

Newcastle JSNA: Health Inequalities All Age All Cause Mortality December 2008

Nationally, the general health of the population is improving, that of the better off is improving at a faster rate. The less well off have shorter life expectancy and more illness than those who are doing well materially and socially. Health should not be determined by where someone is born, where they live and their income. Everyone should have a fair chance of living a long and healthy life so tackling health inequalities is essential to creating a fairer society.

Health inequalities are determined by a wide range of social and economic factors. However, some health inequalities result from underlying factors including ethnicity, disability and gender which are wider than socio-economic, geographical or environmental factors.

Facts and Figures

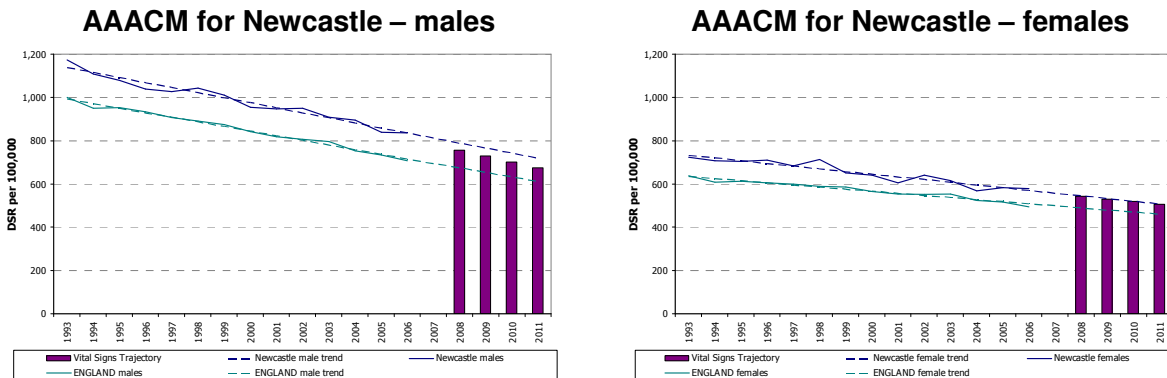
- Newcastle is ranked 37th of 354 Local Authorities for multiple deprivation (where 1st is the most deprived)
- Newcastle has 53 Super Output Areas (out of 173) in the most deprived 10% of Super Output Areas in the Country, a figure that is three times as many as would otherwise be expected.
- Traditionally deprived areas include Benwell, Scotswood, Elswick, Byker, South Heaton, Walker and Walkergate wards
- There are also other pockets of deprivation within the City which fall into the 10% most deprived super output areas in England. These include the southern half of Westgate, and the southern tip of Newburn, in addition to small sectors of Blakelaw, Denton, Fenham, Kenton and Woosington.
- Elswick has the highest rate of unemployment claimants at 15.3% and parts of North Gosforth have the lowest rate with 1.9% – compared to the 5.8% across the city as a whole and the national figure of 3.0%
- 21% of the city's residents are amongst the 5% most deprived in England; 31% are amongst the 10% most deprived
- 28% of dependent children aged under 16 living in Newcastle live in an income deprived family. This ranges from 1% in North Gosforth to 99% in parts of Cowgate and Benwell.

Trends

All Age, All Cause Mortality (AAACM)

