Delivery cost (per live birth)

**£1,500**

Teenage deliveries- CECPCT total  
for 2008 **£126,000**

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Population: Hospital Activity (2008-2009)

#### Winsford Central

##### Alcohol-related Admissions

APB Highest Rate – Male: 1436.1 (per 100,000)  
Female: 860.3 (per 100,000)

##### Admissions for COPD

Highest rate in CECPCT - 216.6 (per 100,000)

##### Admissions for Stroke

3<sup>rd</sup> Highest rate in CECPCT - 119.9 (per 100,000)



(Data source: Inpatient CDS, NHS Postcode Directory, ONS SYOA Population Estimates mid-2008)

# Winsford & Rural East APB

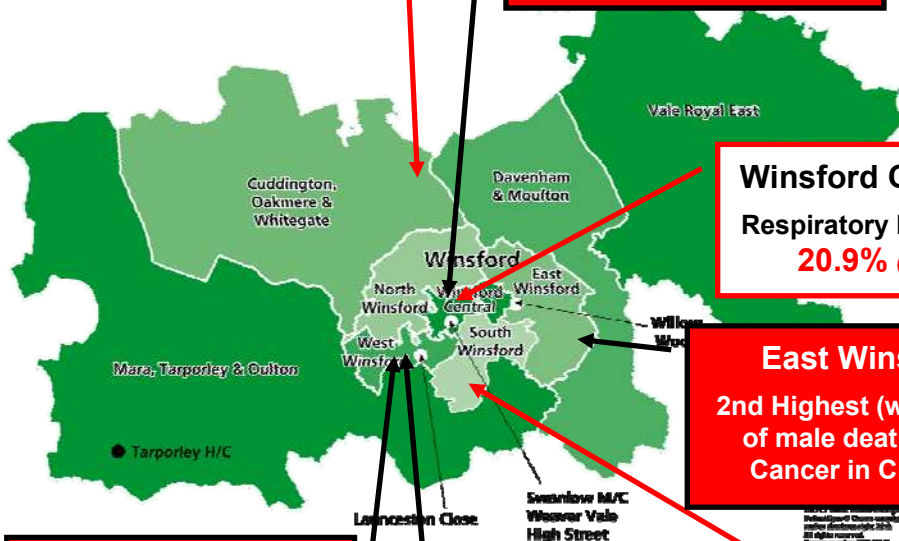
## Key facts related to health and wellbeing

### Population: Main causes of death (2006-2008)

**Cuddington, Oakmere & Whitegate**  
Circulatory Disease  
**41.7%** (n95)

**Winsford Central**  
2<sup>nd</sup> Highest (worst) rate of male & female early deaths from CHD & Stroke in CECPC

Main COD	APB	CW&C	CECPCT
Circulatory Disease	36.6%	34.8%	35.3%
Cancers	25.2%	27.4%	26.1%
Respiratory Disease	14.9%	13.8%	14.0%



