

Tackling Health Inequalities in Nottingham

Overview and Scrutiny Committee December 2011

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NHS Nottingham City/Nottingham City Council

The Health Care System

PCT Cluster (Nottingham and Nottinghamshire)

Nottingham Clinical Commissioning Group:

- Responsible for the healthcare of a population of 325,000 (same geography as Nottingham City Council)
- Spend around £500m per year commissioning health services based on the needs of our local population

Public Health (NCC function from April 2013):

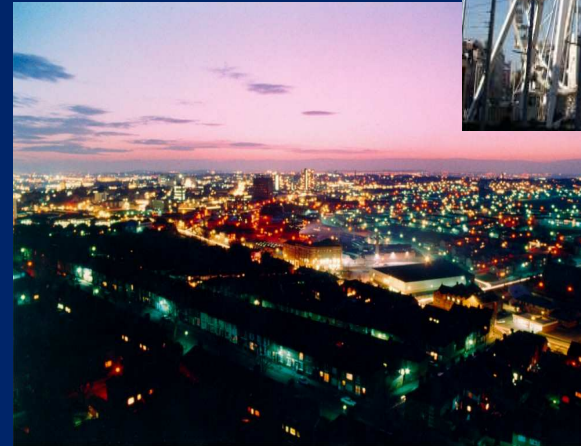
- Supports NHS and social care commissioning (needs assessment)
- Commissions Health Improvement and prevention services
- Responsible for Health Protection



