

HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	Longer Lives - A Summary For Barking & Dagenham	
Report of the Director of Public Health		
Open	For Information	
Wards Affected: ALL	Key Decision: NO	
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Sponsor: Matthew Cole, Director of Public Health		
Summary: <p>On Tuesday 11 June 2013, one of Public Health England's first major initiatives, <i>Longer Lives</i>, was launched. This is an online tool, giving information about premature mortality for all 150 local authorities in England, including a breakdown of early deaths due to cancer, liver disease, heart disease and stroke and lung disease. The tool allows national ranking of local authorities based on rates of mortality, as well as ranking within groups of local authorities that have similar levels of deprivation. It has attracted considerable attention and comment in the media and from professional bodies.</p> <p>This tool highlights that Barking and Dagenham has disproportionately high rates of early deaths, under the age of 75, even when taking into account the level of deprivation locally.</p> <p>The mortality figures used as the basis for the tool are expected to form part of the allocation formula for the Public Health Grant and the Health Premium, according to early indications from the Advisory Committee on Resource Allocation (ACRA).</p> <p>This document provides an overview of the tool, and its intended uses. It further provides headline findings for the London Borough of Barking and Dagenham.</p> <p>From 2009 to 2011, there were 1,411 premature deaths in Barking and Dagenham. The borough ranks 133rd out of 150 boroughs in England, where 1 ranks best and 150 ranks worst for premature deaths. For all the major conditions highlighted, the borough ranks near the bottom, when compared with national rates. The four main disease groups account for nearly 80% (1,113 deaths) of early mortality in the borough. Cancer accounted for 545 early deaths.</p> <p>For overall premature deaths Barking and Dagenham ranks 9th out of 15 similarly deprived boroughs, where 15th indicates the worst mortality. In particular, the borough ranks very poorly and worst in London for premature deaths due to cancer and due to lung disease.</p> <p>This report goes on to identify key approaches to reducing premature mortality, which include reducing smoking prevalence and obesity and increasing physical activity, early diagnosis and management of long term conditions and increasing uptake of cancer</p>		

screening services.
<p>Recommendation(s)</p> <p>The Health and Wellbeing Board is recommended to agree:</p> <ul style="list-style-type: none"> (i) To note the contents of the report. (ii) To discuss the implications of this tool with regard to health outcomes in Barking and Dagenham.
<p>Reason(s)</p> <p>Early mortality is reflected in lower life expectancy for residents of the borough, and implies not only years of life lost for individuals, but also poor health outcomes during life, greater proportion of life spent living with disability and long term conditions and lost productivity resulting in economic loss at a personal and whole health economy level.</p> <p>Approaches and interventions exist which can tackle early preventable mortality, these need to be prioritised within the framework of the Joint Health and Wellbeing Strategy.</p> <p>Early indications are that premature mortality rates for local authorities will form a key aspect of the allocation formula for both the core element of the Public Health Grant and the future Health Premium.</p>

1. Introduction

- 1.1 On Tuesday 11 June 2013, one of Public Health England's first major initiatives, *Longer Lives*, was launched.
- 1.2 *Longer Lives* makes information about the health of the nation available to everyone and connects people with the knowledge and resources they need to help the country work together towards better health.
- 1.3 Making England's premature mortality data transparent and accessible is a significant step forward for the new health and care system and likely to generate considerable interest.
- 1.4 Available as a web tool, *Longer Lives* shows how premature mortality varies by upper tier local authority (county, unitary authority or metropolitan borough) across England. It displays premature mortality from all causes, and also from some of the most common causes including: cancer, heart disease and stroke, lung disease and liver disease.
- 1.5 The data provided in *Longer Lives* is from the Public Health Outcomes Framework (PHOF). This is not the first time it has been published, but the first time it has been published in this form, making the information easy to access, view and compare. It is also the first time it has been published alongside relevant supporting information, such as the intervention guidance provided by the National Institute of Health and Care Excellence (NICE).
- 1.6 One of the most important factors affecting premature mortality is socioeconomic status, and on the whole, more deprived local authorities have worse premature mortality than more affluent authorities. This tool enables local authorities to compare themselves with other local authorities that have lower premature mortality to discover whether there are any other actions they could be taking. It is possible

to identify the most important causes of premature mortality locally and find other local authorities that may have particularly good premature mortality despite similar socioeconomic status. This should make it easier to obtain examples of good practice, and decide which might be useful locally.

