



PSA Agreement 18: Promote better health and well being for all

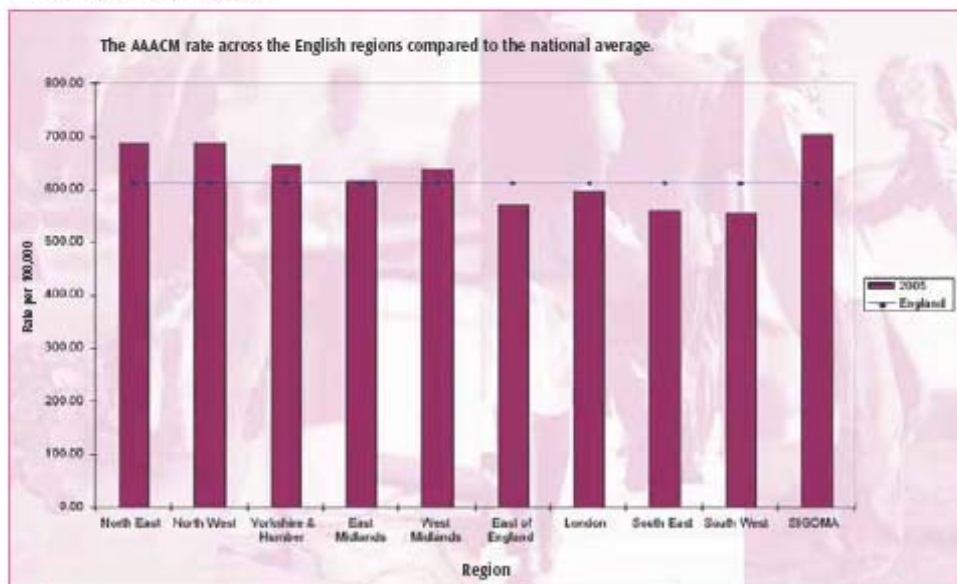
The Government has placed huge focus on delivering the best possible health and well being outcomes for everyone and is committed to tackling the underlying causes of poor health through reducing the number of children in poverty, reducing levels of unemployment and helping people to make healthier choices in the lifestyles they lead. "Our health, our care, our say" set out ambitious targets to create a health and social care service that is focused on prevention and health and well being.

However, despite these devolved improvements, levels of health and well being in SIGOMA areas is generally lower than in other parts of the country such as the south east.

Figure 4.11 relates to indicator 1, it shows the All Age All Cause Mortality (AAACM) rate across the English regions compared to the national average.

- Northern regions have a higher rate than the national average, whereas rates in the southern regions are lower.
- SIGOMA has the highest AAACM rate across the country.

Figure 4.11 (source note 39 - page 64)



Indicator 1:
All Age All Cause Mortality (AAACM)
rate



To tackle the growing gap in health inequalities, the Comprehensive Spending Review 2007 introduced a new measure of health status through the Public Service Agreements. The All Age All Cause Mortality Rate (AAACM) aims to measure the gap between the England average and the spearhead group of areas,¹⁶ helping to track the progress being made on reducing health inequalities and improving life expectancy across the country.

There are two national targets attached to this indicator;

- Starting with Local Authorities, by 2010 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.