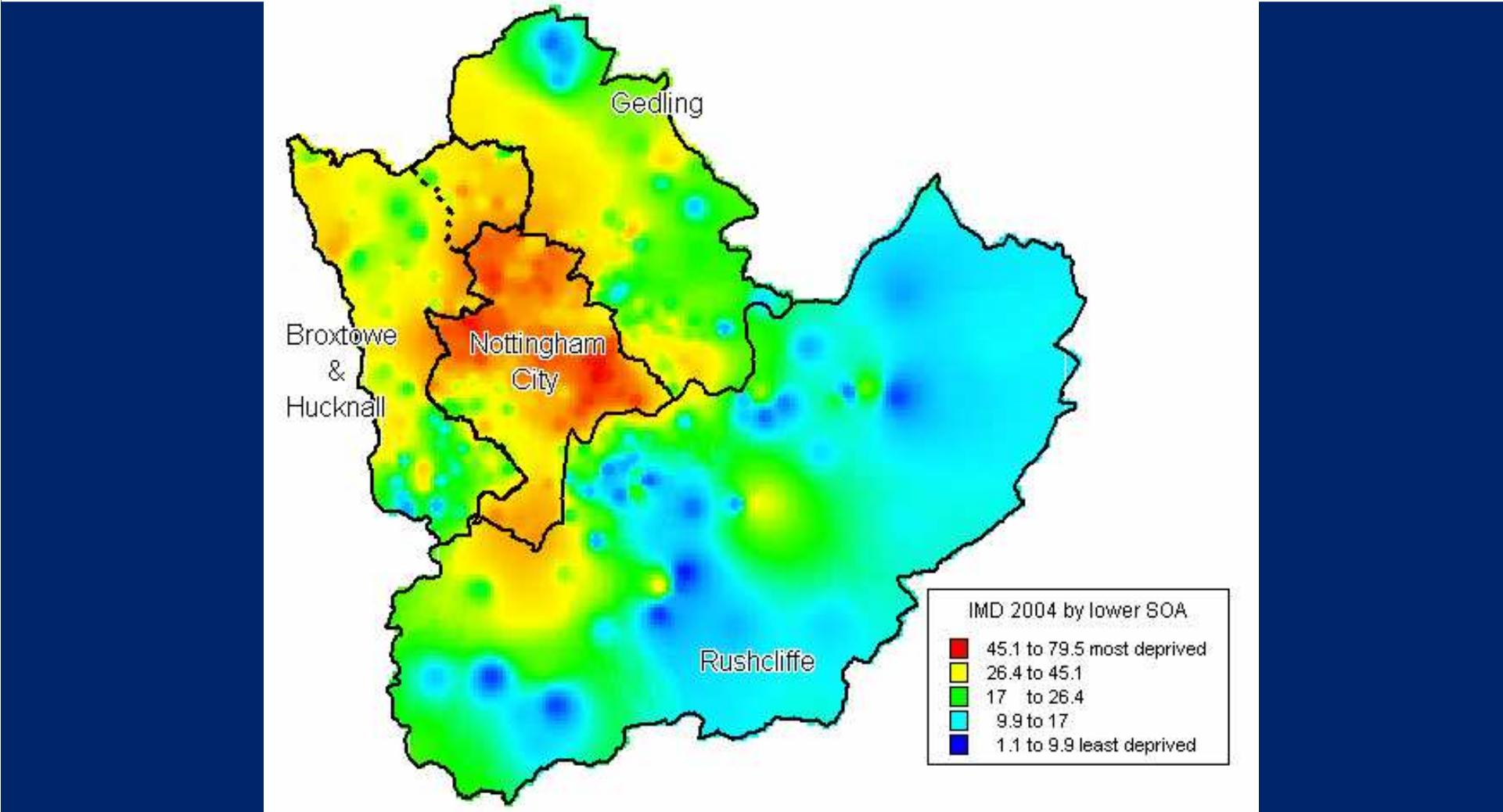
Nottingham City

– the heart of a conurbation of 647,000

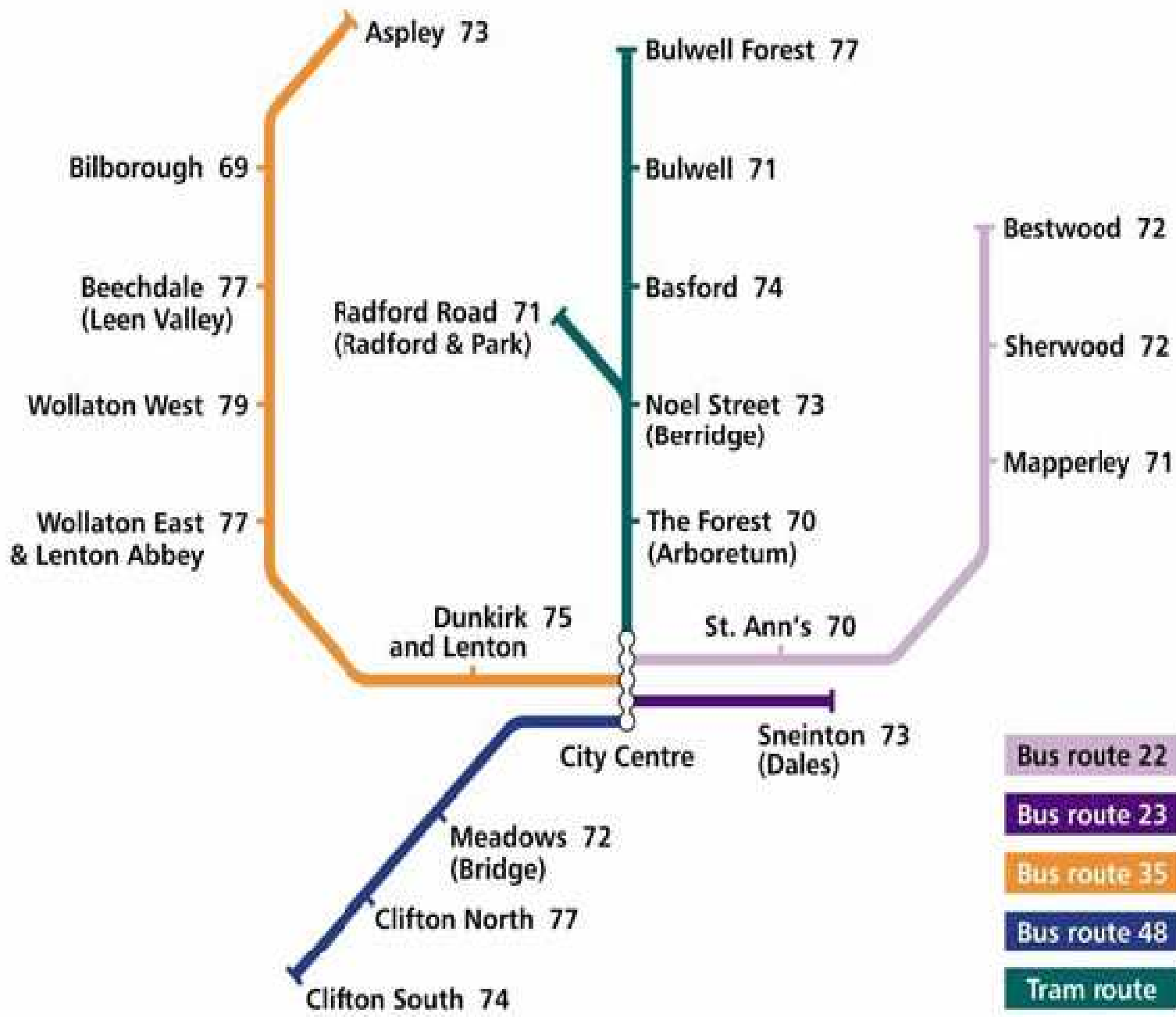
- **A young, vibrant and diverse city**
 - 25% of the City's population is aged under 20
 - 23% from Black and Minority Ethnic groups
 - 1 person in 9 is a full time student
- **A wealthy city**
 - per capita GVA is 32% above the national average
- **A “Science City”**
 - science economy employs 60,000
 - 2 leading universities
 - £100m pa in research funding
- **A place to visit**
 - a top 5 retail destination
 - 34m visitors pa
 - £331m per annum from overnight stays
- **A rich community culture**
 - festivals and events, involvement and debate



Greater Nottingham has areas of deprivation and wealth



An end to
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in our City



Bus route 22

Bus route 23

Bus route 35

Bus route 48

Tram route

Life expectancy in Nottingham

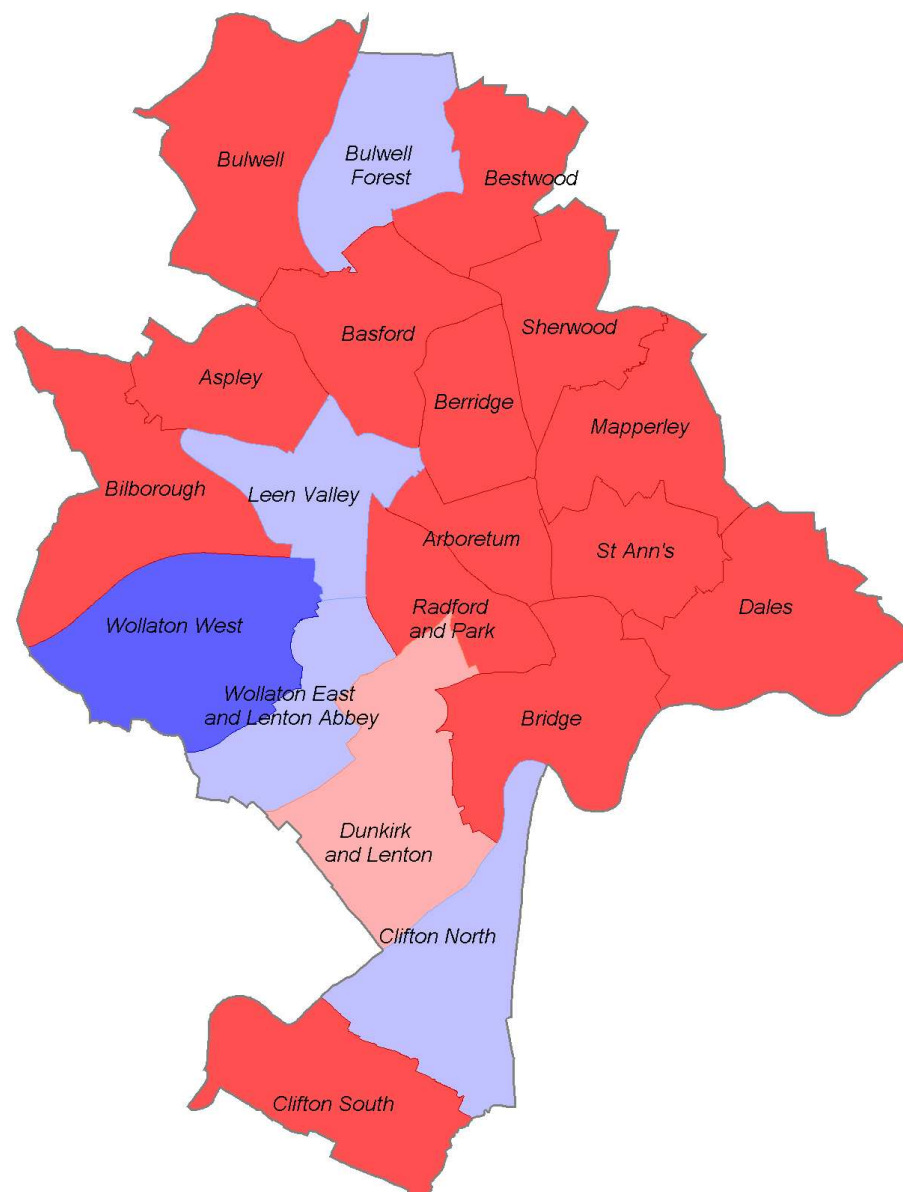
Significantly worse than
life
expectancy in the East
Midlands