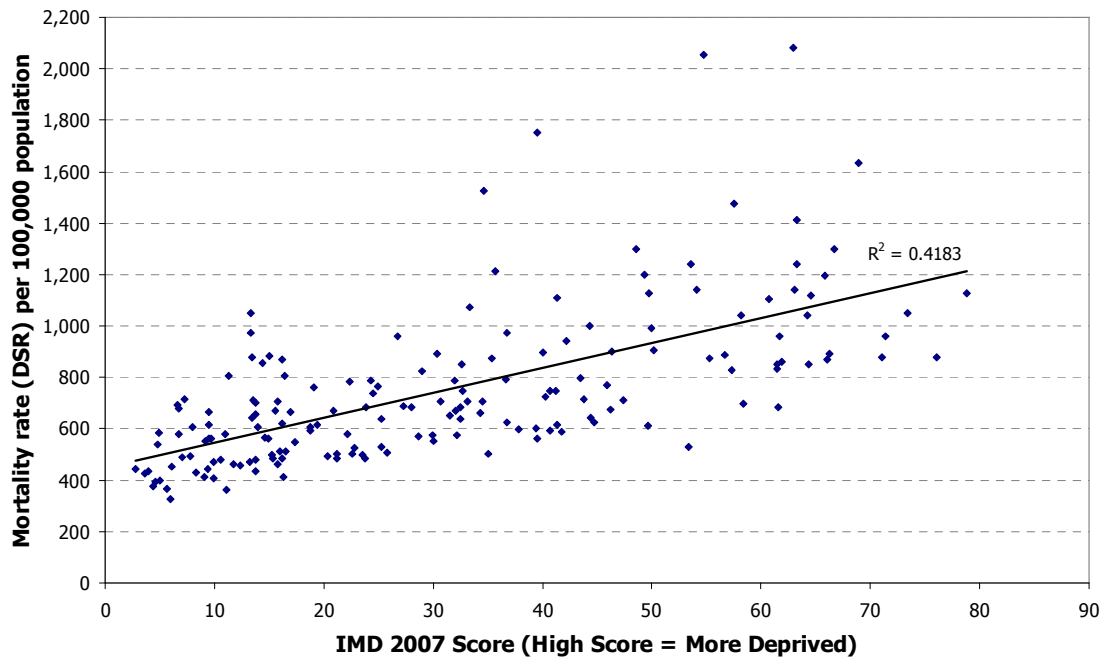
Nationally, life expectancy is increasing for both men and women, including in Newcastle but it is increasing more slowly than nationally so the gap continues to widen. The gap is widening more for women than men. In 2004-2006, for males the gap (between England and the Spearhead group) was 2% wider than at baseline, while for females it was 11% wider.

For the period 2004-2006, all age all cause mortality rate in Newcastle was 858 per 100,000 for males and 577 per 100,000 for females. These rates are statistically significantly higher than the England rates of 732 per 100,000 and 512 per 100,000 respectively.



The figure below shows that, in general, areas with higher levels of deprivation suffer from higher mortality rates.

All Age All Cause Mortality vs IMD2007 score: Newcastle Lower Super Output Areas, 2002-2006 pooled data



Life Expectancy

Life expectancy at birth is a commonly used indicator of the overall health of a population. Reducing differences in life expectancy between the populations of different parts of England is one of the aims of the Government’s policy to reduce health inequalities, and the government has set a target to reduce the gap between those areas with the lowest life expectancy, of which Newcastle is one, and the national average.

The relative gap in life expectancy is the difference between the life expectancy in England and life expectancy in Newcastle, as a percentage of life expectancy for England.

The absolute gap in mortality is the actual difference between the mortality rate in England and the mortality rate in Newcastle. It measures the impact of the unequal health experience in absolute terms, e.g. how many more deaths from cancer (per 100,000 population) there are in the local authority area.