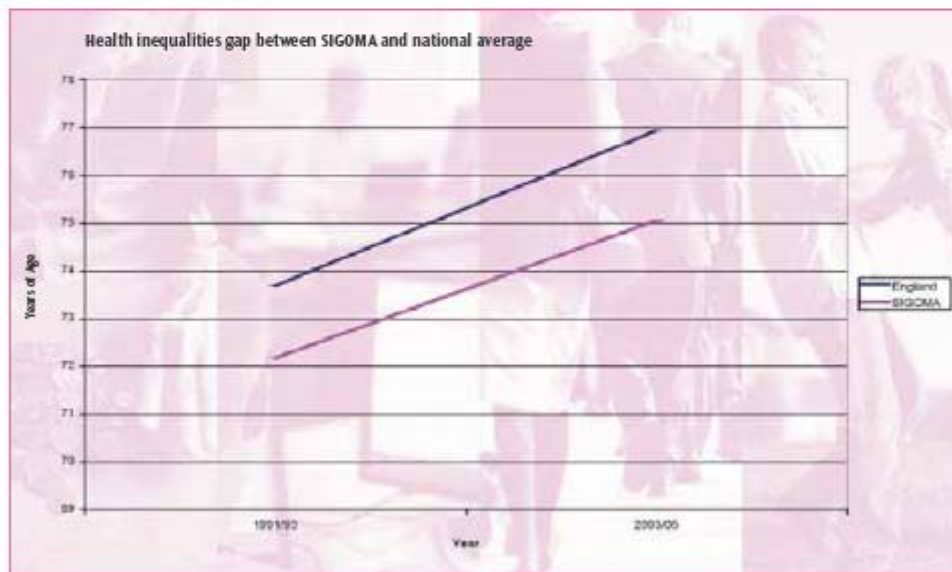
- Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the "routine and manual" socioeconomic group and the population as a whole

Life Expectancy – living longer, but still dying younger in SIGOMA areas

Since the 19th century there have been significant improvements in life expectancy every decade from 41 years of age for males in 1841 to 77 years in 2005. However, life expectancy in some areas of the country is still well below the English average. Figure 4.12 relates to the national target for life expectancy in indicator 2. It illustrates the gap in male life expectancy from the baseline year 1991-93 to 2003-05.

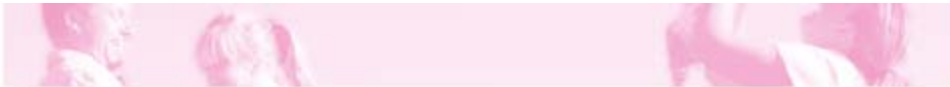
Figure 4.12 shows that although male life expectancy has improved for SIGOMA and the national average, the gap in 2003-05 is larger than it was in 1991-93.

Figure 4.12 (source note 40 - page 64)



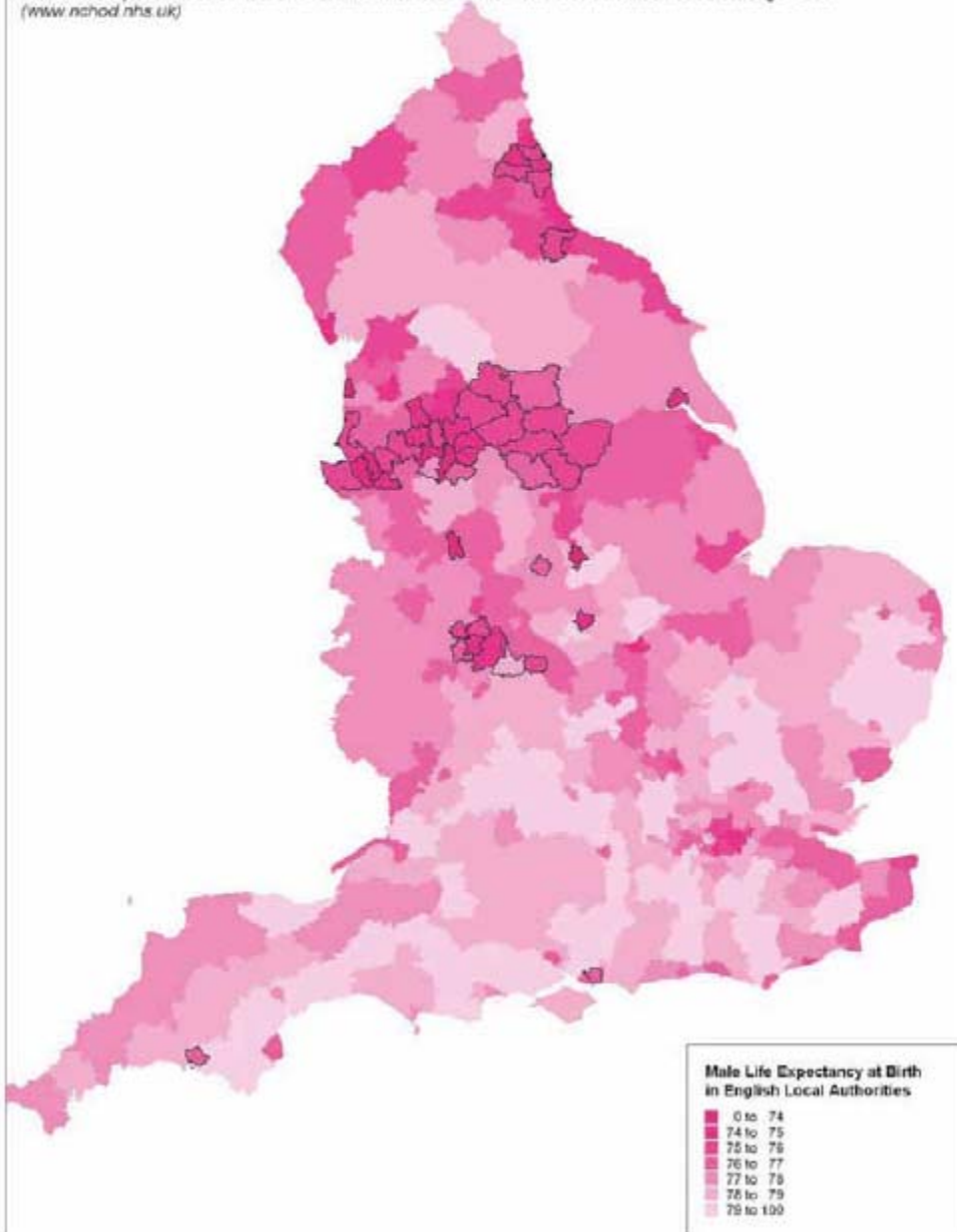
Indicator 2:
Difference in All Age All Cause Mortality (AAACM) between England and spearhead areas.