Men: 73 years
Worst: 70 in Bilborough
Best: 80 in Wollaton

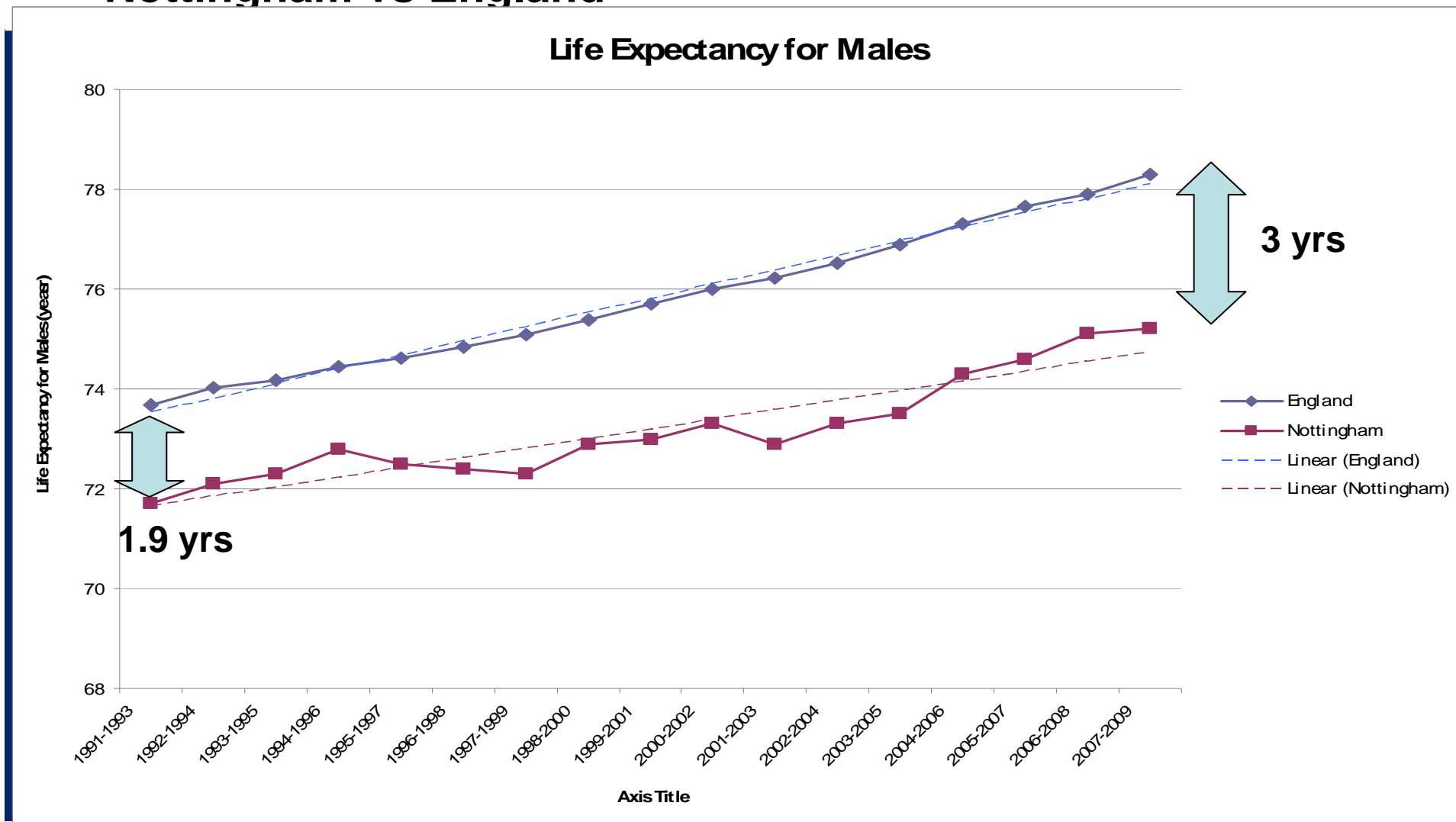
Women: 78 years
Worst: 75 in St Ann's
Best: 85 in Wollaton

Life Expectancy at Birth for Males Census Wards. Nottingham UA.

- Significantly lower than regional average
- Lower but not significantly
- Higher not significantly
- Significantly higher