- 1.7 The Longer Lives tool can now be accessed online at the Public Health England website. <http://longerlives.phe.org.uk/>

2. Highlights for Barking and Dagenham

- 2.1 This tool highlights that Barking and Dagenham has disproportionately high rates of early deaths, under the age of 75, even when taking into account the level of deprivation locally.
- 2.2 The Longer Lives tool provides ready access to information about the number of premature deaths (those occurring before the age of 75) in Barking and Dagenham between 2009 and 2011. The tool then highlights death rates for all causes, and four specific disease groups which are the most common causes of death in England: heart disease and stroke, lung disease, liver disease and cancer. Appendix 1 provides a graphical overview of the findings for Barking and Dagenham compared to national, and compared to local authorities with similar deprivation.
- 2.3 Over the course of three years, there were 1,411 premature deaths in Barking and Dagenham (a directly standardised mortality rate of 337 per 100,000 population). This ranks the borough 133rd out of 150 boroughs in England, where 1 ranks best and 150 ranks worst for premature deaths.
- 2.4 For all the major conditions highlighted in the tool, Barking and Dagenham has early death rates that are significantly worse than the national picture. Appendix 2 provides a comparison of Barking and Dagenham, Redbridge and Havering with national rates. Of the 1,411 deaths, nearly 80% were due to the four main disease groups considered here (1,113 in total)
- i) **342** were due to heart disease and stroke
 - ii) **148** were due to lung disease
 - iii) **78** were due to liver disease
 - iv) **545** were due to cancer
- 2.5 When reviewing these figures, it is important to consider them in the context of the underlying deprivation which exists in a local area. As shown in The Marmot Review higher deprivation is linked to shorter life expectancies and greater premature mortality. For this reason the tool also looks at groups of comparator local authorities with similar levels of deprivation.
- 2.6 Within its comparator group of 15 local authorities, for overall premature deaths Barking and Dagenham ranks 9th, where 15th indicates the worst mortality. In particular, the borough ranks very poorly for premature deaths due to cancer and due to lung disease.
- 2.7 Early death rates due to cancer in Barking and Dagenham are significantly higher than those seen in other local authorities with similar deprivation levels.

2.8 Further information on the local authorities within the Barking and Dagenham comparator group and ranking for causes of mortality can be found in Appendix 3. For overall premature mortality in this group, Salford is the worst performing and Brent is the best performing.

2.9 Looking at early death rates across London, Barking and Dagenham had the worst rates for premature mortality due to cancer and due to lung disease, and the second worst for overall mortality, following Tower Hamlets. Appendix 4 provides colour coded maps of London, which show the variety of mortality rates within the city. London boroughs have amongst the best and the worst rates in England for early deaths.

3. Evidence for the causes of early mortality and the ways to tackle it

3.1 The key way to reduce premature mortality in the longer term is to prevent the development of cancer, heart disease and stroke, lung disease and liver disease. This primary prevention is achieved by addressing some of the underlying causes of these diseases, including smoking, alcohol consumption and obesity.

3.2 Smoking is the most significant cause of preventable mortality due to cancer. It is responsible for one in four cancer deaths in the UK (Public Health England Longer Lives tool). At least 90% of deaths from lung cancer are caused by smoking.

3.3 While the number of people aged less than 75 years who die from cancer is falling nationally, in Barking and Dagenham it is continuing to rise (Barking and Dagenham JSNA, 2011). Previous mortality figures from 2008 to 2010 show that Barking and Dagenham has amongst the highest rates in London for deaths that can be attributed to smoking. Smoking prevalence in the borough in 2010 was estimated to be 29%, which is significantly higher than the London average.