¹⁶ The 20% of areas with the worst health and deprivation indicators, all SIGOMA members fall within this category. Spearhead calculations based on SIGOMA areas only.



Male Life Expectancy at Birth in English Local Authorities (pooled data from 2003-2005)

Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge Base
(www.nchod.nhs.uk)





Infant Mortality

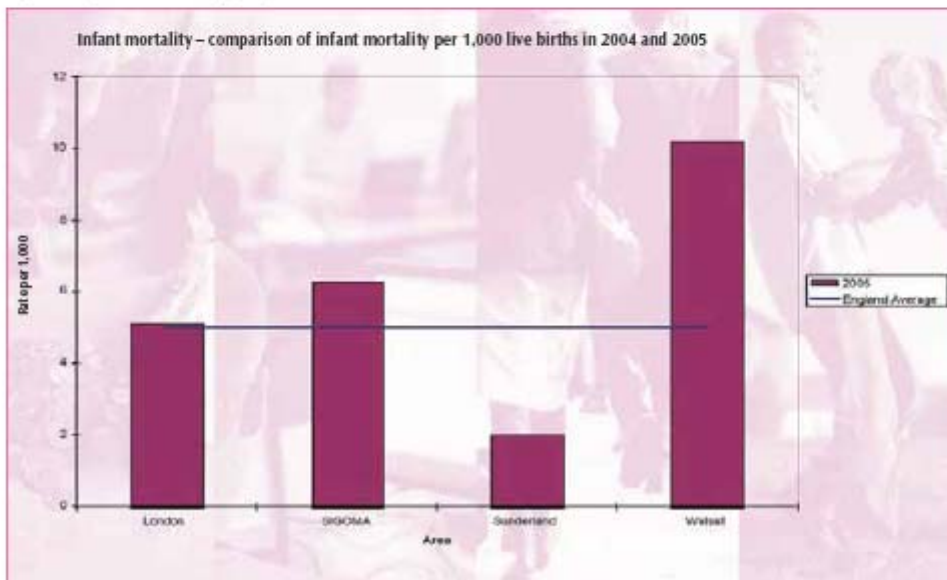
In 2006, SIGOMA reported that the number of infant deaths was 6.3 per 1,000 live births¹⁷, while the rate for England was 5.1 per 1,000 live births. Data from 2005 shows that the SIGOMA average remains the same as the previous year, therefore no improvement has been made.