The growing gap in life expectancy: Nottingham vs England

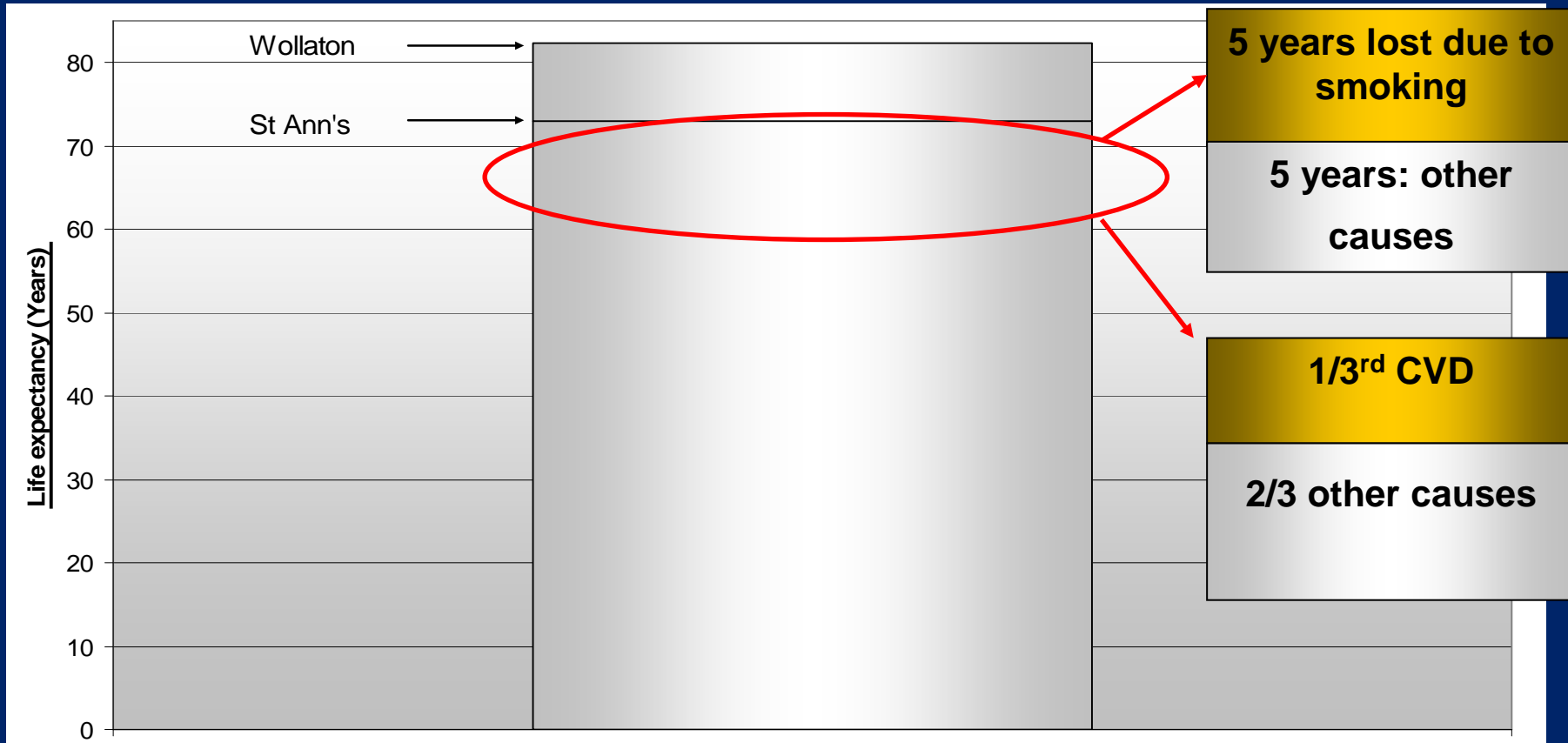


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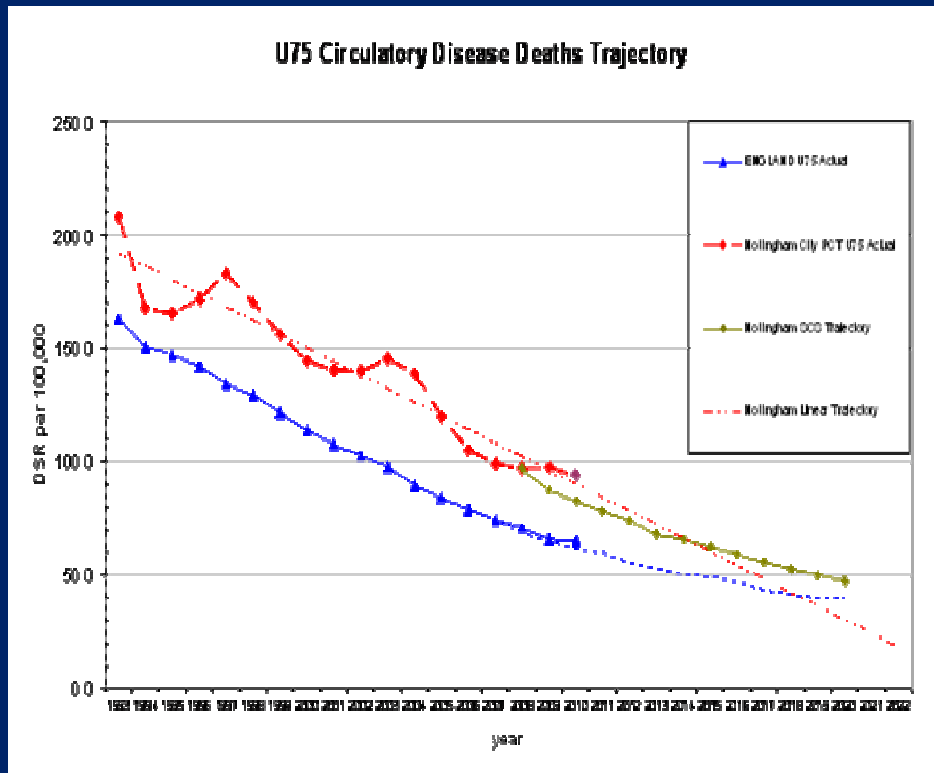
The 10 year life expectancy gap



The Nottingham Plan (Sustainable Community Strategy): 6 Headline Targets

- Reduce the health inequality gap between Nottingham city and England by 70% by 2020
- Reduce smoking prevalence to 20%, which is below the national average
- Reduce the proportion of overweight and obese adults to the 2000 average levels for England, 60%
- Increase levels of physical activity to 32% of adults participating in 3 x 30 mins moderate physical activity per week
- Reduce alcohol related hospital admissions to 1400 per 100,000 population
- To improve mental health and wellbeing across the city

Reduce the health inequality gap between Nottingham City and England by 70% (defined as reduce the mortality rate from circulatory diseases at ages under 75)



Although the latest performance data (2009 mortality rates) shows a slight increase in under 75 CVD mortalities, the overall downward trend is predicted to continue.

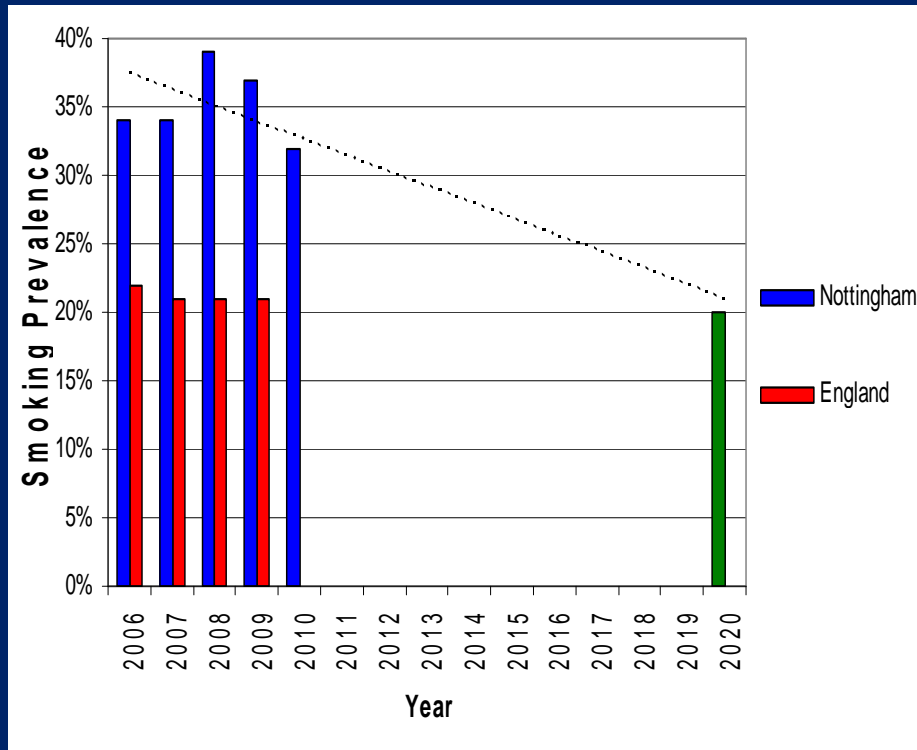
Mortality data is published annually in arrears and there can be a time lag of two to three years. It is worth noting that there is a time lag in the impact of health improvement initiatives and we would not expect to see an impact on CVD mortality rates for at least another year. Our key concern now is to ensure we performance manage delivery of those interventions that we have commissioned according to the best national evidence.



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NHS
Nottingham City

Reduce adult smoking prevalence to 20% which is below the 2008 national average



Trend shows a drop in prevalence over the last three years to 32% in 2010, which meets the 2010/11 target and is on track to meet the 2020 target.

We are on track with the actions to achieve the target, including a wide variety of tobacco control initiatives such as Smoke Free Areas (homes, school gates, playgrounds), an illicit and counterfeit tobacco campaign, enforcement work by Trading Standards, smoking cessation services and peer mentoring for young people.

It will be important to sustain action in this area in order to see a persistent drop in prevalence. The target remains very challenging and requires us to reduce the prevalence of smoking more quickly than was done for England as a whole.

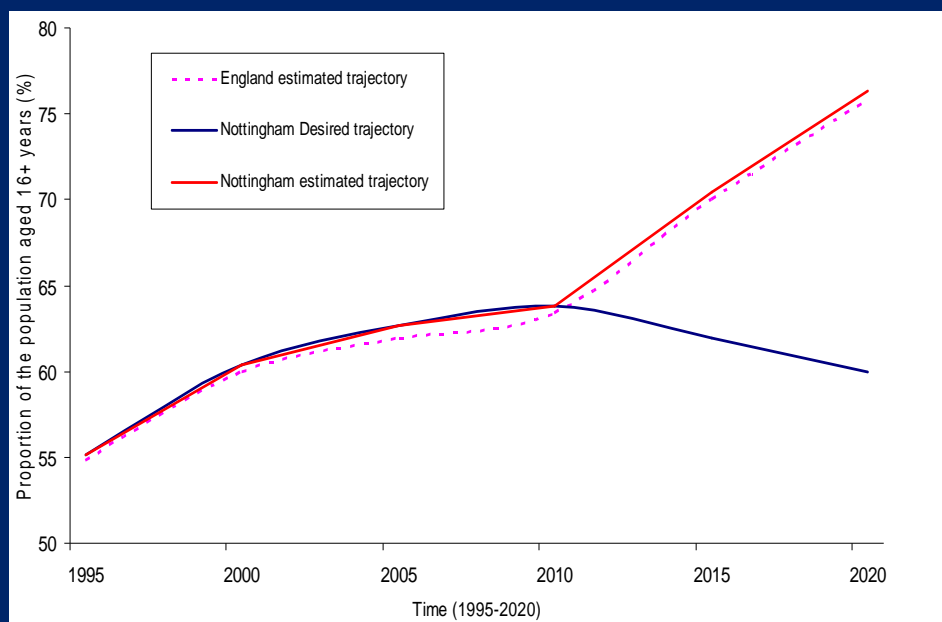


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To reduce the proportion of overweight and obese adults (16+) in Nottingham City to the 2000 average levels for England (60%)



We do not have reliable information on the prevalence of overweight and obesity in adults and have therefore estimated the number of overweight and obese adults in Nottingham based on the national Health Survey for England.

a new Healthy Weight strategy has been developed which sets out the need to address the causes of overweight and obesity in the city, as well as providing targeted support to those more at risk of obesity, and help for those who are ready obese and want to lose weight. It also sets out the need to address the separate child and adult SCS obesity targets together in one strategy, and the framework puts families at the centre of the activity.