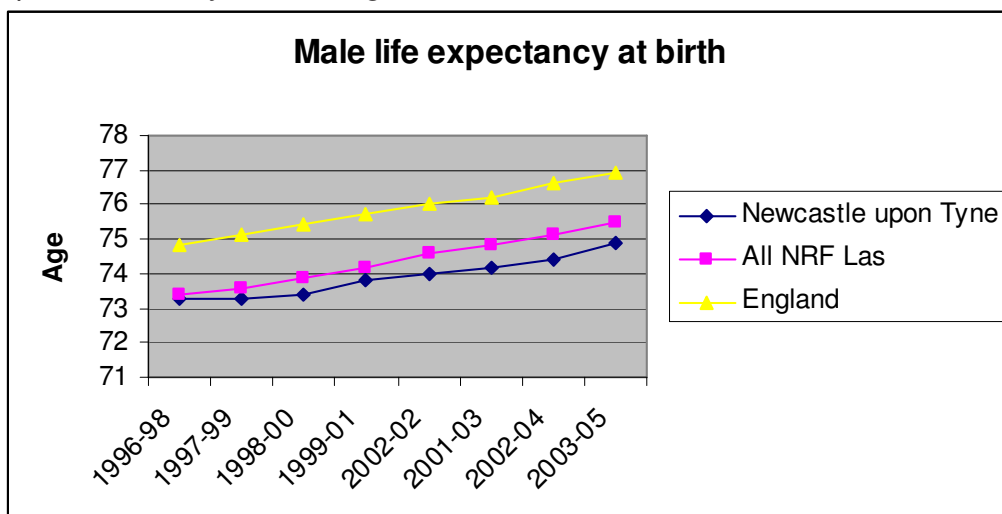
Locally:

- Although Newcastle has experienced increases in life expectancy in recent years, it has improved more slowly than in England as a whole, with the result that the relative gap between Newcastle and England has widened from 1.9% in 1995-97 to 2.6% in 2003-05.

Men

Locally:

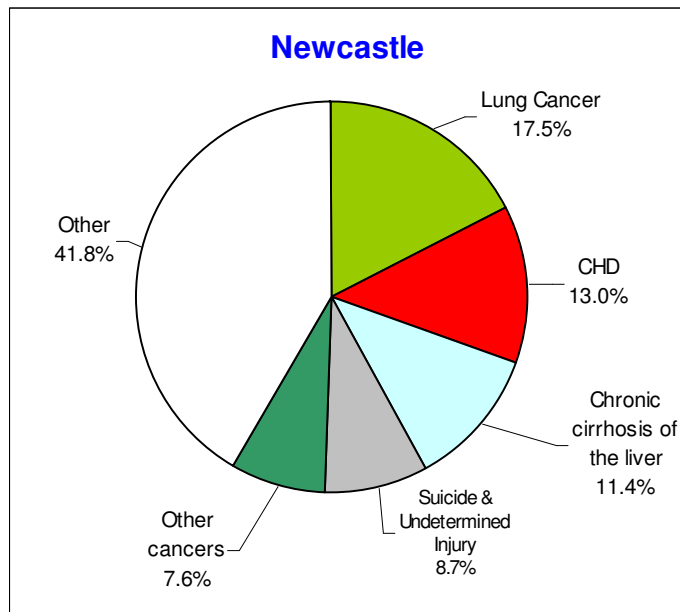
- The average life expectancy at birth lags behind the national average, and if past trends continue, the relative gap in life expectancy between England and Newcastle, is likely to widen by 2010.
- According to data for 2003-2005, life expectancy at birth in Newcastle is 74.9 years, compared to 76.9 years in England as a whole.



Explaining the life expectancy gap

The chart below shows the contribution that excess deaths from specified diseases or conditions are having on the life expectancy gap of males in Newcastle. In particular:

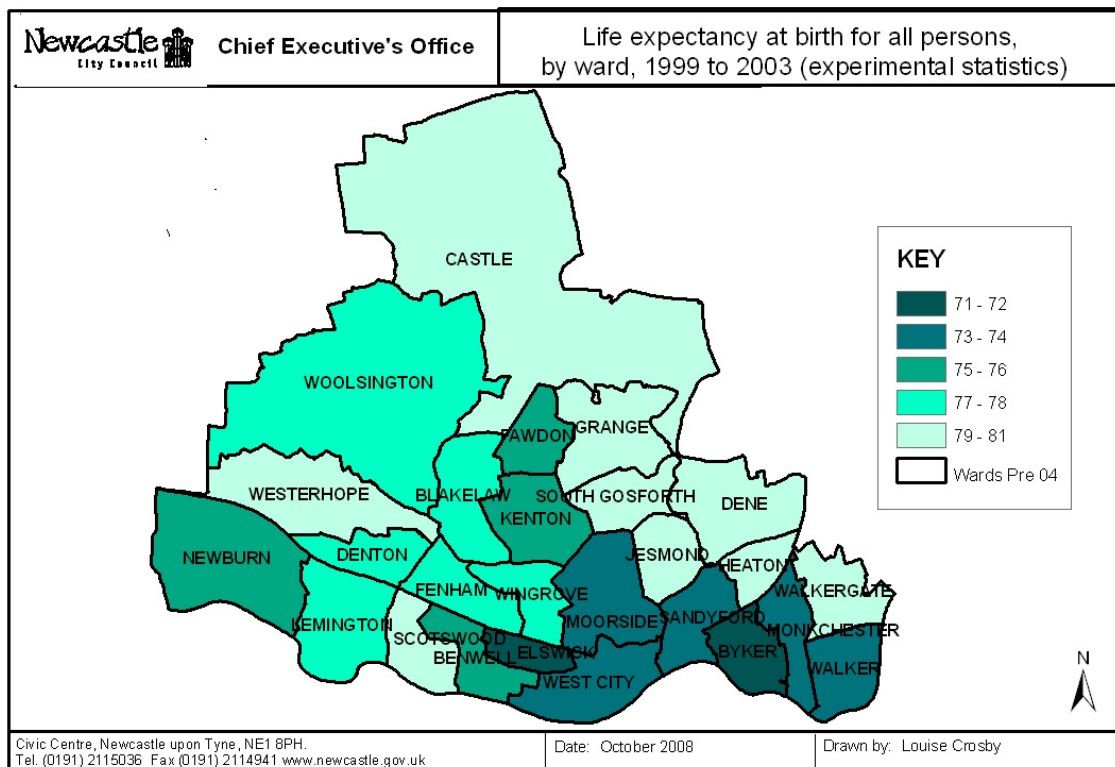
- Lung cancer accounts for a higher proportion of the gap in male life expectancy than any other single disease – 17.5%.
- 13% of the gap is accounted for by premature mortality from CHD.
- Eliminating excess deaths from chronic cirrhosis of the liver would narrow the gap in life expectancy by approximately 11%.
- Almost 9% of the gap is accounted for by excess deaths due to suicide and undetermined injuries.



Variation *within* Newcastle

For men, there is considerable variation within Newcastle between different wards.

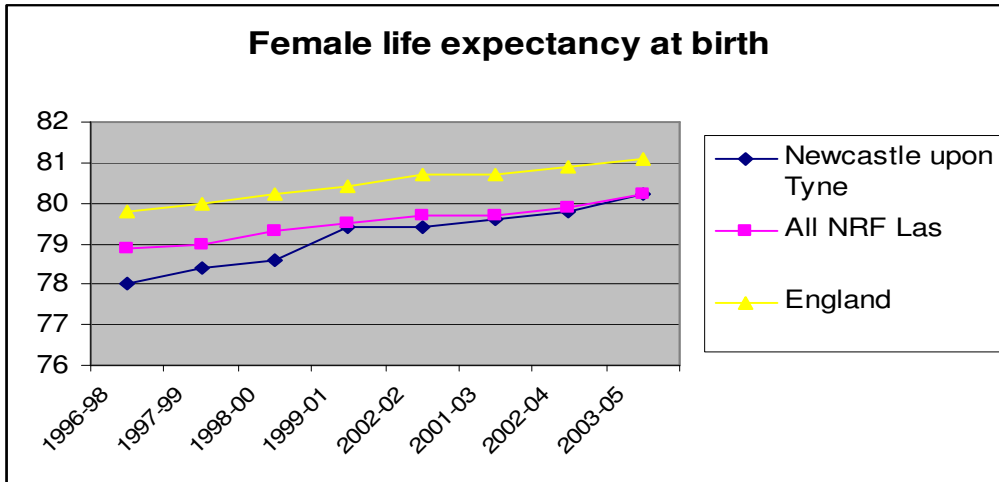
- there is a 12.6 year difference between the ward with the highest and the ward with the lowest life expectancy at birth: In South Gosforth male life expectancy at birth is 79.3 years while in Byker it is 66.7 years.