However, SIGOMA's average hides some wide variations in the scores of individual local authorities. In total 32 SIGOMA local authorities had a higher rate than the national average.

Figure 4.13 relates to the national target for infant mortality in indicator 2. It plots SIGOMA local authorities with the highest and lowest rate against London and the English average.

- Infant mortality in some SIGOMA areas such as Sunderland is well below the English average at 2 deaths per 1,000 live births, less than half the English rate.
- Other SIGOMA areas such as Walsall have infant mortality rates significantly higher than the English average, at 10.2 per 1,000 live births.

Figure 4.13 (source note 41 - page 64)



¹⁷ Data from 2004



The big killers and major causes of ill-health

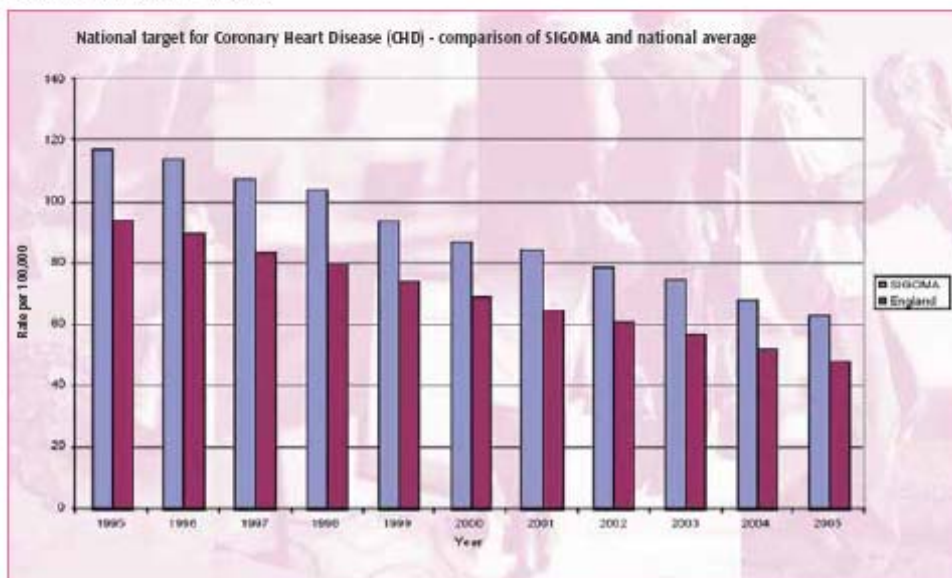
Coronary heart disease (CHD) and cancer remain two of the main causes of ill health and health inequalities in England. Although death rates have fallen in most regions of the country over the last 10 years there is a continued commitment from Government to close the gap between the most deprived areas and the population as a whole. The Government's current Public Service Agreement target is to:

"Reduce mortality rates from Circulatory Diseases (by at least 40%) and cancer (by at least 20%) in people aged under 75"

Figure 4.14 relates to the national target for Coronary Heart Disease (CHD). It shows the decline in Coronary Heart Disease from the 1995 to 2005.

- SIGOMA and the national average have decreased significantly. However, SIGOMA's rate is still higher than the national average.
 - SIGOMA's decrease in rate from the baseline 1995 to 2005 was larger than the national average, at 54.34 for SIGOMA and 45.79 for England.
- These findings show that our areas are making good progress in closing the gap with the national average however rates for SIGOMA are still among the highest in the country.

Figure 4.14 (source note 42 - page 64)





Cancer death rates continue to reduce at a similar level to CHD, with the greatest reductions being made in the regions with the highest overall rates – the north east saw the largest reduction of all the English regions. Figure 4.15 illustrates annual reductions in cancer death rates between 1995 (baseline) and 2005 for the English regions.