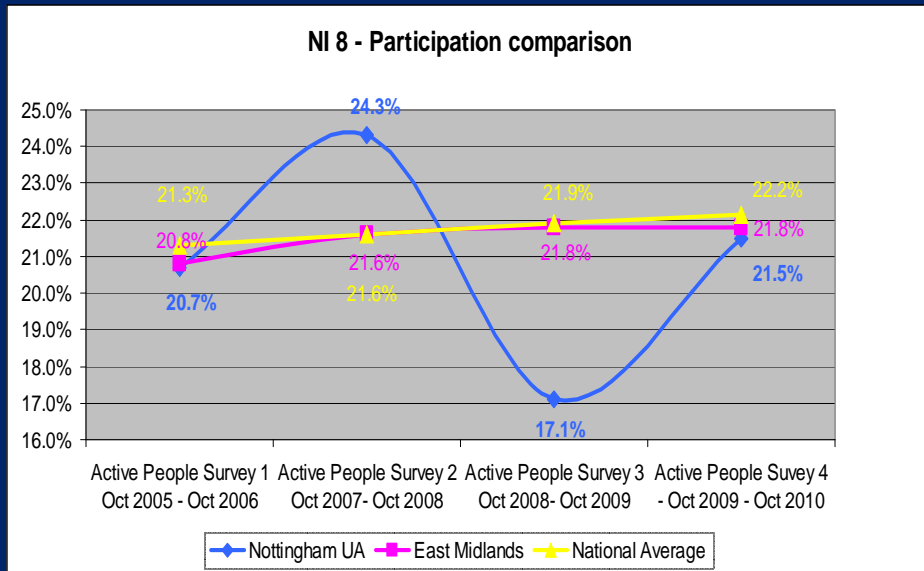


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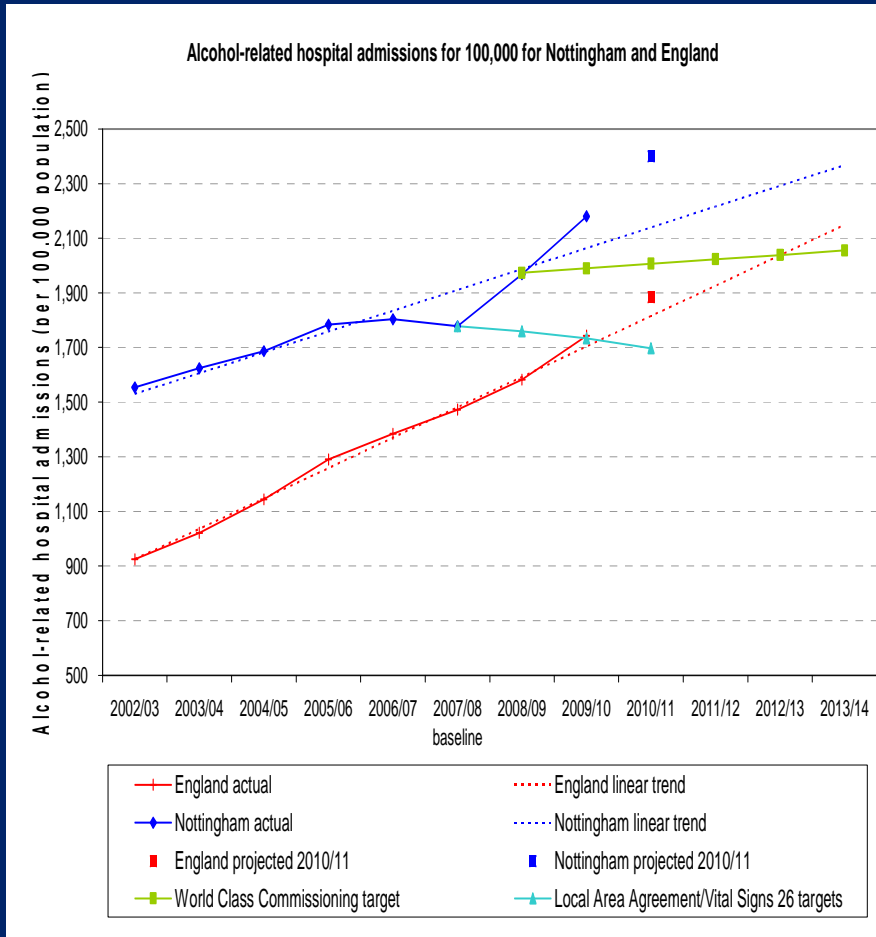
To increase levels of physical activity to 32% of adults participating in 3 x 30 minutes moderate physical activity per week



Participation in sport has fluctuated without showing a statistically significant increase, which is a picture that is reflected both regionally and nationally. However, the direction of travel in Nottingham is positive with average participation levels now just short of both East Midlands and England averages. Whilst there has been year on year fluctuation, this was not unexpected due to the sampling methods used.

Actions are on target. Despite this, external factors have impacted on our ability to reach targets; for example, the introduction of free swimming saw an increase in activity in older people, however its removal has seen a drop in attendance.

To reduce alcohol related hospital admissions to 1400 per 100,000 population



The trend shows that alcohol-related hospital admissions continue to rise in both Nottingham and across England; and that performance is not on track to meet the 2020 target.

The four main workstreams and action plans remain in place – prevention; treatment; children and young people; and crime and disorder. A new alcohol treatment model was introduced in April 2011.

This indicator counts admissions that may be partially attributable to alcohol (such as hypertension), as well as those that are caused entirely by alcohol (such as alcoholic liver disease). There will be a time lag between a positive impact on alcohol misuse and some of the effects measured in this indicator.

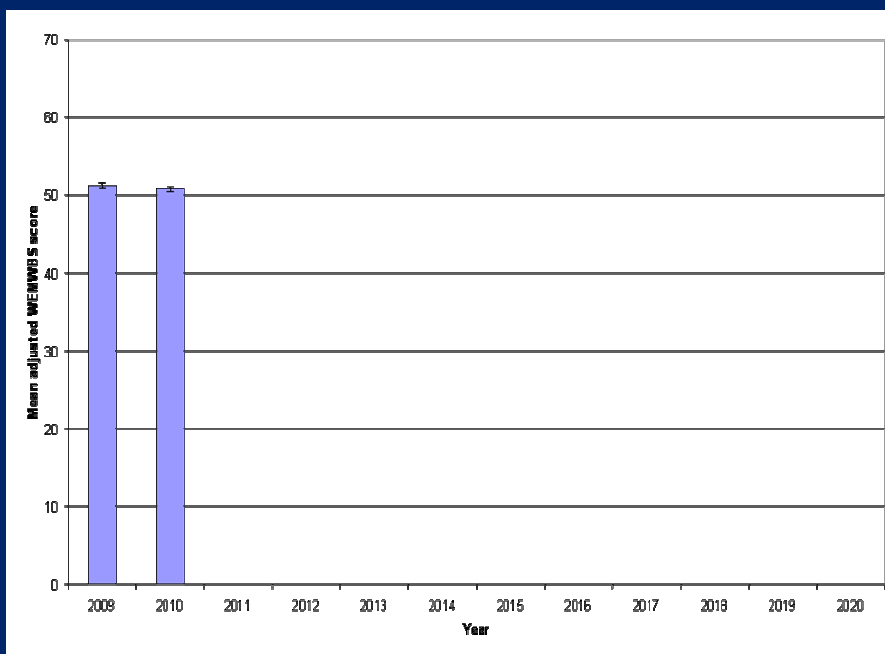


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To improve mental health and wellbeing



The Warwick and Edinburgh Mental Well-being Scale (WEMWBS) was included in both the 2009 and 2010 Citizens Surveys and therefore we now have 2 years of data that will be used to finalise the target. There was no significant difference in the mean scores between the 2 years. There is currently no national data to compare our local results with, however WEMWBS was included in the 2010 Health Survey for England and therefore national data should be available during 2011. Other localities have reported similar mean scores (for example 51.2 in Coventry), or lower (49.8 in Scotland).