Women

Locally:

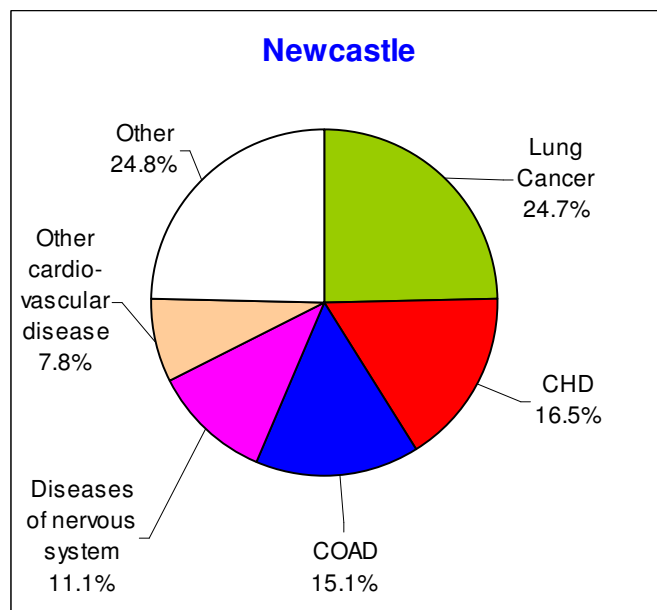
- Data for 2004-06 shows that female life expectancy at birth in Newcastle lags behind the national average by 1.3 years
- Newcastle has experienced increases in female life expectancy since 1995-97 that exceeds the average increase nationally and the relative gap in life expectancy with England is narrower in 2004-06 than at the 1995-97 baseline, 2.0% and 1.5% respectively



Explaining the life expectancy gap

The charts below show the contribution that excess deaths from specified diseases or conditions are having on the life expectancy gap amongst females. The data relates to the period from 2003-05, and the charts show the main diseases, in terms of their contribution to the life expectancy gap. All other causes of death are grouped together under the 'Other' category.

- Lung Cancer is by far the greatest contributor to excess mortality in Newcastle, accounting for a quarter of the gap in female life expectancy.
- Excess deaths from CHD and from other cardiovascular disease explain approximately 16% and 8% of the gap respectively.
- 15% of the gap is explained by excess mortality from chronic obstructive airway disease (COAD).
- Eliminating excess deaths from diseases of the nervous system would narrow the gap by



approximately 11%.

The age groups with the highest excess mortality are highlighted in red.

Age	Males	Females
< 1 yr	2.4%	-
1 - 19	2.5%	4.3%
20 - 34	3.2%	-
35 - 44	7.7%	6.7%
45 - 54	18.3%	3.2%
55 - 59	11.9%	6.4%
60 - 64	14.2%	14.2%
65 - 69	18.8%	16.6%
70 - 74	7.0%	16.8%
75 - 79	5.5%	17.9%
80 - 84	8.4%	5.0%
85 +	-	9.0%
Total	100%	100%

Targets

National targets have been set by Government to reduce inequalities in life expectancy, circulatory diseases and cancers. They are:

Box 1: The national health inequalities targets *

Life expectancy: Starting with Local Authorities, by 2010 to reduce by at least 10% the (relative) gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole (from 1995-97 baseline).