Figure 4.15 (source note 43 - page 64)

Cancer – directly age standardised deaths from all cancers under 75 years old, per 100,000, 1995 to 2005			
Region / Country	1995	2005	Reduction
England	144.19	116.8	27.39
North East	167.10	133.36	33.74
North West	158.87	132.48	26.39
Yorkshire & Humber	151.10	121.47	29.63
East Midlands	141.13	115.29	25.84
West Midlands	146.10	119.14	26.96
East of England	134.20	108.17	26.03
London	144.72	114.49	30.23
South East	133.05	108.42	24.63
South West	132.43	107.92	24.51
SIGOMA	162.40	133.57	28.83

SIGOMA has the highest rate of mortality from cancer in the country. Looking at individual SIGOMA local authorities only five of our members had a lower rate than the national average. These authorities are Derby, Warrington, Rotherham, Calderdale and Dudley.

Figure 4.16 relates to the national target for mortality from cancer. It plots the annual reduction in cancer death rates¹⁴ for SIGOMA local authorities. It shows that our areas have made good progress in reducing the cancer mortality rate. By 2007 SIGOMA has achieved a 20% reduction, this figure is highlighted in red.

Figure 4.16 (source note 44 - page 64)

National target for mortality from cancer	
Year	SIGOMA rate per 100,000
1995	162.40
1996	160.43
1997	156.50
1998	155.56
1999	150.80
2000	147.14
2001	144.88
2002	143.05
2003	139.60
2004	136.54
2005	133.57
2006	130.69
2007	127.80
2008	124.92
2009	122.04
2010	119.16

¹⁴ The annual reduction after 2005 is based on an average of the annual decreases between 1995 and 2005.



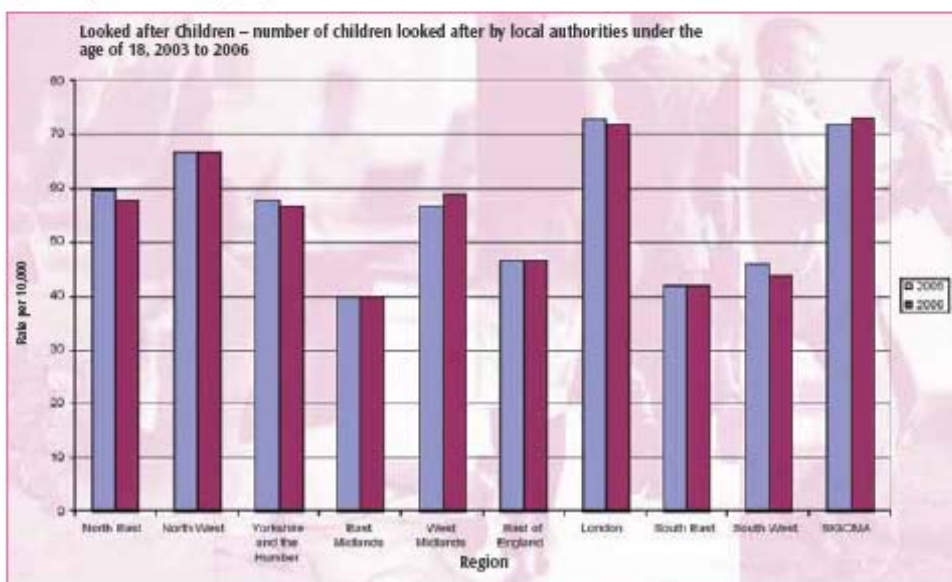
Looked after Children

In 2004, the Government published "Every Child Matters: Change for Children". This highlighted the need to reduce the number of children looked after by local authorities. This group is classed as one of the most vulnerable groups in society. The previous SIGOMA profile indicated that the number of children looked after by local authorities between 2003 and 2006 had fluctuated – some regions such as the east midlands saw a decrease in rates per 10,000 each year whereas other regions such as the north west had increases each year.

Figure 4.17 shows the rate of children looked after by local authorities.

Progress in terms of children looked after by local authorities has been similar in each region, with the rate per 10,000 holding steady or reducing. However, for SIGOMA the rate has increased.