In February 2011, the coalition Government published *No Health without Mental Health*, the national mental health strategy for England. The strategy has the dual aims of improving the mental health and wellbeing of the population and improving outcomes for people with mental health problems.

Decade of Better Health

- We smoke 5 million cigarettes a week more than most places
- We weigh 500,000lbs more than the average
- 28,000 more people need to exercise
- We need to reduce our excess consumption of alcohol by 500,000 units a week
- Unless we act now we can expect 700 Nottingham people will die early of heart disease this decade
- (176 people died on the city's roads in the last ten years)

*New decade. New you.
A healthier Nottingham.*

**I'm going to
set a date to
quit smoking**

I'm going to

**live
longer
happier
healthier**

www.onehealthynottingham.com
to get my FREE advice, support and great offers

What are you going to do? **1** Nottingham

DECADE OF BETTER HEALTH



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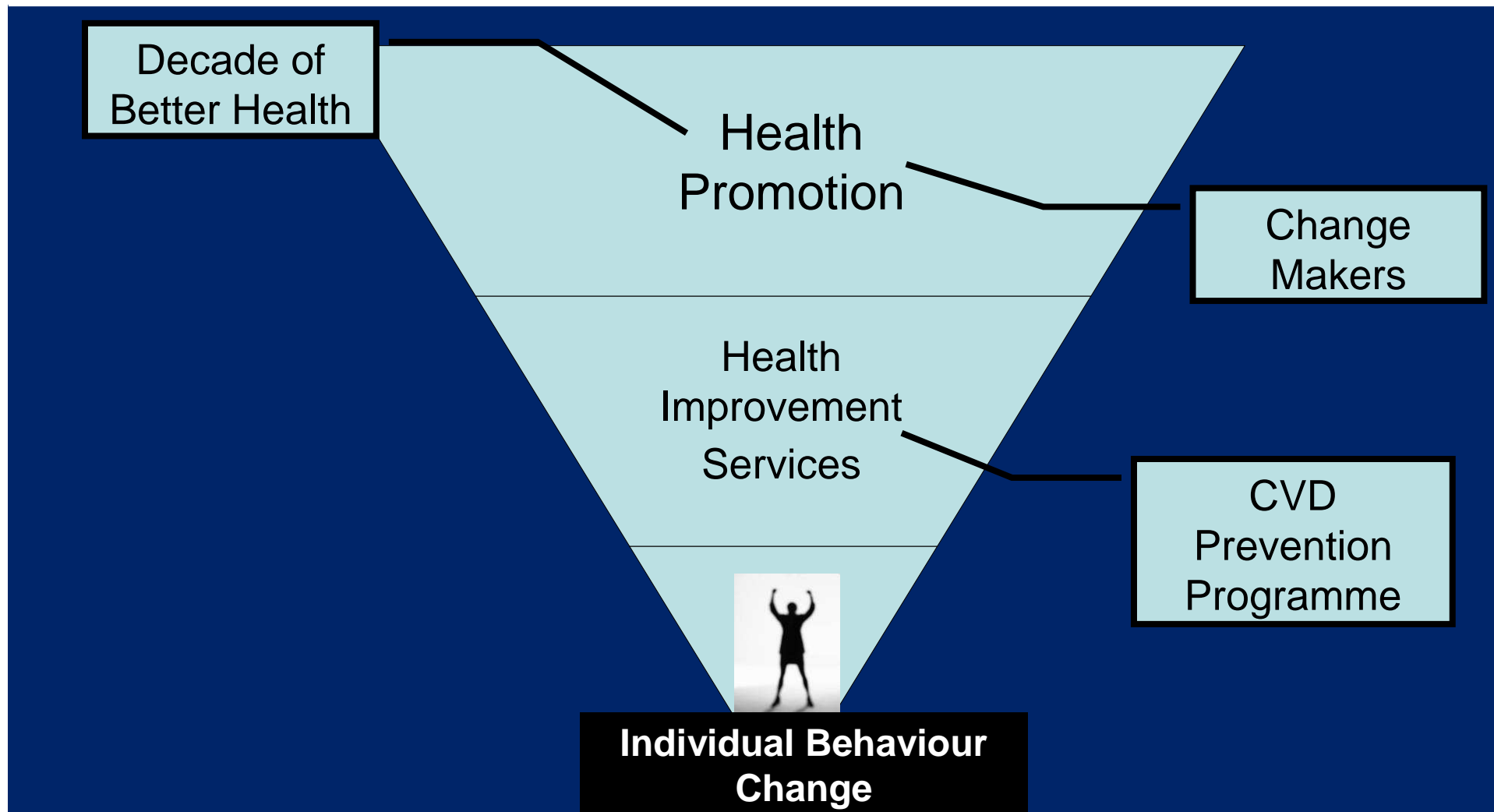
The Bottom Line

- Diseases related to overweight and obesity are estimated to cost:
 - NHS Nottingham City **£88.3M** in 2010 and **£94.4M** by 2015 NHS Nottinghamshire County **£173.1m** in 2010 and **£185.1m** by 2015
 - NHS Bassetlaw **£30.8m** in 2010 and **£32.9m** by 2015
(DH, 2007)

That's £292.2m across the county this year!!!!

In Nottingham:

- Lost earnings due to premature death - £7.6m
- Lost earning due to certified sickness /incapacity - £9.6m
- Cost of 10% increase in clients needing heavy duty stairlifts £1,196,000 per annum

