7 Strengthen the role and impact of ill health prevention:

Enabling adults to maximise their capacity and have control over their lives

The NHS Five Year Forward View \(^1\) sets out the importance of enabling adults to maximise their capacity and to have control over their lives through self-care and self-management. This builds on the November 2010 public health White Paper, *Healthy lives, healthy people: our strategy for public health in England* \(^2\), which sets out what is described as a new approach that ‘empowers individuals to make healthy choices and gives communities the tools to address their own particular needs’.

Health conditions such as cancer and cardiovascular disease are most closely associated with health inequalities. This is described in the ‘Fair Society, Healthy Lives’ \(^3\) report, which highlights the relationship between health and lifestyle behaviours. These contribute to the development of the chronic diseases that follow the social gradient, such as smoking, alcohol, obesity, lack of physical activity and poor diet. People’s personal decisions about how they live their lives are made in the context of local and national decisions about education, the workplace, housing and the environment and other key determinants of health, as well as their access to support, guidance and treatment provided by the NHS.

Life expectancy is increasing in Barking and Dagenham. Figure 7.0.1 shows the gaps in life expectancy between a) LBBD and England and b) LBBD and London, for males and females from 2001-03 to 2011-13. The graph shows that in the last 10 years the life expectancy for males has increased in LBBD, and is almost the same as England (3.2 year increase for both LBBD and England), but is lower than London as a whole (4 years increase).

For females in LBBD the life expectancy increase was higher than England (3 years for LBBD compared to 2.4 years for England) but lower than London with 3.3 years increase.

Life expectancy at 65 for the residents of LBBD remains one of the lowest in the country. Life expectancy is 17.4 years for men and 20.4 years for women in LBBD (2011-13) compared to London (19.1 and 21.9) and England (18.7 and 21.1)

---


The most common causes of death in men are (in decreasing order): Chronic Obstructive Pulmonary Disease (COPD), Chronic Liver Disease, Pneumonia and Lung cancer. For women, the top four causes are: COPD, pneumonia, Breast cancer and Coronary Heart Disease (CHD). The conditions that contribute most to premature death and increasing the inequalities gap are the following in decreasing order:

<table>
<thead>
<tr>
<th>Table 7.0.1</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COPD</td>
<td>COPD</td>
</tr>
<tr>
<td>2</td>
<td>Chronic Liver Disease</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>3</td>
<td>Pneumonia</td>
<td>Breast cancer</td>
</tr>
<tr>
<td>4</td>
<td>Lung cancer</td>
<td>CHD</td>
</tr>
</tbody>
</table>
Lung cancer rates in Barking & Dagenham have shown an alarming rise in rate year-on-year for the past 3 years. Nationally the rate is dropping for men but locally it has risen by about by 2 or 3 extra deaths each year. The remaining conditions show gaps that have not changed much in the last 10 years. There is no evidence for a narrowing of the overall gap.

To decrease the inequalities gap, the death rates for the following conditions need to decrease substantially: COPD, lung cancer, CHD and pneumonia. Colorectal cancer in both sexes and accidents in women over 65 years should also be attended to but would make lesser contributions to improving the gap. The following interventions have an evidence base behind their use for the 4 main conditions:

i). Smoking cessation
ii). Coronary heart disease intervention

Other interventions
There are other interventions with small but significant impacts on the inequalities gap. These include:

iii). Diagnosing lung cancer at an early stage when curative surgery might be possible. Methods might include:
   ▪ Increasing public awareness of symptoms of lung cancer and to seek medical help as soon as possible
   ▪ Lowering the threshold for suspicion of lung cancer in health care professionals so that they investigate and refer patients at an earlier stage

iv). A short review of pneumonia to ascertain what can be done at a local level. Aspects are likely to include:
   ▪ Audit of a sample of patients with community acquired pneumonia (CAP) to assess management
   ▪ Primary care education on the optimum management of CAP based on British Thoracic Society Guidance⁴, NICE guidelines 191⁵ and audit findings.
   ▪ Liaise with the hospitals trust to examine lessons learnt from their review
   ▪ Audit use of pneumonia vaccination in high risk patients and encourage increased use
   ▪ Audit of death certificates with pneumonia either as immediate or underlying cause of death

v). COPD interventions
   ▪ Increased use of domiciliary oxygen as appropriate for patients with late stage COPD. This may be dependent on accurate diagnosis in patients with multifactorial breathlessness.
   ▪ In view of the fact that COPD is the largest contributor to the inequalities gap in both sexes and approximately 19% of COPD (and CHD patients) still smoke – the two specialist services would benefit from specialist stop smoking advisers.

---

Accidents in women over 65

- There is a significant excess of accidents leading to death in women aged over 65. Further analytic work is required but this is likely to be related to falls, poor bone health and serious fractures. If this is the case then the falls service needs to be optimised.

Lifestyle Interventions – encouraging physical activity decreases the incidence of a number of conditions and improves health in those with long term conditions.

**Multifaceted approach to decreasing newborn and infant mortality**

Preventing deaths around birth and in the first year of life are highly effective in decreasing the inequalities gap. Interventions include:

i). Collaborative work to increase the wellbeing, education and aspirations of young people, especially women.

ii). Antenatal aspects – especially:

- Stopping smoking
- Early booking (first trimester) so that maternal or foetal problems can be identified and ameliorated at an early stage.

iii). Delivery and early postnatal care – including:

- Promotion and maintenance of breast feeding.

iv). Care in the first year of life include:

- Completion of vaccinations in timely fashion
- Continuation of breast feeding to 6 months
- Decreasing second hand smoke exposure

There are many socio-economic inputs with big effects on infant mortality – they are documented under the wider determinants of health part of the report.

The focus of this section is on the prevention, promotion, support and treatment opportunities that help to maximise people’s health. It draws together aspects of the sixth policy objective of Fair Society, Healthy Lives – strengthening the role and impact of ill health prevention, with aspects of the second objective that focus on how adults can maximise their capacity and have control over their lives, and the third and fifth domains of the Public Health Outcomes Framework, reducing the number of people living with preventable ill health and preventing people from dying prematurely. Links are also made to the Social Care and NHS Outcomes Frameworks. It includes some of the programmes that prioritise prevention and early detection of those conditions most strongly related to health inequalities, as well as some of the conditions where effective treatment helps to reduce the burden of disease. It demonstrates how the increased availability of long-term and sustainable funding in ill health prevention across the social gradient, addressing both the wider determinants of health as well as health service interventions, would help to reduce health inequalities in Barking and Dagenham.

---