Figure 4.17 (source note 45 - page 64)





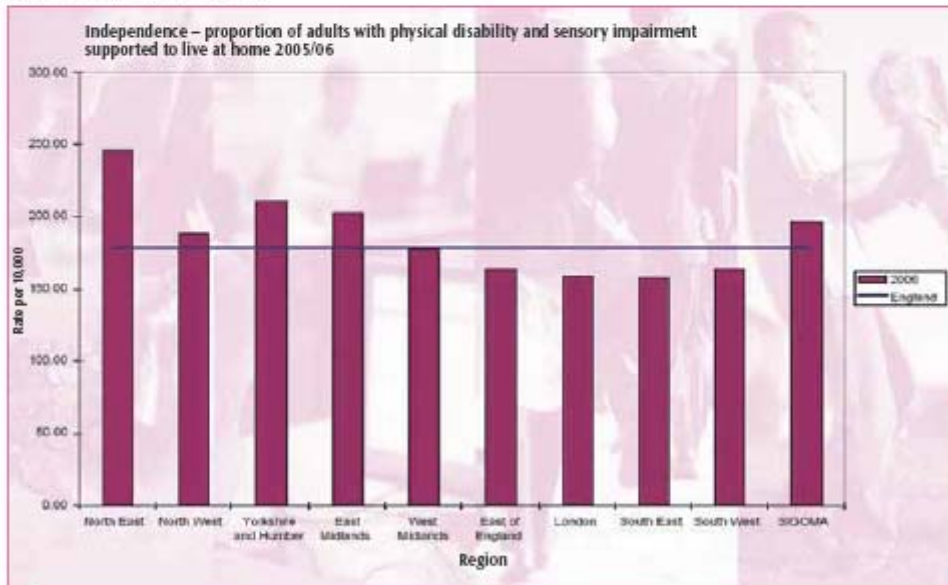
The new round of Public Service Agreements places more of a focus on addressing major social issues. For example, there will be incentives to enable vulnerable and at risk adults to live independently.

The following section aims to provide Government with an initial overview of where our authorities stand in terms of important indicators relating to independence.

Figure 4.18 relates to indicator 4, it plots the number of adults with a physical disability and sensory impairment supported to live at home in 2005/06.¹⁹

- Southern regions had a lower rate than the national average.
- Regions in the north had a higher rate than the national average, particularly the north east where the rate is nearly 1.4 times greater than the national average.

Figure 4.18 (source note 46 - page 64)



Indicator 4:
 Independence – Proportion of adults [18+] supported directly through social care community care assessment, to live at home

¹⁹ Rate per 10,000 has been calculated using the 18+ population taken from Mid Year Population Estimates 2006.



Figure 4.19 relates to indicator 4, it shows the proportion of adults with a learning disability supported to live at home in 2005/06.

Chart 4.19 shows that:

- London and the south east had the lowest rates, below the national average.
- Northern regions have the highest rates and SIGOMA areas have just over 4 vulnerable adults with learning disabilities per 10,000 more than the national average.

Figure 4.19 (source note 47 - page 64)

