

INCREASING LIFE EXPECTANCY IN THE TWENTY WARDS WITH THE LOWEST LIFE EXPECTANCY IN EAST SUSSEX

This short paper outlines the differences in life expectancy within East Sussex. It links these differences to a life expectancy target focused on increasing life expectancy in the twenty wards within East Sussex with the lowest life expectancy. It concludes by outlining what actions are needed to increase life expectancy in those twenty wards.

1. Life Expectancy in East Sussex

The population of East Sussex is generally healthy in comparison to other areas in England. On average men and women in East Sussex expect to live longer than in England. However, there are large differences at district/borough level (Figures 1 and 2).

Figure 1: Trends in Life Expectancy of Males at Birth from 1996-2005

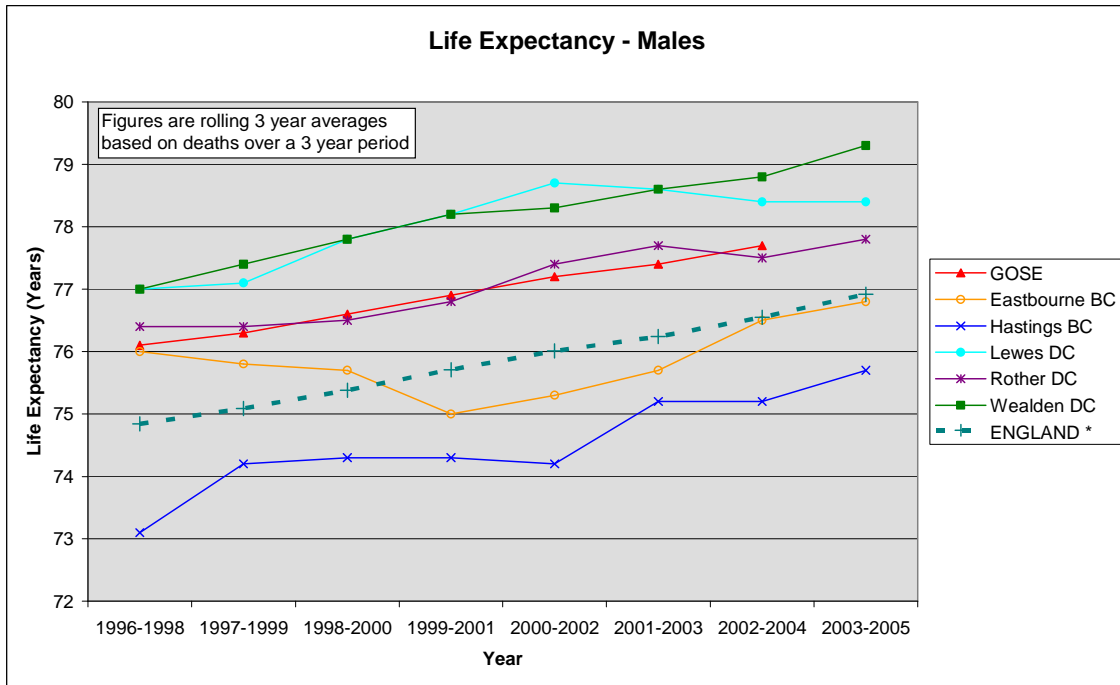
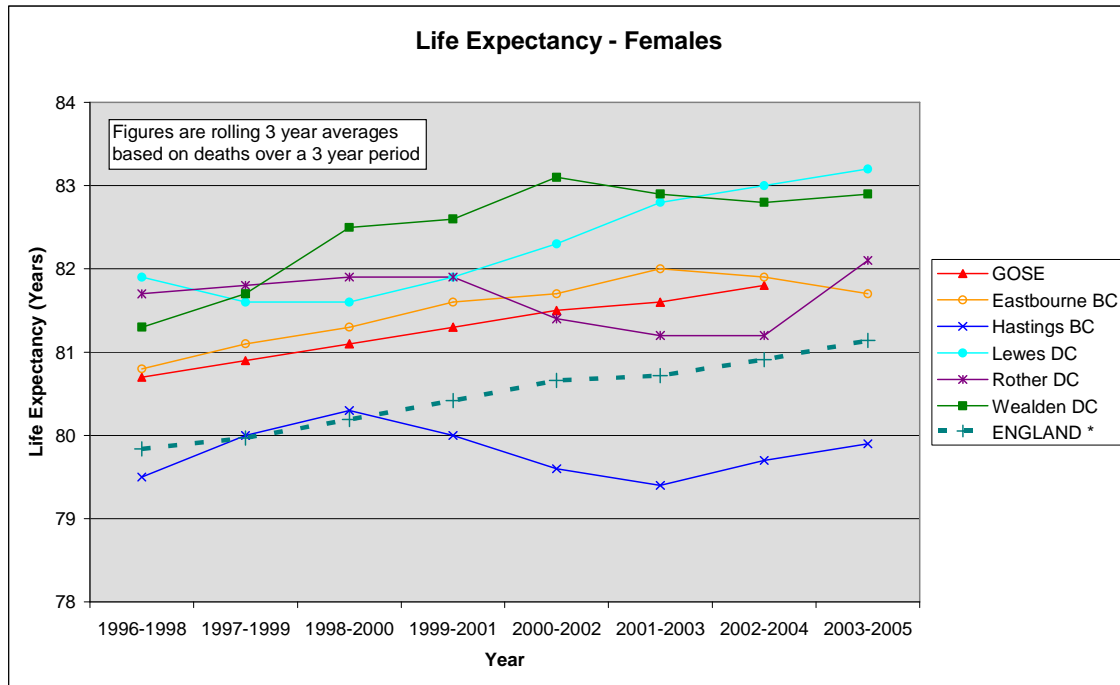