3.4 Poor diet, alcohol and obesity have also been linked to cancers such as bowel, breast and liver cancer.

3.5 Lung disease consists of a number of conditions, one of which is Chronic Obstructive Pulmonary Disease, known as COPD. This disease "is progressive, largely preventable and strongly linked to deprivation in England. It is the fifth largest cause of emergency hospital admissions and an estimated 85% of cases are caused by smoking"(National Clinical Guideline Centre, 2010, via the Longer Lives web tool) The JSNA has found that death rates due to COPD from 2008 to 2010 locally are significantly higher than London or national rates. Key approaches to reducing mortality include the provision of stop smoking services, targeted campaigns to help prevent those under the age of 18 from taking up smoking and improved tobacco control partnership working, including enforcement of underage sales. Air pollution can also cause breathing problems and aggravate existing lung conditions.

3.6 Improving diet and physical activity, as well as diagnosing and managing high blood pressure will help to reduce the risks of heart disease and stroke.

3.7 According to Public Health England (PHE), early deaths due to liver disease continue to rise in England, whilst rates are falling in the EU. Liver disease has been linked to alcohol consumption, obesity and infection with hepatitis B or C. The JSNA found that alcohol related hospital admissions locally show a rising trend up until the most recent data of 2010 to 2011, and alcohol-related disorder has been identified as a concern by residents of Barking and Dagenham through local and

national surveys. Campaigns such as change for life that advocate reducing alcohol consumption, healthy diet and physical activity will help to address these health risks.

- 3.8 More immediate approaches that will deliver reduction in early deaths, over the short and medium term include secondary prevention. That is, the early identification, treatment and management of existing long term conditions.
- 3.9 Early diagnosis, through the NHS health check programme, and breast, bowel and cervical screening, followed by effective management of the condition play a critical role in improving health outcomes and healthy life expectancy. The JSNA finds that one year survival rates for all major cancers have been poor in outer north east London boroughs.
- 3.10 Early diagnosis should also help to identify and manage diabetes, a condition linked with increasing prevalence of obesity, which when left untreated can result in severe complications and lead to development of other conditions such as heart disease. By 2025 it has been estimated that over 12,385 people in Barking and Dagenham will be living with diabetes (JSNA, 2011).

4. Initiatives in Barking and Dagenham to tackle early death rates

- 4.1 The Barking and Dagenham Joint Health and Wellbeing Strategy aims to increase life expectancy and close the gap between the borough and the London average for life expectancy. It tackles early death through prioritising healthy lifestyles, prevention, early diagnosis, good treatment and better services across the life course, from before birth to end of life.
- 4.2 A life course approach is critical to effectively improving outcomes across the whole population. As noted in the Marmot Review (2010) “the foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.
- 4.3 A sustained approach, at scale, from birth onwards, to health promotion, primary prevention, early diagnosis and treatment is needed in order to impact on the mortality rates seen in Barking and Dagenham.
- 4.4 To take forward this strategy, collaborative initiatives and services have been commissioned across the partnership, funded through the public health grant, which include
 - i) The stop smoking service.
 - ii) A tobacco control coordinator to work with the Barking and Dagenham Tobacco Control Alliance, to lead on reducing smoking prevalence, improving tobacco control and promoting a smoke free agenda.
 - iii) The NHS health check programme delivered via primary care practices and pharmacies, to help identify those at risk of diabetes, heart disease and stroke.
 - iv) A range of healthy eating initiatives which will give an industrial scale healthy eating programme across the borough, and an ambitious programme to promote participation in regular physical activity in schools.

