

# SUMMARY OF INTELLIGENCE ON INEQUALITIES

## KEY FACTS

- There are great differences in life expectancy, for example males in Manchester have a life expectancy almost eight and a half years less than males in East Dorset.
- The incidence of lung cancer among men and women in the most deprived areas is around twice that in the most affluent areas, and death rates are about two and a half times higher.
- Death rates from circulatory disease (coronary heart disease, stroke and related diseases) are over 25% higher in the North West than in the South East of England.
- Pakistani and Black Caribbean women are much more likely to have high blood pressure than women in the general population.
- In England and Wales, babies of mothers born in Pakistan have a death rate that is more than double the overall infant mortality rate.
- In England, the proportion of Bangladeshi men who smoke is over 50% higher than the national average, and the proportion of Chinese men who smoke is almost 40% lower.
- Women in routine occupations are twice as likely to be obese as women in professional occupations.

## WE ARE NOW GOING TO...

### Health in the consumer society

- Drive forward action to improve people's understanding of health issues, focusing first on the most deprived areas through new funding for *Skilled for Health* programmes by 2007; focusing *Skilled for Health* on marginalised groups; introducing courses on the new electronic patient care record; and developing action on health literacy.

### Children and young people – starting on the right path

- From 2005, provide eligible pregnant women with vouchers that can be exchanged for fresh fruit and vegetables, milk and infant formula through a new scheme called *Healthy Start*.
- Put in place by late 2008, through the Sure Start Unit, training, guidance and support for early years practitioners to encourage changes in parental behaviour and improve the social and emotional development and physical health of the early years. Put in place a *Community Parental Support Project* involving training for four lead workers in 500 communities.
- Encourage local *Healthy Schools* programmes to target deprived schools including Pupil Referral Units. The Government has a vision that half of all schools will be healthy schools by 2006, with the rest working towards healthy school status by 2009. We will also look to extend *Healthy Schools* to include nursery education.
- Publish guidance next spring to help carers engage looked-after children in creative activity to improve their self-esteem, social skills and emotional well-being.
- Fund a three-year *Young People's Development Programme* to pilot ways of reducing teenage pregnancy and substance misuse and improving sexual health, particularly among vulnerable young people.
- Support Teenage Pregnancy Partnership Boards to strengthen action in neighbourhoods with high teenage conception rates.

### Local communities leading for health

- Work with local government to pilot Local Area Agreements from 2005, based on agreements between Government, councils and local partners about local delivery of national targets such as obesity and health inequalities in ways that reflect local priorities.
- Pilot *Communities for Health* to promote action across local organisations – voluntary sector, NHS, local authorities, business and industry – on a locally chosen priority for health, to celebrate current achievements and build momentum for future change. In the first year of *Communities for Health*, we shall issue invitations to areas that can demonstrate a strong basis of partnership working and action on health inequalities.
- Publish revised guidance on health and neighbourhood renewal, early in 2005, to support local action to address health inequalities and deliver neighbourhood renewal.

### Health as a way of life

- Starting on the areas of highest need, offer people personal health plans with support from the NHS.
- Recruit NHS health trainers to provide advice and support for people to develop their personal health plans. We will start providing services in the areas of highest need.
- Offer disabled people the option of taking up a health check.

## A health-promoting NHS

- Give primary care trusts (PCTs) the means to tackle health inequalities and improve health through: investment in the areas of high health need; new contracting arrangements for primary medical care, pharmacy and dentistry; and the development of a local Health and Well-being Equity Audit tool to support joint planning between PCTs and local authorities.
- Take forward a whole-system approach to tackle the inequalities experienced in the mental health system of care.

## Work and health

- Work with the National Institute for Mental Health in England and the Disability Rights Commission to challenge discrimination against people with mental health difficulties, and enable more to gain access to employment.
- Work with the NHS Employers' Organisation to ensure that a new approach to helping people back to work following injury, illness or impairment is adopted by NHS employers.

Although all PCTs are expected to tackle inequalities in health within their local populations, it is especially important to make progress in the 20% of PCTs with the worst health and deprivation indicators. This group of 'Spearhead PCTs' will be a particular focus for the actions in the White Paper.

## WHAT THE CONSULTATION RAISED

Health inequalities was a frequent theme in consultation responses. The most common subjects raised in submissions on health inequalities were targeted work with high-risk groups and information-provision on the services available. Other issues raised included information on specific subjects (such as diet), the need to tailor information to certain groups, work based in the community, improved travel and access to services.

## WHAT WE ARE DOING ALREADY

*Tackling Health Inequalities: A Programme for Action* ([www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf](http://www.dh.gov.uk/assetRoot/04/01/93/62/04019362.pdf)) sets out plans to achieve the national health inequalities target to narrow the gap in infant mortality across social groups, to narrow the gap in life expectancy across local authority areas, and to address the underlying causes of health inequalities. Its key themes are:

- supporting families, mothers and children;
- engaging communities and individuals;
- preventing illness and providing effective treatment and care; and
- addressing the underlying causes of health.

As part of the *Programme for Action*, Regional Public Health Groups with Government Offices are developing cross-cutting health inequalities action plans, aimed at addressing the wider underlying determinants of public health in the regions and including employment, skills, housing, equality, environment, transport, food and social inclusion, including mental health issues.

Action on inequalities will be performance-managed through the Priorities and Planning Framework (for the NHS) and the role of local government will be assessed by the Comprehensive Performance Assessment 2005. The *Programme for Action*, and further information on health inequalities, can be found at:

[www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en)

Information on life expectancy, by local authority, can be found at:

[www.statistics.gov.uk/downloads/theme\\_population/Life\\_expect\\_birth\\_h-la\\_E-W\\_00-02.xls](http://www.statistics.gov.uk/downloads/theme_population/Life_expect_birth_h-la_E-W_00-02.xls)

## WE WILL HAVE DELIVERED IF...

...at the same time as improving the health of the population, we:

- 'reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth' (2004 Government PSA target).

The Government also has a range of more specific targets that target inequalities in health related to heart disease and stroke, cancer, smoking, deprived areas, social housing, fuel poverty, ethnicity, and basic skills.