Figure 2: Trends in Life Expectancy of Females at Birth from 1996-2005



2. Life Expectancy Target

East Sussex residents do not have the same opportunities to enjoy good health and a long life. Health and life expectancy are linked to social circumstances and childhood poverty. Generally, the more affluent the people are the better their health will be and the longer they will live. Conversely, less affluent the people are the worse their health will be and the shorter they live. Improving the health of disadvantaged people in East Sussex will do most to reduce these inequalities.

The National Health Inequalities Public Service Agreement Target is to:

Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.

This target is underpinned by two more detailed objectives:

- Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual groups and the population as a whole.
- Starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

Within East Sussex, the life expectancy at birth target has been interpreted locally:

- By 2010 to reduce by at least 10% the gap in life expectancy between the fifth of wards in East Sussex with the lowest life expectancy and the remainder of the population as a whole in East Sussex

and is included in the current East Sussex Local Area Agreement.

The 20% of wards with the lowest life expectancy in East Sussex are detailed below:

Ranked Wards in Order of Increasing Life Expectancy (2003/05)	Local Authority Area	Life Expectancy (persons, yrs)
Central St Leonards	Hastings	72.1
Sackville	Rother	74.9
Maze Hill	Hastings	75.5
Gensing	Hastings	75.7
St Michaels	Rother	75.9
Sidley	Rother	76.2
Devonshire	Eastbourne	77.0
Hailsham East	Wealden	77.3
Peacehaven East	Lewes	77.4
Wishing Tree	Hastings	77.4
Hampden Park	Eastbourne	77.7
Ore	Hastings	77.8
Braybrooke	Hastings	78.1
Seaford Central	Lewes	78.2
Old Town (Bexhill)	Rother	78.2
Uckfield New Town	Wealden	78.4
Peacehaven West	Lewes	78.6
Upperton	Eastbourne	78.6
Hellingly	Wealden	78.7
Hollington	Hastings	78.9
East Sussex (excluding the 20% of wards with the lowest life expectancy)		81.1

Source: Deaths occurring in the 3 years 2003, 2004 and 2005.

3. Life Expectancy – The Problem

For the life expectancy target, tackling vascular disease (covers heart disease, stroke, diabetes, renal disease and peripheral arterial disease) will be the key to achieving the target. Action needs to be focused on preventing the early deaths of people who already have disease or are at high risk. In particular, reducing smoking levels and increasing the use of statins (NICE guidance states that statin therapy is recommended as part of the management strategy for the primary prevention of CVD for adults who have a 20% or greater 10 year risk of developing CVD) are two key interventions that, as part of a comprehensive programme, can rapidly reduce the number of early deaths. Improving diet and increasing exercise also have benefit in reducing vascular disease. Implementation of the CHD, Diabetes and Renal National Service Frameworks and the new Stoke Strategy will be important in achieving the target.

Focusing on the twenty wards with the lowest life expectancy compared to the rest of East Sussex, Figures 3 and 4 examine circulatory disease and stroke mortality rates.