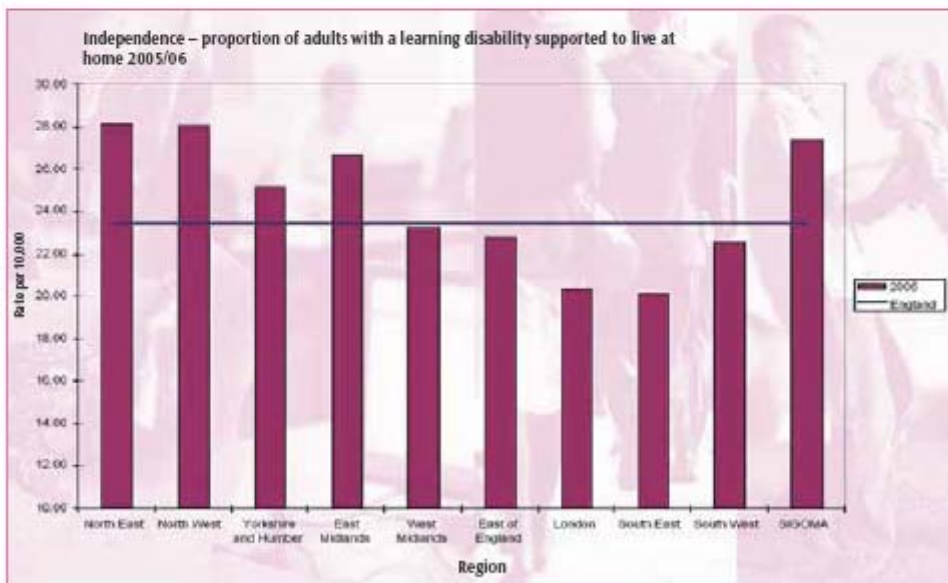




Figure 4.20 relates to indicator 4, it shows the proportion of adults with mental health problems supported to live at home in 2005/06.

- The highest rates occur in the south west and north east. These regions along with the north west and London had higher rates than the national average.
- SIGOMA had among the lowest rate in the country, slightly below the national average.

Figure 4.20 (source note 48 - page 64)