**Winsford Central**  
Respiratory Disease  
**20.9%** (n56)

**East Winsford**  
2<sup>nd</sup> Highest (worst) rate of male deaths from Cancer in CECPC

**West Winsford**  
Highest (worst) rate of smoking related deaths in females in CECPC

**West Winsford**  
2<sup>nd</sup> Highest (worst) rate of female deaths from Cancer in CECPC

**South Winsford**  
Cancers **35.4%** (n45)

**Circulatory Disease (n616)**  
CHD (17.0% n287)  
Stroke (10.3% n174)

**Cancers (n425)**  
Lung (5.4% n91)  
Colorectal (3.1% n52)  
Breast (1.8% n31)

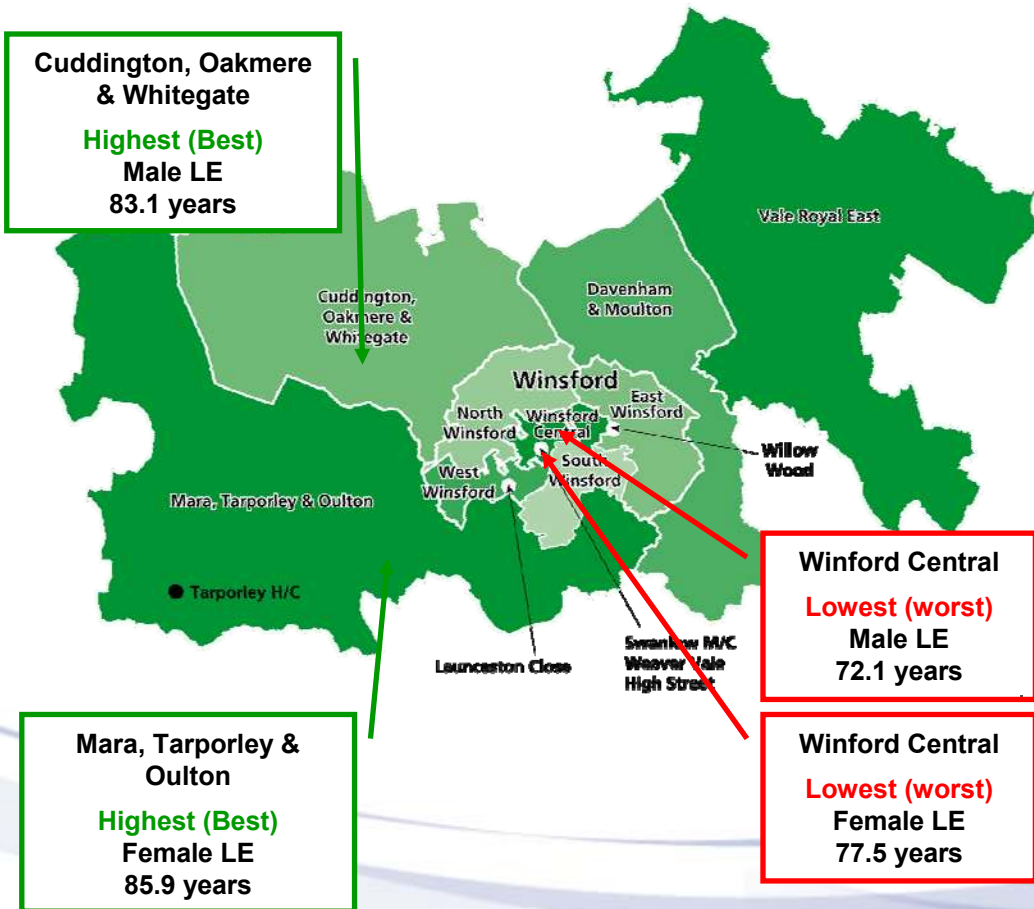
**Respiratory Disease (n251)**

(Data source: ONS SYOA Population Estimates, 2006-2008)

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Population: Life Expectancy (LE)



LE (Years)	APB	CECPCT	England
Male	77.9	79.0	77.4
Female	80.9	82.5	81.6

3 year gap between average APB Male and Female LE

Average Female LE (80.9 years) for the APB is the **lowest (worst)** seen for an area partnership within CECPCT