5. Early responses to the Public Health England Longer Lives tool

- 5.1 The early response to the publication of the Longer Lives tool has been mixed.
- 5.2 The Health Secretary Jeremy Hunt has said that the local variation in early deaths is "shocking" and must drive action to improve health (BBC News, 11 June 2013)
- 5.3 A statement from the Faculty of Public Health (Independent, 11 June 2013):

"This new map from Public Health England may not contain many surprises but it is a useful tool for people working for councils who are now responsible for the public health of people in their areas. It is not acceptable that there is such a divide between the 'health haves' and 'have nots' in some parts of England.

"The proof of this map's effectiveness will be in the proverbial pudding: time will tell if it is a useful addition to the tools used by public health professionals and others to help people get healthier and live longer. We need everyone – e.g. local authorities, the NHS – to work together and use this data to help improve people's health in their areas. Our members have the expertise and skills to help tackle the stark health problems shown by this map and they stand ready to help."

- 5.4 The Independent has highlighted a serious divide in health outcomes between the north and the south of England
- 5.5 A statement from the Local Government Association (11 June 2013):

"The Longer Lives tool will provide some useful insight into the serious public health challenges facing councils and help us identify local priorities.

But this data must be used with caution. Using it out of context to create any sort of national league table dangerously over simplifies matters and ignores the very complex socio-economic and cultural factors that affect the premature mortality rate.

Attempts to measure performance and rank councils in this way are therefore deeply troubling. Not to mention that improving the public's health is not the sole responsibility of local government. We need to work with our partners in the NHS, PHE and central government to address a whole range of inequalities and issues in order to help everyone lead healthier lives.

The reality is that in many cases it could take years before we see reductions in the number of those suffering with conditions like cancer or heart disease as a result of new public health initiatives.

Government must take a long-term commitment to public health and provide councils with the right resources if we are going to have a real impact."

6. Implications

Financial Implications

(Implications completed by: Dawn Calvert – Group Manager, Finance)

- 6.1 In June 2012, the Department of Health published "[Healthy Lives, Healthy People: Update on Public Health Funding](#)", which set out early indications on local authority Public Health finance, including the detailed composition of an interim allocation formula, proposed for mandatory and non-mandatory elements of the Public Health Grant.
- 6.1 ACRA was commissioned by the Secretary of State to develop a formula for the allocation of the public health budget to local authorities relative to population health need, to enable action to improve population wide health and reduce health inequalities.
- 6.2 ACRA's interim recommendation is based on the standardised mortality ratio (SMR) for those aged under 75 years (SMR<75). The SMR<75 is a measure of how many more or fewer deaths there are in a local area compared with the national average, having adjusted for the differences between the age profile of the local areas compared with the national average.
- 6.4 Since the publication of the Department of Health's document in 2012 Barking and Dagenham has been allocated a Public Health Grant of £12.291m for 2013/14 and £14.213m for 2014/15. Grant allocations beyond 2014/15 are not known.
- 6.5 The data presented by the Longer Lives tool is expected to form a key element of future allocation decisions for the Public Health Grant and Health Premium.

Legal Implications

(Implications completed by: Lucinda Bell, Education and Adult Social Care)

- 6.6 The Board is asked to note the contents of this report, and discuss only.

7. References

- [The Public Health England Longer Lives Tool](#)
- [The Barking and Dagenham Joint Strategic Needs Assessment 2011](#)
- [National Clinical Guideline Centre. \(2010\) Chronic obstructive pulmonary disease: management of chronic obstructive pulmonary disease in adults in primary and secondary care](#)
- [The Barking and Dagenham Health and Wellbeing Strategy 2012 – 2015](#)
- [Fair Society, Healthy Lives \(The Marmot Review\)](#), Executive Summary p.16
- [Healthy Lives, Healthy People: Update on Public Health Funding](#) (Department of Health, June 2012)

8. List of appendices

- Appendix 1: Comparison of Barking & Dagenham to all Local Authorities
- Appendix 2: Comparison with England Average
- Appendix 3: Comparative Data with Similar Local Authorities
- Appendix 4: Maps of the London Area, showing Premature Mortality Outcomes