Circulatory diseases: Reduce mortality rates in England by 2010 (from 1995-97 baseline) from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

Cancer: Reduce mortality rates in England by 2010 (from 1995-97 baseline) from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

** Two different measures of inequality are specified in the national targets. For life expectancy, the relative gap is used, and for circulatory diseases and cancers, the absolute gap is used.*

Locally, the Newcastle Partnerships Local Area Agreement 2008 – 2011 contains the following health inequalities target:

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target
Tackling health inequalities	NI 120 All-age all cause mortality rate (*35 target LAA)	Male: 857.9 (2004-06)	Male: 757 per 100,000	Male: 729 per 100,000	Male: 701 per 100,000

What are the inequalities?

Nationally:

To address health inequalities, the Government has focused on three broad areas for action, namely:

- tackling the wider social determinants of health, including helping more people into work and raising standards of educational attainment
- shaping behaviors' likely to lead to better health for people who experience health inequality, by, for example, banning smoking in the workplace
- improving health services and tailoring resources and primary care in areas where health inequalities are concentrated, including offering stronger incentives for primary care to diagnose problems earlier

Locally:

- Mortality due to circulatory diseases has been declining. In Newcastle death rates have declined by 41% in the period between 1995-97 and 2004-06, compared to 40% nationally
- Adult obesity is comparable with the estimated national average but a high percentage of children starting school in 2004 in Newcastle were obese
- the adult suicide rate was above the national average, with approximately 15.6 deaths per 100,000 people: 24.6 per 100,000 men; and 6.8 per 100,000 women. The incidence of suicide is highest among men aged 25 to 29 years. The percentage of the population on general practice mental health registers in Newcastle is also higher than the English average
- The prevalence of smoking is above the national average
- according to the Department of Health synthetic estimates 'it is estimated that the prevalence of binge drinking in Newcastle is approximately 35% - the highest in England. It also appears that alcohol is increasingly the 'drug' of choice for young people in Newcastle
- Newcastle continues to have one of the highest teenage conception rates in the country

National and local strategies

The Department of Health has a program of action to tackle and reduce health inequalities in Britain which includes

[Our NHS, Our Future](#) includes the vision to create a fair NHS where focus is on improving access to health and social care services for people in disadvantaged and hard-to-reach groups and those living in deprived areas.

[Health Inequalities - Progress and Next Steps](#) outlines the Government's approach to hit the 2010 Health Inequalities targets, assessing what has and hasn't worked, and setting the direction of travel beyond 2010.

[Tackling Health Inequalities a Programme for Action](#) sets out plans to tackle health inequalities over the next three years. It establishes the foundations required to achieve the challenging national target for 2010 to reduce the gap in infant mortality across social groups, and raise life expectancy in the most disadvantaged areas faster than elsewhere.

Regionally

[Better Health, Fairer Health](#) is the area's first ever health and well-being strategy which aims to make people living here the healthiest in the country within a generation.

Local

[The Health Improvement Strategy for Newcastle](#) has identified that we must reduce health inequalities by bringing life expectancy and premature mortality in Newcastle to the level of the rest of the country.

It prioritises the actions that addresses the underlying factors and lifestyle behaviors that directly improve physical, mental and social health. To achieve this, various areas of activity have been identified in the Department of Health White Paper: [Choosing Health: Making Healthy Choices Easier](#):

- improving mental and emotional wellbeing
- reducing obesity (through diet, nutrition and physical activity)
- improving sexual health
- reducing accidents
- reducing the number of people who smoke
- reducing the harm from alcohol and drugs.

What is this telling us?

National modeling has been undertaken to identify interventions to narrow the life expectancy gap. These include smoking cessation, secondary prevention of cardio vascular disease, early identification of cancer, and action to reduce deaths from respiratory diseases.

Descriptions of the implementation of interventions for these issues are contained in the following separate sections.

- Tobacco control;
- Secondary prevention of cardiovascular disease;
- Cancer;
- Excess seasonal deaths.