Figure 3: Comparison of Trends in Circulatory Disease Mortality Rates

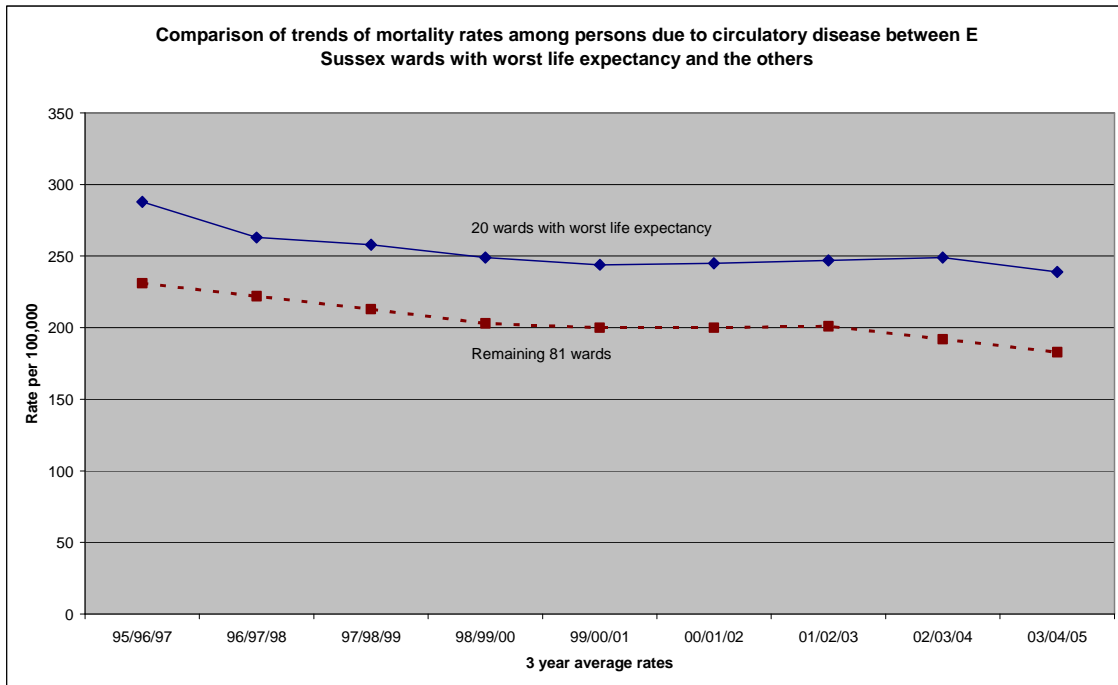


Figure 3 shows that there is a persistent gap in mortality from circulatory disease between the wards with the worst life expectancy and the rest of East Sussex. Further analysis of this gap shows that the gap remains constant for females but is widening for males.