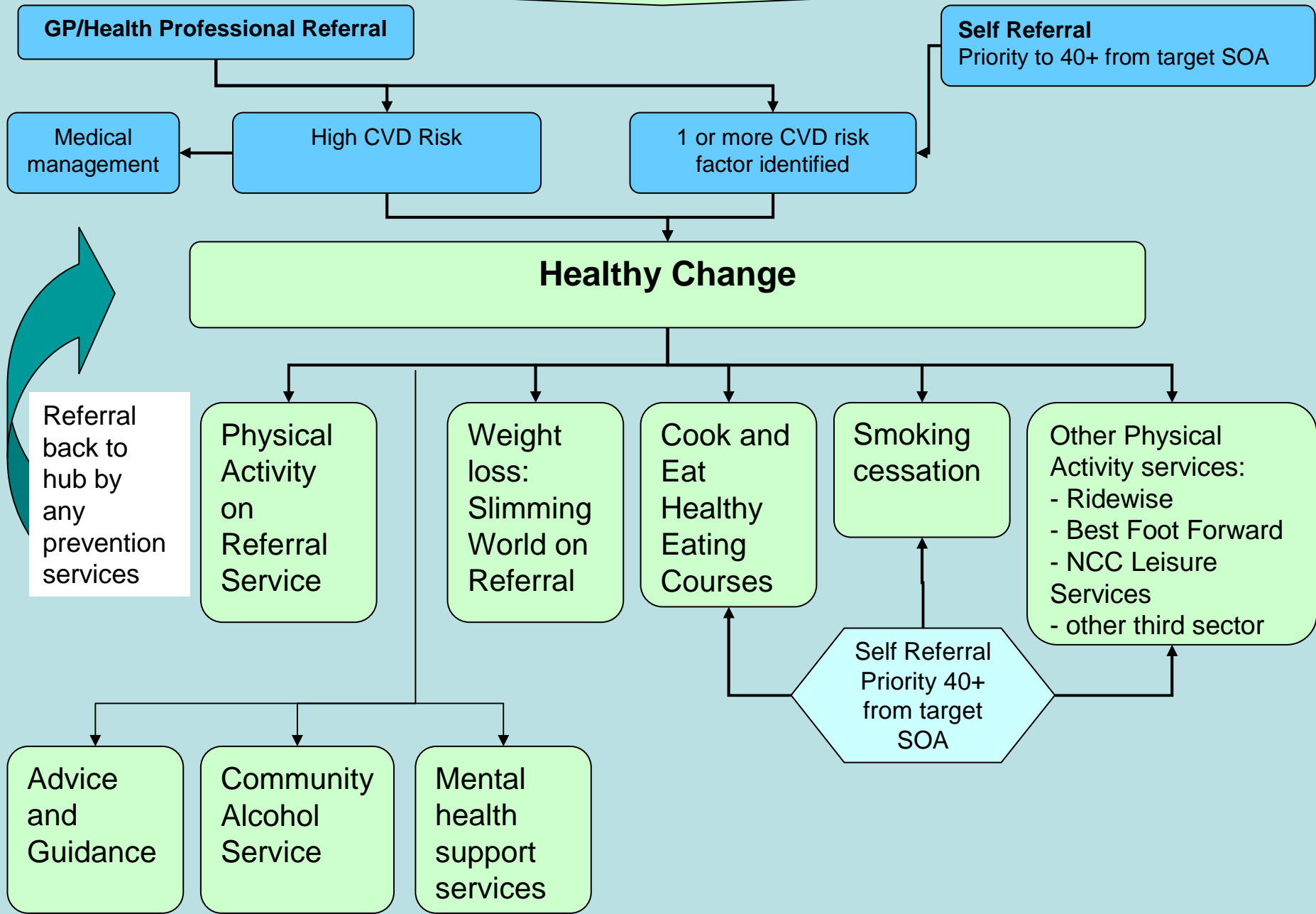


Health Improvement Services

Uptake of CVD lifestyle support services by the identified priority groups is monitored on an on going basis and is a key part of the service review process.

- 67% of CVD programme clients are from the key target group (over 40's living in a priority neighbourhood)
 - 29% of these clients are from a BME group
 - 31% of these clients are male

Social Marketing and Community Engagement Activity



CVD Pathway Redesign

Outcome Summary: Improved access, client experience, health outcomes and value for money.

- £78k pa saving against Health Trainer programme
- Minimum £62k pa saving against former Exercise Referral and PAA contracts
- Active for Life - No. of clients **completing** increasing from 740 pa (Exercise Referral) to 1,350 pa
- Healthy Change - No. of clients increasing from 992 pa (HT Programme) to **2,500 pa**

Performance Summary of Key CVD Prevention Services 2010/11

Indicator	Definition	2010/11	2010/11	Perf
		Approved	Actual	
HW1	Number of people, from priority groups and areas, benefiting from health improvement initiatives	5402	5247	97%
HW1(i)	Number of people, from priority areas, benefiting from health improvement initiatives [BME]	532	482	91%
HW1(ii)	Number of people, from priority areas, benefiting from health improvement initiatives [Male]	1104	551	50%
HW1(iii)	Number of people, from priority areas, benefiting from health improvement initiatives [IB Claimants]	104	140	135%
HW1a	Number of people, NOT from priority groups or areas, benefiting from health improvement initiatives	844	1407	167%
HW1b	Total number of adults from all groups and areas of Nottingham City benefiting from Health Improvement Initiatives (HW1 + HW1a)	6312	6698	106%
HW4	Number of people exposed to health improvement messages	3476	4022	116%

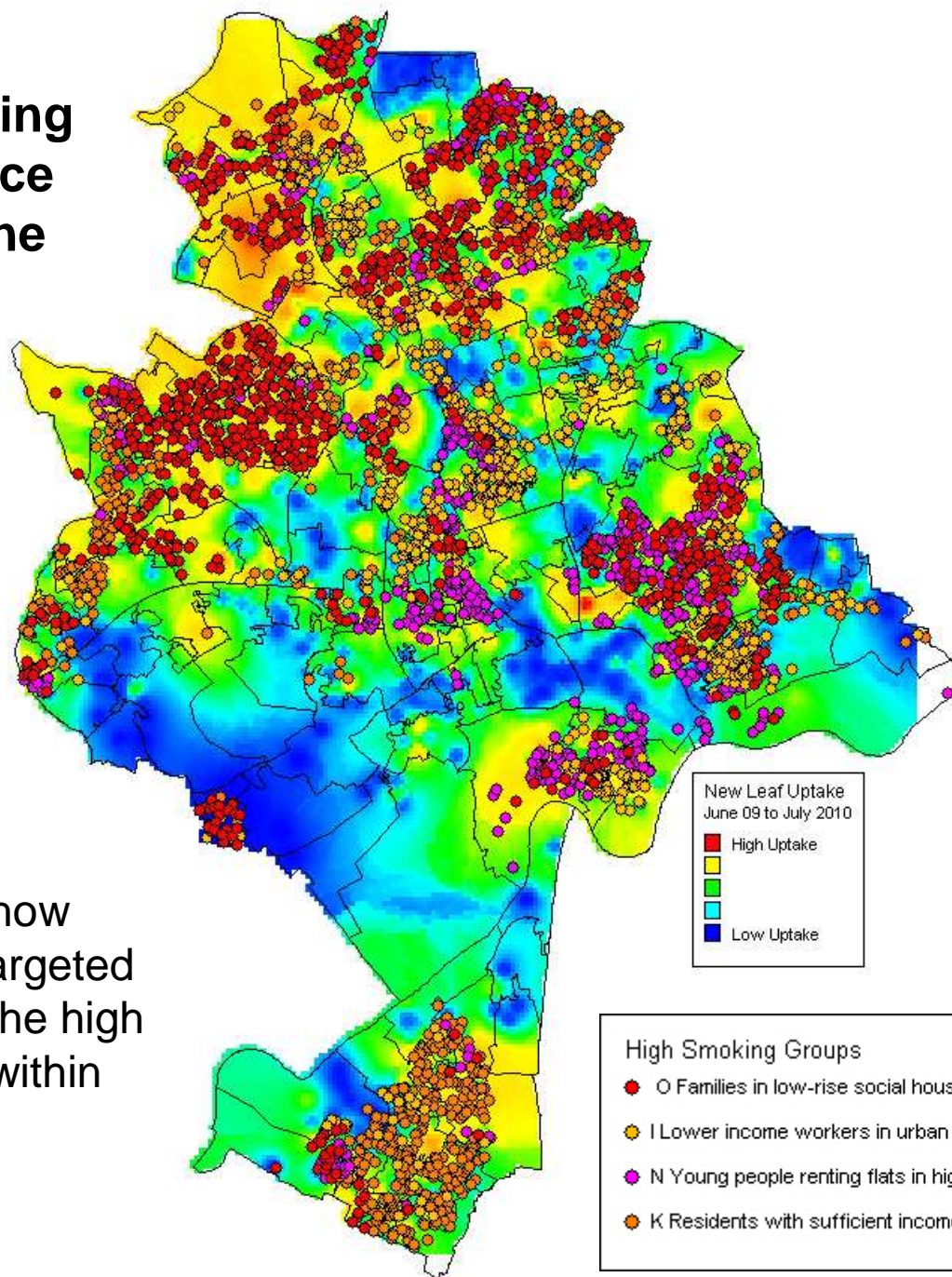
Summary of Key CVD Prevention Services 2010/11

