

12th September 2013	ITEM: 8b
Thurrock Health and Well-Being Board	
‘LONGER LIVES’ – A SUMMARY FOR THURROCK	
Report of: Dr Andrea Atherton – Director of Public Health	
Accountable Director: Roger Harris -Director of Adults, Health and Commissioning	
This report is Public	
Purpose of Report: The purpose of this report is to provide the Health and Wellbeing Board with an overview of the findings in Public Health England’s ‘Longer Lives’ analysis of premature mortality in Thurrock and the implications for the Council and its partners	

EXECUTIVE SUMMARY

In June 2013, Public Health England launched its first major initiative, ‘Longer Lives’. This online tool presents information about premature mortality for all 150 local authorities in England, including a breakdown of early deaths due to cancer, heart disease and stroke, lung disease and liver disease. The Longer Lives tool also allows ranking of local authorities compared to 14 others with similar levels of socio-economic deprivation, using the Index of Multiple Deprivation 2010.

The Longer Lives tool ranks Thurrock at 71 out of 150 local authorities in England for overall premature mortality. It also highlights that Thurrock has higher rates of premature deaths from heart disease and stroke, cancer and lung disease compared to other 14 local authority areas with similar levels of deprivation.

This report provides an overview of the findings of the ‘Longer Lives’ tool and the implications for Thurrock.

1. RECOMMENDATIONS:

- 1.1 For the Health and Well-Being Board to note the contents of the report.

2. INTRODUCTION AND BACKGROUND:

- 2.1 In June 2013, Public Health England (PHE) launched its ‘Longer Lives’ initiative. This online tool presents information about overall premature mortality (i.e. deaths before the age of 75) for all 150 local authorities in England, including a breakdown of early deaths due to cancer, heart disease and stroke, lung disease and liver disease. These four disease groups accounted for 75% of premature deaths in England in 2012.

- 2.2 As part of the tool, local authorities in England are also allocated to ten groups according to their Index of Multiple Deprivation score (IMD 2010), allowing their premature mortality rates to be compared with the 14 other local authorities that have similar socio-economic status (Appendix 1).
- 2.3 The data provided in Longer Lives has previously been published as part of the dataset for the Public Health Outcomes Framework. This new format makes the information easier to access and allows greater comparison between areas to highlight health inequalities and gain insight into health issues within the local community. The website also includes evidence based supporting information, such as guidance from the National Institute of Health and Care Excellence (NICE) for each of the four major disease groups responsible for premature deaths.

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

Key issues for Thurrock

- 3.1 The Longer Lives tool identifies that Thurrock has high rates of overall premature deaths. Between 2009 and 2011 there were 1227 premature deaths in Thurrock (a directly standardised mortality rate of 272 per 100,000 population). This ranks Thurrock 71st out of 150 local authorities in England. Of these 1,227 premature deaths, 81% were due to the four main disease groups: cancer, heart disease and stroke, lung disease and liver disease.
- 3.2 When compared with the grouping of similar local authorities used in Longer Lives, Thurrock has the highest overall rate of premature deaths from cancer and also high rates for deaths from heart disease and stroke (rank 14th out of 15) and lung disease (rank 12th out of 15). In contrast, Thurrock has the lowest rates of liver disease in its comparator group and has a national ranking of 8th out of 150 local authorities. Table 1 provides a summary of the statistics for premature mortality in Thurrock.
- 3.3 There have been some concerns expressed about the methods used for grouping 'similar' socioeconomic local authority areas. Other methods produce a different set of comparable areas e.g. the 'statistical neighbour' groupings used by the Chartered Institute of Public Finance & Accountancy. Despite these concerns, the Longer Lives project has highlighted the need for further action in relation to the health of the population of Thurrock and has provided an opportunity to clarify and reaffirm the priorities.

Table 1. Summary Statistics for Premature Mortality for Thurrock from Longer Lives

	(Number) and rate per 100,000 population	Thurrock National rank* out of 150 local authorities	Thurrock Rank out of 15 local authorities with similar IMD 10
Overall premature mortality	(1227) 272	71st	11th
Cancer	(518) 115	96th	15th
Heart disease and stroke	(319) 71	94th	14th
Lung disease	(114) 25	75th	12th
Liver disease	(43) 9	8th	1st

*Rank 1 = best

Tackling the causes of premature mortality

- 3.4 The way forward in reducing premature deaths is to prevent the development of these four major disease groups. Interventions that will have the greatest impact on premature deaths include:
- Tackling the social determinants of health
 - Public health interventions to impact on unhealthy lifestyle behaviours such as smoking, excessive alcohol consumption, physical inactivity and poor diet
 - Early detection of diseases e.g. through national screening programmes and NHS Health Check programme
 - Effective treatment of identified diseases
- 3.5 The Longer Lives report identifies the main modifiable risk factors for these diseases, which are:
- Cancer: smoking, poor diet and alcohol
 - Heart disease & stroke: smoking, high blood pressure, poor diet
 - Lung disease: smoking and air pollution
 - Liver disease: alcohol, obesity and hepatitis