Figure 4: Comparison of Trends in Stroke Mortality Rates

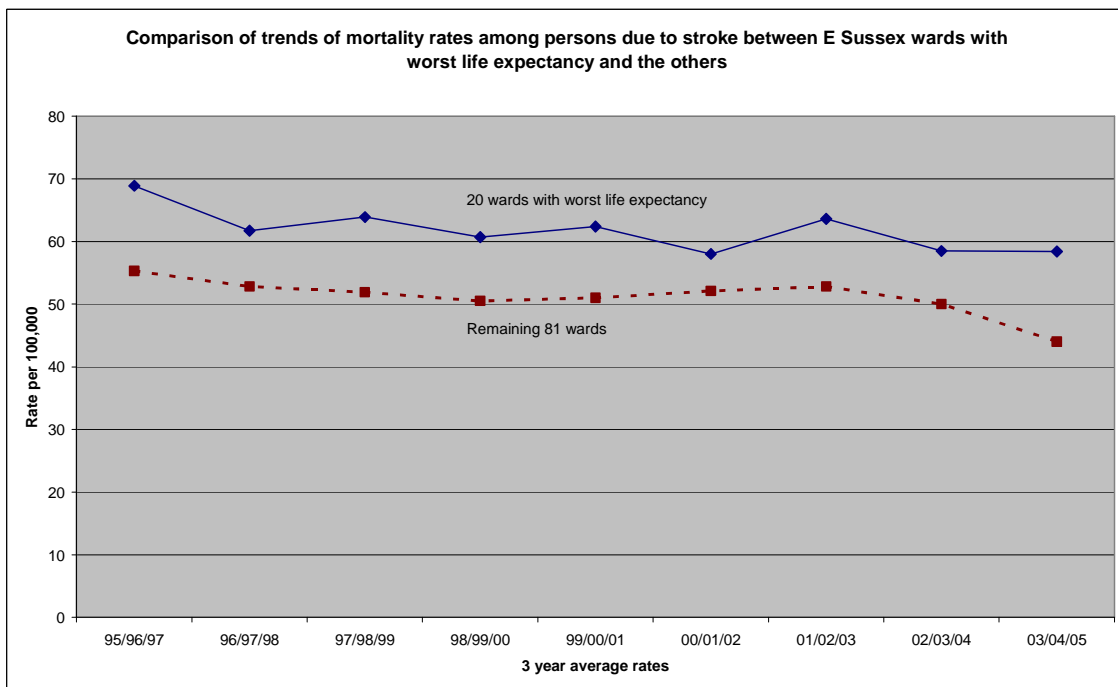


Figure 4 shows the gap in mortality from stroke between the wards with the worst life expectancy and the rest of East Sussex. It demonstrates that the gap is widening as a result

of the mortality rate for the wards with the worst life expectancy remaining constant but the rate for the rest of East Sussex decreasing.

Reducing smoking levels and increasing the use of statins are key interventions.

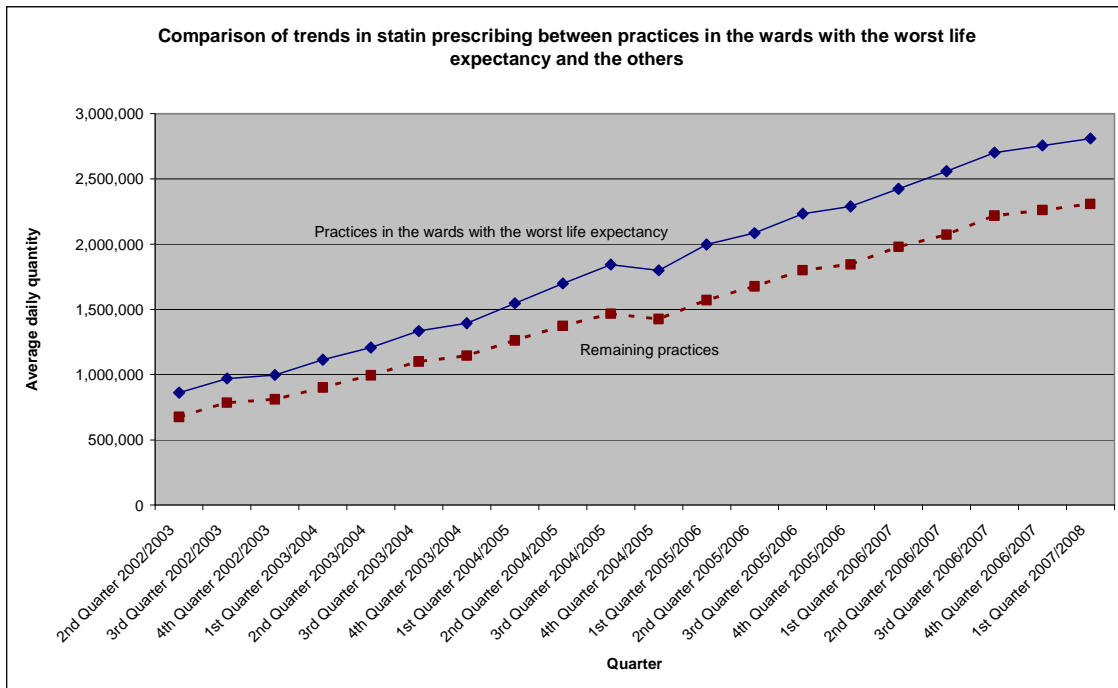
An examination of the Smoking Cessation Services databases for 2005/06 and 2006/07 showed the following.

	2005/06		2006/07	
	No.	%	No.	%
Referrals from the 20 wards	1663	33	1876	38
Referrals from the rest of East Sussex	3353	67	3054	62
Numbers quitting from the 20 wards	1008	32	1016	37
Numbers quitting from the rest of East Sussex	2124	68	1743	63

This shows that in 2005/06 only a third of referrals to the services and a third of people quitting came from the 20 wards with the lowest life expectancy. In 2006/07, both the percentage of referrals and the percentage of quitters from those wards had increased, but only by 5%.