- Detailed performance indicator set, targets and reporting criteria in place for all services.
- Contracts are performance managed on basis of “adults achieving a health benefit” (e.g. clients completing programme, 4 week quitters, etc.), rather than overall client numbers.
- Core priority group is “Adults over 40 living in a CVD priority area” Priority areas are based on levels of deprivation and premature CVD mortality rates. Within this overall target group, priority is given to men and BME groups. Full indicator set reported for each service.

Performance Summary of Key CVD Prevention Services at Quarter 2 2011/12

Indicator	Definition	2011/12 Approved	Quarter 2			2011/12 to date		
			Forecast	Actual	Perf.	Forecast	Actual	Perf.
HW1	Number of people, from priority groups and areas, benefiting from health improvement initiatives	6,416	1,705	1,597	94%	3,013	2,859	95%
HW1a	Number of people, NOT from priority groups or areas, benefiting from health improvement initiatives	1,692	437	1,028	235%	684	1,666	244%
HW1b	Total number of adults from all groups and areas of Nottingham City benefiting from Health Improvement Initiatives (HW1 + HW1a)	8,108	2,142	2,625	123%	3,697	4,525	122%

Take up of the New Leaf Smoking Cessation service July 2009 to June 2010



The map shows how
New Leaf have targeted
their services at the high
smoking groups within
Nottingham.



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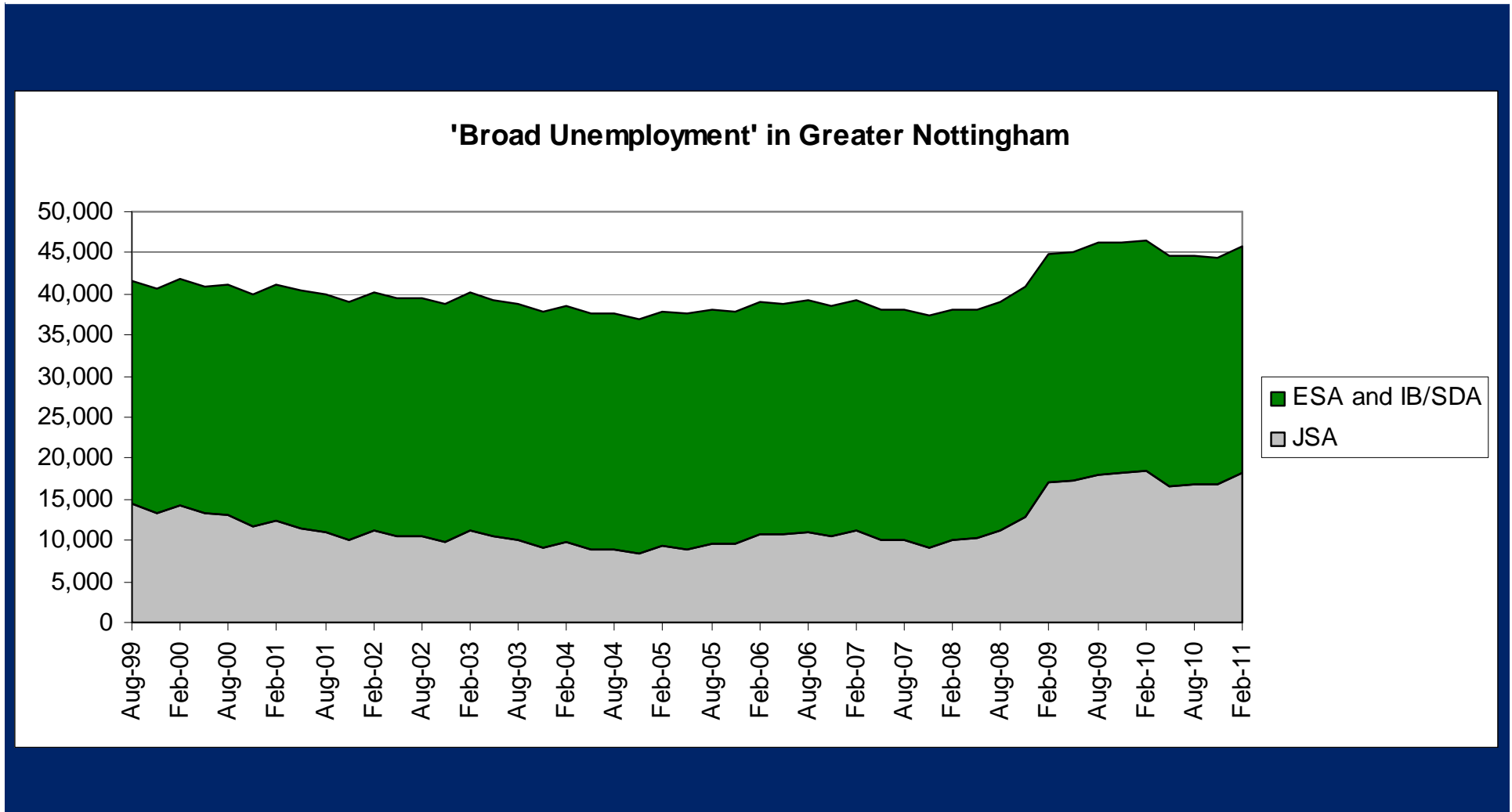
Summary of key CVD prevention services at Quarter 2 2011/12

- Across the programme performance strong. In first six months 11/12 overall clients benefitting is well above target (122%).
- Annual targets for clients benefitting have increased from 6,300 in 10/11 to over 8,000 in 11/12
- Efficiency significantly improved in 11/12. Reduction in contract values and increase in client numbers.
- New services in place or planned to address identified gaps and challenges. E.g.. Be Fit and Specialist Men's Weight Management service.
- New client referral pathway now in place to improve access and effectiveness of services.
- Targeting men remains a significant challenge.
- Evaluation frameworks developed for individual services, to assess effectiveness and health outcomes.

Some positive signs – but a long way to go!

- Adult participation in sport is up and exceeding target and national average
- 470 fewer deaths from chronic heart disease than in 1997
- Four-week quit smoking targets hit every year since 2003 and continued reduction in the number of mothers smoking during pregnancy
- Smoking prevalence showing second consecutive year reduction to 32% (2011 Citizen's Survey)
- Healthy Change Service is performing well above target in the first 2 months of operation – high demand
- But there is a long way to go to hit our 2020 Nottingham Plan ambitions!

What does this mean for the economy?



Priorities

- Scale up and maintain investment in the CVD prevention programme
- Build upon the success of the Decade of Better Health programme as our primary means of engagement
- Continue to build strategic partnership responses which impact on more than one Nottingham Plan target e.g.
 - Be Fit, Fit for Work – Working
 - NHS Carbon reduction - Green
 - Illicit and counterfeit tobacco - Safer