11 year gap between best and worst Male LE by MSOA

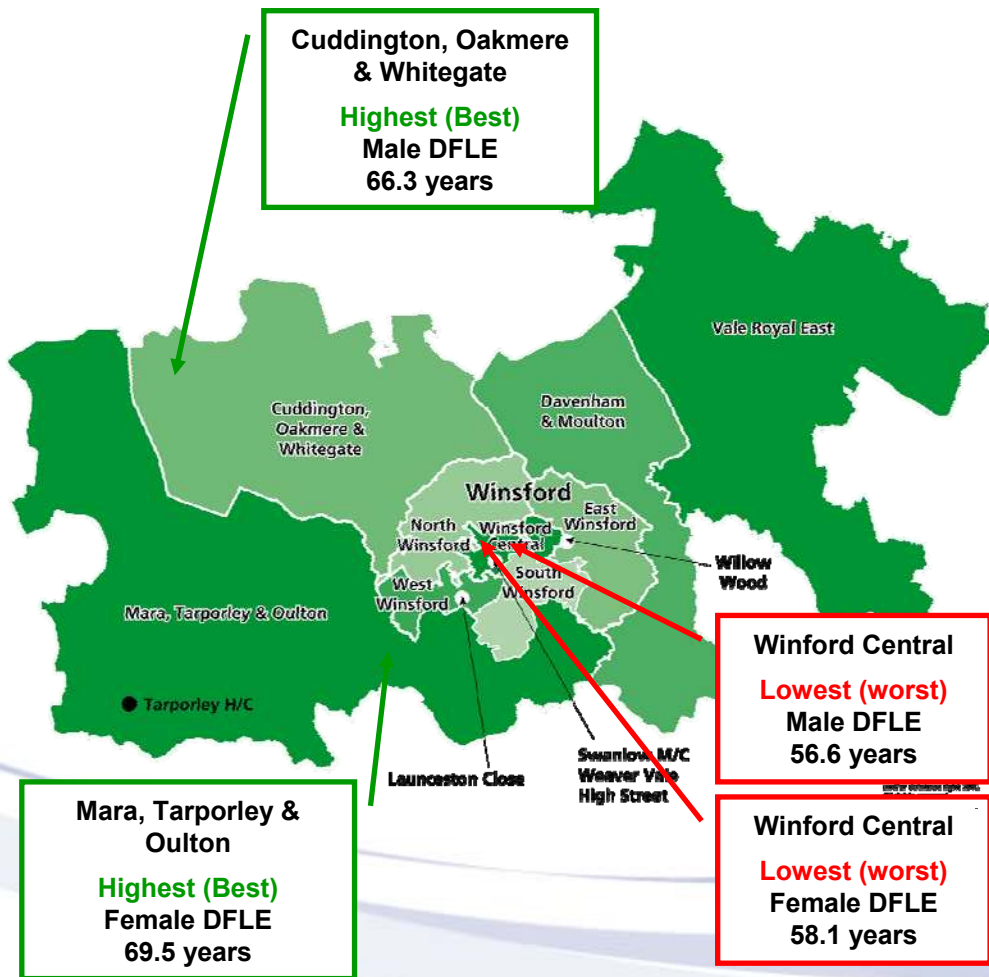
- largest gap/variation in CECPCT

8.4 year gap between best and worst Female LE by MSOA

# Winsford & Rural East APB

## Key facts related to health and wellbeing

### Population: Disability Free Life Expectancy (DFLE)



DFLE (Years)	
APB (average)	61.5
CECPCT	64.8
APB Male	60.1
APB Female	62.0

Average DFLE for the APB (61.5 years) and for both Male (60.1 years) and Female (62.0 years) residents of the APB is the **lowest (worst)** seen for an area partnership within CECPCT

**9.7** year gap between best and worst Male DFLE by MSOA

Winsford Central has **lowest (worst)** average female DFLE seen for an MSOA within CECPCT

**11.4** year gap between best and worst Female DFLE by MSOA

**Make your communities greener:**

Green and active transport  
Promote use of green space  
Allotments / food growing  
Energy efficient buildings  
Reducing fuel poverty  
(Policy Objective E)

**Targeted health promotion**

Using your networks – we want good access to health and social care services  
(Policy Objective F)

**Give your children the best start**

Children's Centres; help to vulnerable families  
(Policy Objective A)

**What can APB's do to support their own healthy communities?**

**Help those on low incomes**

to maximise their incomes and / or help them to get back into work  
(Policy Objective D)

**Keep your workplaces healthy and safe**

Local businesses creating jobs for lone parents, carers and people with mental and physical health issues  
(Policy Objective C)

**Help your young people with life long learning**

local learning centres  
(Policy Objective B)

These recommendations are based on new national evidence of what works to reduce the differences (health inequalities) in health outcomes which are unfair and avoidable in our communities. Please refer to the report called "**Fair Society, Healthy Lives**" produced by the **Marmot Review of Health Inequalities in England post 2010** which is available online at

<http://www.ucl.ac.uk/qheg/marmotreview>

## Next Steps

Digest these headline facts (more detail available in the Annual Public Health Report 2010 [www.cecpct.nhs.uk](http://www.cecpct.nhs.uk) - look at the **About Us** and **Publications** section)

Is this 'picture' what you would expect? Have we missed anything? What "soft" information can you tell us to strengthen what we know?