Figure 5 shows trend information on statin prescribing.

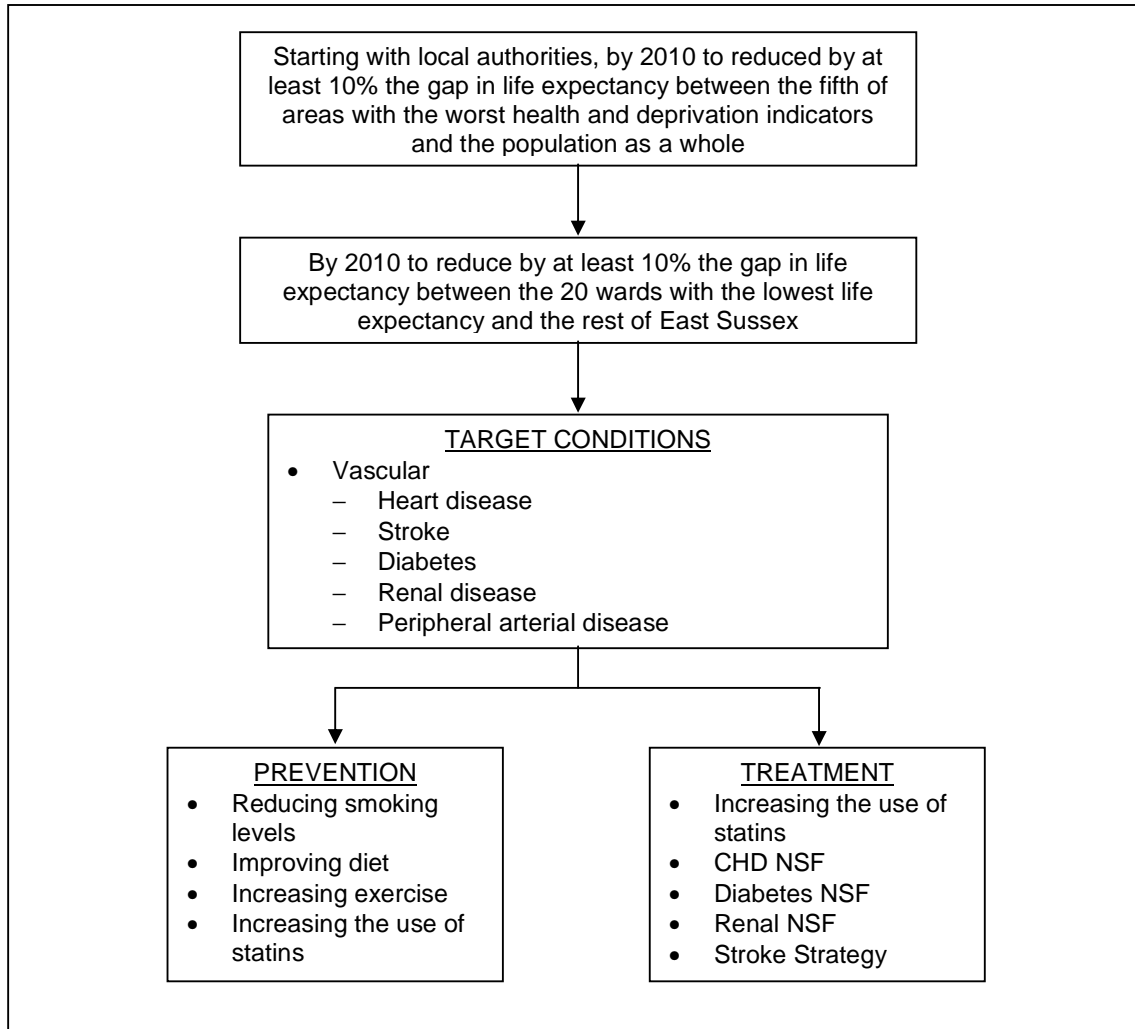
Figure 5: Comparison of Trends in Statin Prescribing



This shows that there is more statin prescribing by practices covering the 20 wards with the lowest life expectancy, however mortality rates suggest that statin prescribing needs to increase even more.

4. What We Need To Do

The diagram below summarises what we need to do to increase life expectancy.



