



Wirral

Health Inequalities Plan

Wirral's plan to reduce health inequalities in incremental stages by 2011, 2013 and 2025. This is a 'live' document and will be continually revised and updated.

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1. Introduction

Wirral Strategic Partnership has made a commitment to reduce inequalities in health and well-being. This is well documented throughout the Local Area Agreement and Sustainable Communities Strategy. In order to accelerate achievement, priority actions have been identified and agreed, with support from the National Support Team for health inequalities.

The 2010 target to reduce the gap in health inequalities between Wirral and the rest of England, provides a focus for the short term. However, sustained improvements in health and well-being also need to be realised amongst those who consistently have below average outcomes. Therefore, actions also need to be set in place now, to have an impact in the medium and longer term.

This Health Inequalities Plan sets three timescales for action:

- December 2011 – to achieve the 2010 life expectancy target for Wirral. This is measured through 3 year rolled deaths data and takes account of all deaths up to December 2011. Actions within the plan will also support achievement of Wirral's Local Area Agreement
- March 2013 – to support the NHS Wirral Strategic Plan which sets additional targets for improvements in health and well-being for those living in the most disadvantaged areas compared to the rest of Wirral
- March 2025 – to set in place actions to achieve the medium and longer term aspirations of partners documented in Wirral Sustainable Communities Strategy

Health and social care partners have a key role in leading the delivery of interventions to meet the 2011 target. In order to continue to reduce the inequalities gap in Wirral over the longer term, wider determinants need to be addressed such as education, employment and the health of children and families.

Three overarching health outcomes have been identified to demonstrate progress in reducing health and well-being inequalities. Baselines will be established and monitored for each. There are five strategic objectives, each with an action plan detailing who is responsible for ensuring its delivery and within what timescale. This will ensure co-ordinated implementation and facilitate reporting to the health and well-being Partnership Co-ordination group, through an accountable lead group.

2. What are Health Inequalities

'Health inequalities' is the term used to describe the difference in health and health outcomes for different groups in the population. This relates to the quality of people's lives and also how long they live.

Health inequalities are unacceptable. They start early in life and persist not only into old age, but also into future generations of families. Some specific groups of people also experience much worse health than the rest of the population. Examples are people who are homeless, have mental health problems or those affected by long term unemployment.

It is not just where a person lives that determines their chances of a long life. It is also their access to income, employment, opportunities and life chances. The relationship between these issues, called *wider determinants of health* is complex. However, one very stark fact is that health inequalities are directly related to social class. This means the poorer a person is the shorter life they can expect to live.

3. Measures of health inequality

There are many ways to measure health inequality such as people's perception of their health and well-being or their absence from disease or illness. Life expectancy is generally used as a measure to compare health inequalities between different population groups or geographical areas. It is an estimate of the average number of years a new born baby would live if they experienced the age specific mortality¹ of the area in which they live. Life expectancy is one of the Government's national targets for reducing health inequalities.

Each district in the country is expected to meet a public service agreement (PSA) target for life expectancy which aims to:

Starting with local authorities, reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators and the population as a whole by 2010.

Wirral falls into the 20% of local authority districts with the worst health and deprivation indicators (called spearhead authorities) and so will need to reduce by 10% the gap in life expectancy at birth by 2009-11² compared with the England average for the baseline year of 1995-97.

¹ Age related mortality is the remaining number of years a person of a specific age is expected to live

² Three year rolling data are used to ensure data robustness

4. Health inequalities in Wirral

4.1 Life expectancy

Table 1 shows the trend in life expectancy at birth for Wirral and England (1995/97–2005/07) and also the gap between the two.

Table 1: Life expectancy at birth in Wirral and England for 1995/97 to 2005/07

Time Period	England		Wirral		Gap (Years)		Gap (%)		Change in gap from baseline (%)	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1995-1997	74.6	79.7	73.1	79.0	1.5	0.7	2.0%	0.9%	0.0%	0.0%
1996-1998	74.8	79.8	73.5	78.8	1.3	1.0	1.7%	1.3%	-14.0%	45.4%
1997-1999	75.1	80.0	73.8	79.1	1.3	0.9	1.7%	1.1%	-12.6%	33.1%
1998-2000	75.4	80.2	73.9	79.2	1.5	1.0	2.0%	1.2%	3.4%	38.6%
1999-2001	75.7	80.4	74.3	79.7	1.4	0.7	1.8%	0.9%	-7.2%	2.8%
2000-2002	76.0	80.7	74.9	79.9	1.1	0.8	1.4%	1.0%	-24.5%	9.5%
2001-2003	76.2	80.7	75.2	80.0	1.0	0.7	1.3%	0.9%	-34.6%	-2.5%
2002-2004	76.5	80.9	75.4	80.2	1.1	0.7	1.4%	0.9%	-26.3%	2.3%
2003-2005	76.9	81.1	75.5	80.2	1.4	0.9	1.8%	1.1%	-7.0%	19.6%
2004-2006	77.3	81.6	75.7	80.8	1.6	0.8	2.1%	1.0%	5.3%	12.9%
2005-2007	77.7	81.8	75.7	80.9	2.0	0.9	2.6%	1.1%	33%	28.6%

Key facts about achieving the life expectancy target in Wirral:

- Whilst life expectancy is increasing in Wirral, it is not improving at the same rate as England as a whole.
- The latest data (2005/07) shows a gap in life expectancy of 2.0 years for males and 0.9 years for females between Wirral and England.
- The gap has increased in both males and females since 1995/97 from 1.5 years for men and 0.7 years for females.
- Data up to 2001/03 show that Wirral was narrowing the gap for males (albeit inconsistently), however since then the gap has been widening year on year.
- Progress amongst females has been more erratic but, like males, the gap appears to be widening in recent years.
- According to this latest data, Wirral is not on track to meet the PSA life expectancy target along with many of the other Spearhead areas.

All age all cause mortality (AAACM³) is a measure used to monitor life expectancy. In Wirral, for 2005-2007 AAACM was 661.45 per 100,000 for males and 540.79 per 100,000 for females. The Wirral rate is lower than the North West as a whole (672.80) but higher than the England rate (594.73).

Health inequalities are also apparent within Wirral. Figures 1 and 2 show all age AAACM at Lower Super Output Area (LSOA⁴) across Wirral for females and males respectively.

³ AAACM rates are three-year average, directly standardised death rates per 100,000 of the population for all ages and all causes of death

⁴ LSOAs are areas with a mean population 1500, minimum population of 1000. There are 34,378 LSOAs in England and Wales and 207 in Wirral.

Figure 1: Female AAACM rates at LSOA (2005-2007)