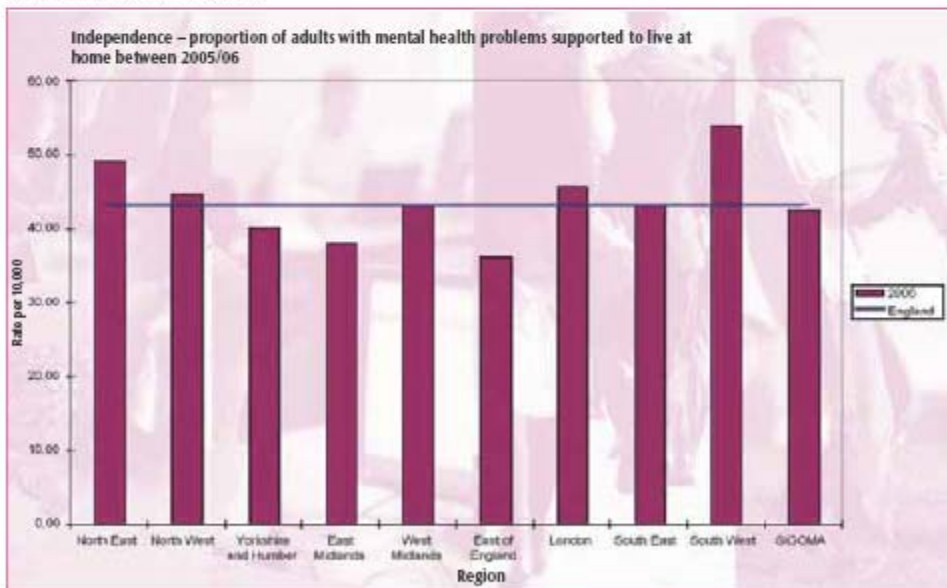


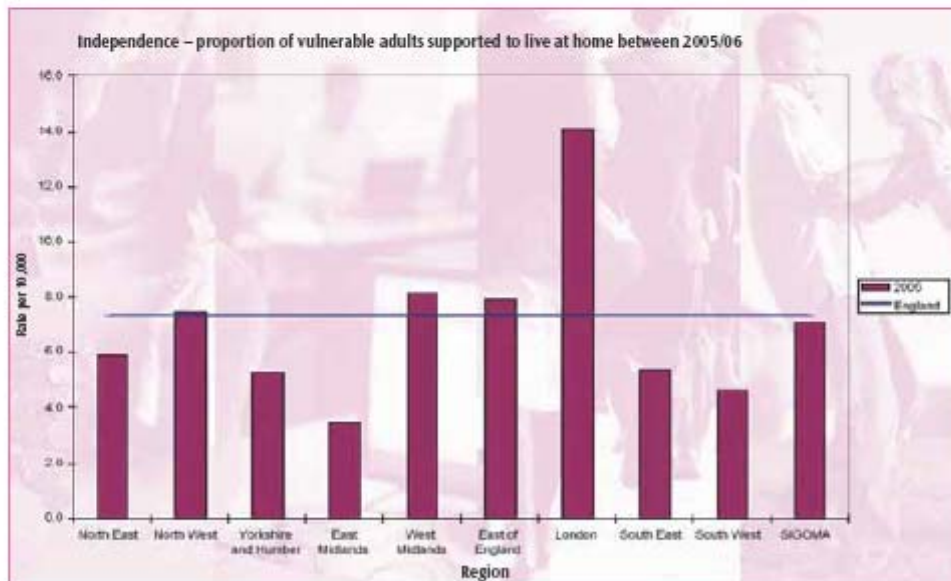


Figure 4.21 relates to indicator 4, it compares the proportion of vulnerable adults supported to live at home between 2005/06.²⁰

Figure 4.21 shows that:

- The rate for London is significantly higher than any other region and the national average.
- SIGOMA was below the national average but still higher than the south east.

Figure 4.21 (source note 49 - page 64)



²⁰ Rate calculated based on 42 members, data incomplete for North Tyneside, Tameside and Wigan.



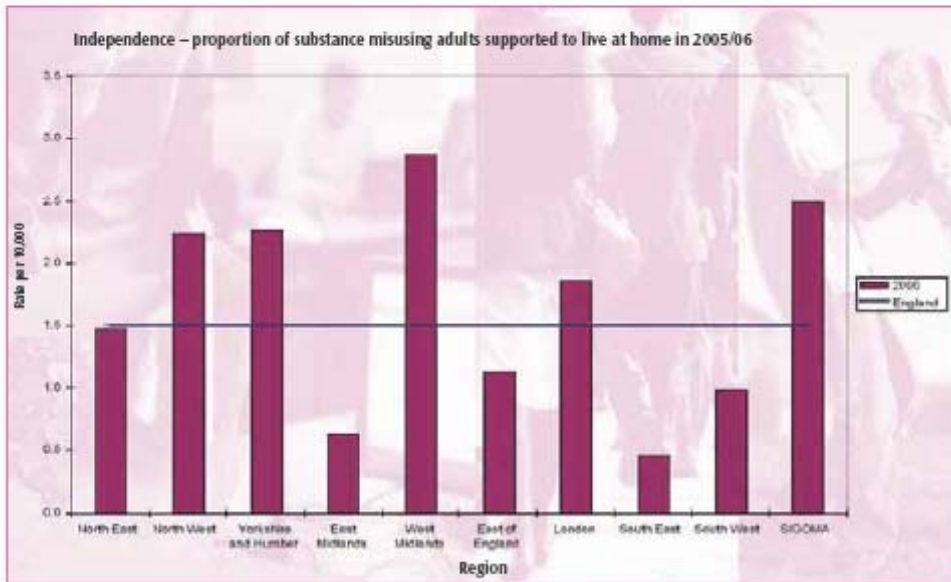
Figure 4.22 relates to indicator 4, it shows the proportion of substance misusing adults supported to live at home in 2005/06.²¹

Figure 4.22 shows that:

- SIGOMA and the west midlands have the highest rate of substance misusing adults. Other regions above the national average are north west, Yorkshire and Humber and London.
- The south east had the lowest rate, 3 times smaller than the national average.

Limiting Long Term Illness also has a detrimental effect on the lives of many people effecting ability to work and take part in activities of normal day life. In last years profile, our analysis showed rates of limiting long term illness for two age groups – 64 to 75 and over 75. Data showed that rates in the south east were significantly lower than the English average, whereas, SIGOMA areas had rates that were higher than both the national and London average. No updated figures are available beyond 2001, as limiting long term illness data is derived from Census statistics – however, previous figures clearly indicate that this is an important area for Government and local authorities to address.

Figure 4.22 (source note 50 - page 64)



²¹ Rate calculated based on 37 members, data incomplete for South Tyneside, Manchester, Tameside, Wigan, Doncaster, Kirklees, Coventry and Sandwell.