Initiatives in Thurrock to tackle premature death rates

- 3.6 Smoking is the single greatest cause of preventable deaths in England. One in every two regular smokers is killed by tobacco, and half of them will die before the age of 70, losing an average of 10 years of life. The 2013 Tobacco Control Profile for Thurrock demonstrates that the current smoking prevalence in adults is not significantly different compared with the England average. However, the historical high smoking prevalence in adults in

Thurrock is reflected in the high registrations of lung cancer and lung cancer deaths, deaths from chronic obstructive pulmonary disease and smoking attributable hospital admissions.

The Council's Public Health Team commissions the Vitality Health and Wellbeing Service from North East London Foundation Trust (NELFT) to deliver a specialist stop smoking service to the population of Thurrock. The Vitality Service also subcontracts with GPs and pharmacies to provide stop smoking services in the community.

- 3.7 The rising level of obesity in adults and children is a major public health challenge. The prevalence of obese adults in Thurrock is significantly higher than the national and East of England average. Similarly the prevalence of obesity in children in both Reception and Year 6 in Thurrock is above the national average. The public health team commissions a wide variety of initiatives to promote healthy eating and increase physical activity to help people achieve and maintain a healthy weight. The Smoking and Obesity Scoping Paper presented at the July meeting of the Health and Wellbeing Board provides further detail about these initiatives.
- 3.8 The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions is invited (once every five years) to have a check to assess their risk of these diseases and are given support and advice to help them reduce or manage that risk. In Thurrock the NHS Health Check Programme is delivered by GPs, Pharmacists and the Vitality Service.
- 3.9 The Thurrock Health and Wellbeing Strategy aims to increase life expectancy and reduce health inequalities by closing the gap in life expectancy across the borough. It tackles early death through the key strategic priorities:-
- improve the quality of health and social care
 - strengthen the mental health and emotional well-being of the people in Thurrock; and
 - improve the physical health and wellbeing of the people in Thurrock with an initial focus on reducing the prevalence of smoking and obesity

It is important that the objectives that underpin each of these strategic priorities are reviewed to ensure that the areas of focus outlined above are reflected and prioritised where possible.

- 3.10 The public health team are working across the directorates within the council to engage wider on the health and wellbeing agenda and agreeing joint pieces of work with the aim of improving the inequalities highlighted for Thurrock within the Longer Lives report.

4. REASONS FOR RECOMMENDATION:

4.1 The Longer Lives initiative has demonstrated the high levels of premature deaths in Thurrock .This paper highlights local actions being taken to tackle the modifiable risk factors to reduce premature deaths.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

5.1 There has not been any consultation on this report. However, there was widespread media coverage at a national and local level at the time of the launch of the Public Health England Longer Lives website.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 The actions being taken to tackle modifiable risk factors for premature deaths will contribute to the delivery of the corporate priority to ‘to improve health and wellbeing’.

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
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The commissioning of the services will be contained within existing budget

7.2 Legal

Implications verified by: **Chris Pickering**
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This report sets out the Council’s position with regards to recent health reviews and ways to improve the statistics for Thurrock. Insofar as there are no firm proposals to alter these outcomes, there are no legal implications. Consultation with stakeholders will be required when proposals are made, as will Equality Impact Assessments

7.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
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This report is updating the HWB of the findings in Public Health England’s ‘Longer Lives’ analysis of premature mortality in Thurrock and the implications for the Council and its partners will be subject to scrutiny, we will ensure that through any

work we will ensure that diversity and equality is paramount in driving forward equalities for all the community in all new developments to improve and reduce premature deaths

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

2013 Tobacco Control Profile for Thurrock, Public Health England

The Longer Lives website was accessed for the data used in this report:
www.longerlives.phe.org.uk

APPENDICES TO THIS REPORT:

- Appendix 1: Other local authorities in socioeconomic decile 7, classified as “less deprived”

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Appendix 1 Comparator Local Authorities in Longer Lives

Longer Lives allows comparison with the other local authorities within the same socioeconomic deprivation bracket (socioeconomic decile 7 – ‘less deprived’, in the case of Thurrock. These are:

Bedford
Derbyshire CC
Devon CC
Herefordshire, County of
Hillingdon
Kent CC
Lincolnshire CC
Norfolk CC
Northamptonshire CC
Northumberland
Nottinghamshire CC
Stockport
Thurrock
Trafford
Warrington