

## Paper 2. Health Inequalities in Islington.

### Briefing from the Joint Director of Public Health

1. Health inequalities are described as the difference in health status between different groups or communities within the population. Put simply, people in different social circumstances experience avoidable differences in health, well-being and length of life.

#### Box 1 – Health inequalities in Islington

- Men in Islington can expect to live 75.1 years, 2.8 years lower than England and the lowest in London
- Women in Islington can expect to live 81.0 years, one year lower than England and the fourth lowest in London
- For men in Islington, those from the best-off backgrounds can expect to live for 6.7 years longer than those from the worst-off backgrounds. For women the gap is 4.4 years.
- Male life expectancy in Islington is greatest in Clerkenwell ward at 77.8 years and lowest in Tollington at 72.6 years, a difference of 5.2 years.
- Female life expectancy in Islington is greatest in St. Georges at 82.5 years and lowest in Finsbury Park at 78.1 years, a difference of 4.4 years.

2. The causes of health inequalities are referred to as the wider determinants of health, and include:
  - **Biological determinants:** age, gender, ethnicity etc.,
  - **Behavioural determinants:** smoking, physical activity, diet, alcohol consumption etc.,
  - **Psychosocial determinants:** stress, isolation, social exclusion
  - **Socioeconomic determinants:** education, employment, housing, environment, access to services and the distribution of income and resources in society.
3. What are the consequences of health inequalities in Islington? Men who are poorest in the borough will live on average 6.7 years less than the richest, whilst the difference for women is 4.4 years. In England, people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods.
4. People living in the poorest neighbourhoods can expect to live with a long-term condition or disability for seventeen years more than the richest.

**Key message: People in poorer areas not only die sooner, they also spend more of their shorter lives with a long term condition or disability.**

5. The biggest health inequalities issue in Islington is the large numbers of deaths from long-term conditions at relatively young ages. This accounts for the bulk of the gap in life expectancy between Islington and England. The main causes of death across all ages in Islington are cardiovascular disease (heart disease, stroke, etc), cancer and respiratory diseases. These account for 33%, 28% and 13% of deaths in Islington respectively.
6. Not all deaths make the same contribution to the life expectancy gap. For example, the number of years saved from averting an infant death is clearly much greater than averting a death from heart disease in an older person. However, there are many more deaths in Islington from heart disease than there are infant deaths.
7. Targeting the causes of death which contribute most to the life expectancy gap will have the greatest effect on reducing health inequalities. Specific causes with the greatest contributions are coronary heart disease (CHD), lung cancer, chronic obstructive pulmonary disease (COPD) and heart failure. These conditions account for 30, 26, 13 and 12 excess deaths per year.
8. Although life expectancy in Islington is increasing, it is not increasing as fast as it is in the rest of London and in England. This means that the gap in life expectancy between Islington and England is increasing, despite people living longer. To increase life expectancy in Islington to the England average, a further 100 deaths from long-term conditions need to be prevented each year.

**Key message: To increase life expectancy to the England average, we need to prevent around a further 100 deaths from long-term conditions each year.**

9. Understanding the contribution different risk factors make towards deaths is an important method to help determine how to prevent deaths. It is now possible to work out how many deaths were attributable to different risk factors (or, in other words, to what proportion a risk factor contributes to deaths). For example, the well-known link between smoking and lung cancer means that smoking causes around 90% of lung cancer deaths. On the other hand, smoking, high blood pressure, high cholesterol and obesity are all implicated to varying degrees, often overlapping, in deaths from coronary heart disease.
10. The risk factors contributing to the greatest number of deaths in Islington between 2006 and 2008 were smoking, high blood pressure and high cholesterol (see box 2).
11. The contribution of poor mental health to early death is also underestimated. This is because more is understood about the association between poor mental health and suicide or deaths directly related to alcohol. Less is understood about how depression contributes towards cardiovascular deaths, for example. Poor mental health is often a key underlying cause of unhealthy behaviour (e.g. smoking and physical inactivity) and also limited engagement with services. Poor mental health was found in 43% of all Islington patients who died of cardiovascular disease before the age of 75 between 2004 and 2006.
12. All the risk factors outlined in box 2 are modifiable through changes to lifestyle, treatment and/or medication.

**Box 2 – Risk factors contributing to deaths in Islington, 2006 – 2008**

	Risk factor	Contribution
1	Smoking	19%
2	High blood pressure (hypertension)	17%
3	High cholesterol	13%
4	Obesity	11%
5	Low fruit and vegetable consumption	7%
6	Physical inactivity	6%
7	Alcohol	4%
8	Other external causes	3%
9	Infections	2%
10	Suicide	2%

**Key message: Premature deaths contributing to the life expectancy gap are avoidable**

13. Given the importance of risk factors' contribution to deaths in Islington, tackling them is a priority. This is particularly evident as 29% of Islington adults smoke and only 9% regularly exercise.

**Box 3 – Key estimates on Islington lifestyles**

- 29% of Islington adults (48,300) smoke
- 23% of Islington adults (38,800) binge drink, 21% (35,000) drink hazardously and 6% (10,000) drink harmfully
- 91% of Islington adults (152,500) do not exercise
- 61% of Islington adults (102,500) do not eat “5 a day”
- 19% of Islington adults (31,400) are obese
- 13.7% of reception children are overweight, and 11.4% obese
- 13.5% of year six children are overweight, and 24.8% overweight

14. The scale of unhealthy lifestyle behaviours underlines Professor Sir Michael Marmot's assertion that focusing on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

**Concrete steps to reduce health inequalities**

15. Islington's Health Inequalities Strategy sets out actions needed to reduce health inequalities and focuses these actions on the short, medium and long-term. As shown above, the major killers in Islington that are driving the inequalities gap are cardiovascular disease (CVD), cancer and chronic obstructive pulmonary disease, particularly among relatively young people.