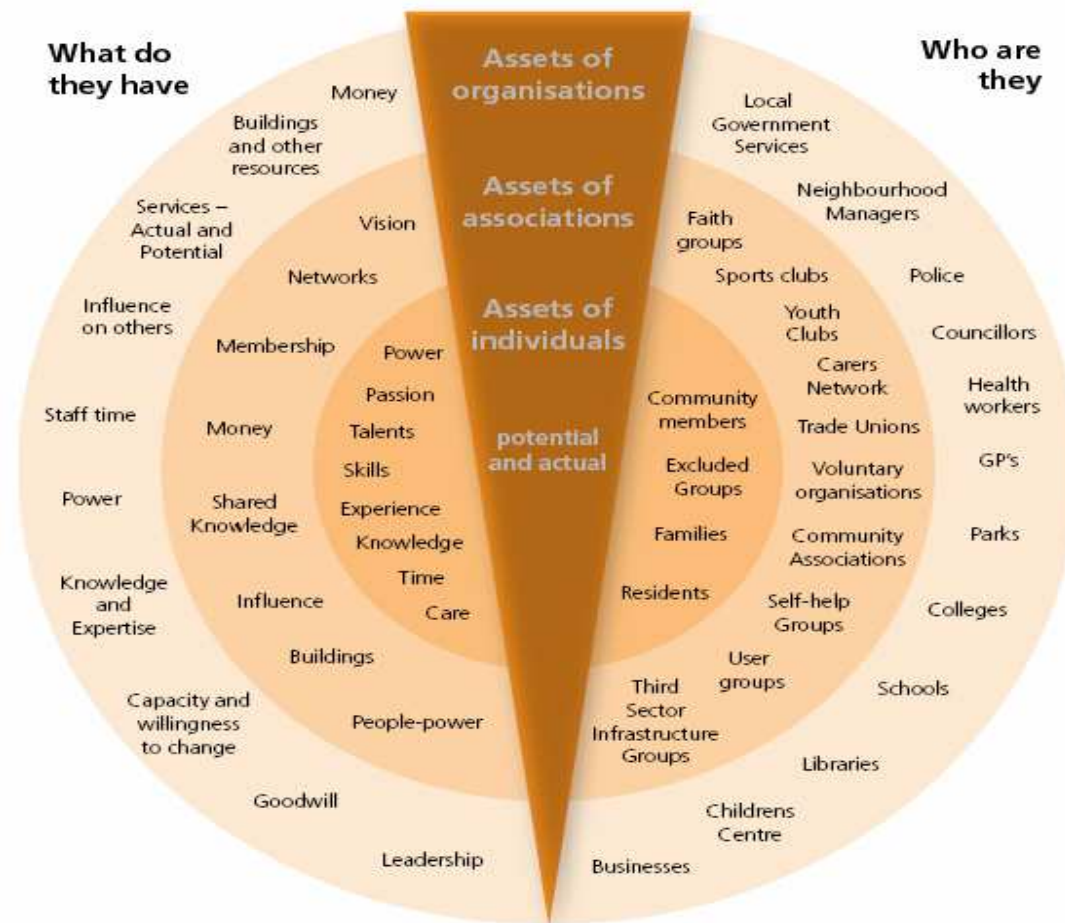
Use this data, along with other sources (NHS West Cheshire Public Health Report, JSNA), to identify and prioritise local action to address health inequalities and improve overall health and wellbeing for all populations

**PRIORITY: engage with and link APB 'health' actions to the work of your local clinicians (PBC Groups – the future commissioners of NHS Services) and your local authority health priorities – the future commissioners / providers of public health services/initiatives in your area**

Build up your own picture of what a healthy community/area partnership means to Winsford & Rural EastAPB and map what assets you have that make your communities healthy and could be replicated– ABCD approach?

# Asset Based Community Development (ABCD)

Look at [www.idea.gov.uk](http://www.idea.gov.uk) and search for ABCD





# Thankyou

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