

Inequalities and health in Cumbria

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This is the second report produced by the Public Health Intelligence Team examining deprivation across the county. Cumbria is regarded as one of the most scenic parts of England. This beauty however conceals real pockets of deprivation. The Index of Multiple Deprivation ranks Cumbria 84th out of the 149 county councils in England. Of the 354 local authorities, when ranked in order of deprivation, four of Cumbria's councils fall below the national average: Barrow in Furness is ranked as the 29th most deprived district council in the country, Copeland at 84th, Allerdale 105th and Carlisle 108th. Eden's position at 200th and South Lakeland's at 258th, places them above average. The link between deprivation and health inequalities will be examined in this report.

The report examines the Health Deprivation and Disability Domain in detail; along with analyses of:

- Life Expectancy
- Selected mortality/morbidity: all ages/premature mortality
- Lifestyle

Health deprivation and disability domain

The "Index" consists of seven separate domains. One of these is the Health Deprivation and Disability Domain. The domain identifies areas with relatively high rates of people who die prematurely, or, whose quality of life is impaired by poor health, or, who are disabled across the whole population. It measures morbidity, disability and premature mortality but not aspects of behaviour, or, environment that may be predictive of *forthcoming* health deprivation. The domain showed that in Cumbria:

The worst:

- Compared with 2004, an extra 3,000 people have been added to those living with the worst health.
- One out of four Cumbrians experience some of the worst health in England.
- Of the worst one hundred areas within England, five of these sit within Barrow in Furness. Part of Central ward is ranked at the 27th worst in England.
- Health has worsened for 240,000 residents.

The best:

- Compared with 2004, an extra 5,000 people have been added to those living with the best health.
- Less than one out of ten Cumbrians experience some of the best health in England.
- Out of 32,482 super output areas in England, Ullswater is ranked as the 31,025th best.
- Health has improved for 254,000 residents

Life expectancy in Cumbria

The Office for National Statistics has released experimental ward statistics showing life expectancy at birth for the period 1999 to 2003. It must be noted where a ward contains a higher proportion of medical and care establishments this may impact on life-expectancy for that ward. At this moment in time life-expectancy at a lower level is not readily available. Analysis of the dataset showed:

- The worst - 71.8 years
- The best - 91.3 years
- Gap in life expectancy - 19.5 years
- Average national life expectancy is 78.3 years. Locally:
 - 69 wards worse than average
 - 75 wards better than average
 - 3 wards same as average
- 12 wards with life expectancy less than 75 years

Mortality

Selected sites have been analysed by deprivation quintile (IMD 2007) and district council for all age mortality and premature mortality. Premature mortality is mapped by lower super output area. Mortality has been measured using a standardised mortality ratio, better known as an SMR. This is a measure of the number of deaths you would **expect** to occur in a local population compared with the **actual** number of deaths. Analysis of the dataset showed that for people dying before reaching the age of 75 years:

- 60% more deaths than expected in quintile one
- 30% fewer deaths than expected in quintile five

The following causes of death are statistically significantly **higher** in quintile one:

- Accidents
- All circulatory disease
- Coronary heart disease
- Cerebrovascular disease
- All malignant neoplasms
- Lung cancer
- All respiratory disease
- Suicide

The following causes of death are statistically significantly **lower** in quintile five:

- All circulatory disease
- Coronary heart disease
- Cerebrovascular disease
- All malignant neoplasms
- Lung cancer
- All respiratory disease

For the worst to “level up” with the best, 270 premature deaths need to be prevented annually. This includes:

- Accidents : 8 deaths
- Coronary heart disease : 50 deaths
- Stroke : 16 deaths
- Lung cancer : 34 deaths
- Suicide : 8 deaths
- Breast cancer : 6 deaths
- All malignant neoplasms : 67 deaths

Hospital activity

Hospital activity for the three year period 1st April 2005 to 31st March 2008 has been analysed by hospital spells. This revealed that admissions for those people aged below 75 years of age are:

- Emergency admission rates:
 - highest - quintile one
 - lowest - quintile five
- Elective admission rates:
 - highest – quintile two
 - lowest – quintile five
- Day cases:
 - highest – quintile two
 - lowest – quintile five

Lifestyle

Why are there health inequalities? This may be explained by the differences in people’s lifestyle and socio/economic background. Smoking, excessive use of alcohol, a bad diet and lack of exercise all contribute to ill-health. Of the adult population in Cumbria:

- 23% smoke
- 14% binge drink
- 19% eat a healthy diet
- 13% are physically active
- 26% are obese

In the most deprived areas:

- One in three people living in quintile one smoke
- Almost 2,500 people admitted to hospital with an alcohol specific condition

In the least deprived areas:

- One in five people living in quintile five smoke
- Almost 400 people admitted to hospital with an alcohol specific condition

Conclusion

The challenge for the NHS in Cumbria is to eradicate the health divide. Increasingly it is working with partner agencies to tackle many of the problems that impact on health. New services are being commissioned, how health care is provided in the local community are among the priorities of this organisation. Health Inequality is one of the main themes of the latest Strategic Plan. Hopefully in time, NHS Cumbria working alongside partners will be able to influence the general public to make lifestyle changes that will impact on the quality of their life; enabling everyone to live a long, healthy and happy life. Should they need to avail themselves of the NHS an equitable service will be available to all.

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