In terms of targeting what we need to do to improve life expectancy in the 20 wards with the worst life expectancy, the following is recommended:

1) Reducing Smoking Levels

To increase the percentage of referrals to smoking cessation services and the percentage of quitters coming from the 20 wards with the lowest life expectancy to at least 50%. To achieve this:

- PCT Stop Smoking Services should priorities working in the 20 wards.
- The 38 GP practices covering these 20 wards (see Appendix) should increase smoking cessation services.
- Community Pharmacies covering these wards should be targeted to provide smoking cessation services.

2) Increasing the Use of Statins (and Aspirin)

The PCT Pharmacy Team should work with the 38 GP practices covering these 20 wards (see Appendix) to increase statin prescribing. It would also be beneficial to ensure the benefits of prescribing aspirin are maximised.

3) CVD At Risk Registers

The Commissioning & Primary Care Directorate should work with the Clinical Governance Team to ensure that GP practices have CVD at risk registers.

4) Lifestyle Advice

The Health Improvement Team should target the 38 practices covering these wards (see Appendix) to ensure that advice on lifestyle changes is provided.

5) Implementation of National Service Frameworks and Strategies

It is important that the PCTs ensure implementation of the CHD, Diabetes and Renal NSFs and the Stroke Strategy.

Cynthia Lyons
Deputy Director of Public Health
December 2007

APPENDIX

The following thirty eight GP practices cover the majority of people within the 20 wards with the lowest life expectancy in East Sussex.

Ward	Reg. Numbers	Practices (number registered in ward)	Percentage of ward covered by practices
Central St Leonards	6785	Warrior Square Surgery (2351) Carisbrooke House (1915)	63
Sackville	4327	Sea Road Surgery (1781) Little Common Surgery (1070) Albert Road Surgery (1176)	93
Maze Hill	5080	Carisbrooke House (1179) Essenden Road Surgery (1059) Silver Spring Practice (465) Warrior Square Surgery (459)	62
Gensing	6544	Warrior Square Surgery (1360) Silver Springs Practice (909) Carisbrooke House (1282)	54
St Michaels	4868	Sea Road Surgery (1784) Little Common Surgery (1423) Albert Road Surgery (1265)	92
Sidley	5985	Albert Road Surgery (4019)	67
Devonshire	13129	Grove Road Surgery (1189) The Lighthouse Medical Practice (937) Seaside Medical Centre (4139) Sovereign Practice (2322) Bolton Road Surgery (1399) Arlington Road Surgery (1258) Enys Road Surgery (1277)	95
Hailsham East	2958	Seaforth Farm Surgery (1032) Vicarage Field Surgery (727)	59
Peacehaven East	4463	Rowe Avenue Surgery (1401) Meridian Surgery (1658)	69
Wishing Tree	5150	Silver Springs Practice (869) Lower Glen Family Practice (543) Sedlescombe House (499) Churchwood Medical Practice (854)	54
Hampden Park	11097	Seaside Medical Centre (915) Manor Park Medical Centre (1494) Arlington Road Surgery (904) Park Practice (4621)	71
Ore	5216	Harold Road Surgery (1763) Shankill Surgery (1210)	57
Braybrooke	5183	Beaconsfield Road Surgery (761) Harold Road Surgery (388) Wellington Square Medical Centre-MCPS (499) Cornwallis Gardens Surgery (327) Roebuck House-Practice 4 (279) Wellington Square Medical Centre-BMH (273) Wellington Square Medical Centre-HH (293) Stone Street Surgery (273)	60
Seaford Central	4890	Seaford Health Centre (3445)	70
Old Town (Bexhill)	4249	Little Common Surgery (1548) Albert Road Surgery (1684)	76
Uckfield New Town	2769	The Meads Surgery (1400) Bird-in-Eye Surgery (1128)	91
Peacehaven West	4507	Rowe Avenue Surgery (1599) Meridian Surgery (1878)	77
Upperton	10170	Grove Road Surgery (975) The Lighthouse Medical Practice (920)	81

Ward	Reg. Numbers	Practices (number registered in ward)	Percentage of ward covered by practices
		Green Street Clinic (1324) Arlington Road Surgery (2091) Enys Road Surgery (2902)	
Hellingly	5596	Seaforth Farm Surgery (1356) Quintin Medical Centre (1193) Bridgeside Surgery (790) Vicarage Field Surgery (748)	73
Hollington	6492	Churchwood Medical Practice (2082) Silver Springs Practice (652) Lower Glen Family Practice (640)	52

Note: Total 38 different practices as practices may appear more than once.