**Short-term actions**

16. To reduce inequalities in life expectancy, particularly in the short-term, there needs to be a specific focus on the reduction of selected, easily modifiable clinical and behavioural risk factors.
17. Smoking contributes to 19% of deaths in Islington. Higher levels of smoking in Islington, particularly among the older more deprived population, partly explains why Islington continues to have large excesses of deaths compared to England. Specific emphasis and investment needs to be targeted at the most deprived groups and those already living with long-term conditions.

**What we are doing**

Islington's Stop Smoking Service provides smoking cessation advice focusing on prisoners at Pentonville and Holloway, people with mental ill health at Highgate hospital and through community mental health teams, pregnant women, and Somali and Turkish communities. Stop smoking Services are also offered at GP practices, pharmacies and at the NHS Islington headquarters.

18. High blood pressure and cholesterol levels together contribute to 30% of deaths in Islington. Identification of individuals with high blood pressure and/or cholesterol is important; these risk factors can be relatively easily managed quickly through the use of drugs (anti-hypertensives and statins).
19. Raising awareness of symptoms and earlier diagnosis is important, for example uptake of NHS Health Checks (for CVD and hypertension), and cancer screening programmes.
20. Brief interventions (e.g. smoking and alcohol) have been shown to be particularly cost-effective. These should specifically target people with long-term conditions, pregnant women and those with young children, and those living with mental ill health.

#### **What we are doing**

General practices are able to calculate patients' estimated risk of cardiovascular disease using existing clinical data. Based on this, they are inviting patients for an NHS Health Check, starting with patients with the greatest risk of CVD. Patients have their risk of developing four diseases (heart disease, stroke, type 2 diabetes and kidney disease) assessed and are given advice on lifestyle changes and where appropriate, offer medication.

NHS Health Checks are also available in 10 community pharmacies and are offered in various community settings, targeting communities who are likely to be at risk of CVD.

#### **Medium-term actions**

21. Medium term improvements in life expectancy rely on population level changes to lifestyles. The scale and breadth of interventions mean that they will need to be embedded in all of the work undertaken by partners, not just by health professionals. High population "churn" particularly among younger adults mean that the less mobile and more deprived younger residents will need to be reached in order to have an impact on Islington's life expectancy.
22. Whilst medication can help to reduce blood pressure and cholesterol in specific at risk groups, the contribution of behavioural risk factors is also important. A focus on reducing smoking, obesity, excessive alcohol consumption, lack of exercise and poor diet will contribute to reducing the number of people with raised blood pressure and at risk.

#### **What we are doing**

27 sports clubs took place in Islington schools in the autumn term 2010, involving 363 young people. Islington achieved one of the highest scores for providing the opportunity for at least a further 3 hours sport beyond the school day in London at 71%, which is a 12% increase on 2009.

23. Obesity contributes to 11% of deaths: research shows that moderate obesity reduces life expectancy by an average of 3 years, whilst morbid obesity reduces life expectancy by eight to ten years. Programmes to improve diets and exercise taken will be important, NHS Islington is re-commissioning its Exercise on Referral programme in 2011.
24. Alcohol specific mortality, hospital admissions, alcohol related crime and incapacity claims related to alcohol are all significantly worse in Islington compared to England. Brief intervention and support for long term drinkers needs to be maintained as budgets tighten. Working with licensees to promote a sensible drinking environment together with active enforcement of licensing laws play an important role.

### **What we are doing**

Islington's Alcohol Harm Reduction Strategy and action plan were recently approved by the Council Executive and NHS Islington Board. Key elements include redesigning the alcohol service with greater emphasis on harmful and hazardous drinkers and developing a co-ordinated approach to providing brief interventions and brief advice.

25. The key to success in Islington will be achieving a balance of scaled up universal action and targeted support in changing behaviour.

### **Long-term actions**

26. The wider determinants of health refer to the social, economic and environmental circumstances where people live and their impacts on health.
27. Giving every child the best start in life is crucial to reducing health inequalities across the life course. To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences, – good quality early years education and child care, support to families through Children's Centres and increased financial support to reduce child poverty.
28. Supporting the local population to become economically independent through lifelong education and learning, affordable housing should remain a long-term priority for all agencies across Islington, as identified in the Sustainable Community Strategy.
29. Helping people get into work, keeping people in work, and stopping the newly unemployed becoming long-term unemployed are important factors in tackling poverty and reducing health inequality.

### **Conclusion**

30. In conclusion, the findings from the 2010 annual public health report and the health inequalities strategy clearly illustrate the need to continue to prioritise and invest in closing the inequalities gap in life expectancy in Islington.
31. Our understanding of mortality in Islington supports our already strong focus on prevention and earlier diagnosis of long-term conditions, emphasising the need for scale and systematic delivery.
32. During the challenging times ahead, it will be important that all voluntary and statutory partners remain focused on the goal of improving life expectancy to make Islington a fairer borough for all. Success is more likely to come from the cumulative impact from a range of complementary programmes than from any one individual programme and through more effective, coherent delivery systems and accountability mechanisms.

**Key message: Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.**