East of England
All Party Parliamentary Group

LEVELLING UP HEALTHY LIFE EXPECTANCY IN THE EAST OF ENGLAND
Briefing for EE APPG meeting to be held on Tuesday 23rd January 2024

Overview

The Levelling Up White Paper published by DLUHC in 2022 has as one its 12 missions levelling up healthy life expectancy (HLE), putting health inequalities into the wider levelling up agenda.

However, health inequality in the UK stems from a complex interplay of various factors, including socio-economic disparities, educational differences, employment opportunities, systemic racism, gender, disability and access to healthcare services[1]. Regions may also experience variations in health inequalities due to differing socio-economic profiles, urban-rural distinctions, and the availability of healthcare resources. Less economically affluent areas often face higher health inequalities, with residents experiencing poorer health outcomes compared to their counterparts in more affluent regions.

Tackling health inequalities therefore requires targeted policies addressing the specific challenges faced by different regions and population groups, aiming to create a more equitable and accessible healthcare system nationwide.

The duty to address health inequalities through public policy is a collective responsibility shared among local authorities, Integrated Care Systems (ICS), the NHS, and two newly established national entities succeeding Public Health England—the Office for Health Improvement and Disparities and the UK Health Security Agency, which prioritises infectious disease surveillance[2]. The NHS's ten-year plan is underpinned by five key priority areas[3] which should mitigate health inequalities and increase HLE.

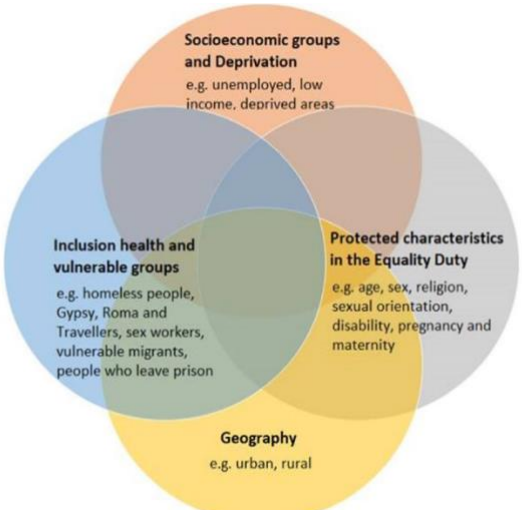


Figure 1: overlapping dimensions of health inequalities. NHS England

[1] See for example; https://www.health.org.uk/news-and-comment/charts-and-infographics/quantifying-health-inequalities; https://www.nhsrho.org/our-research.

[2] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/our-approach-to-reducing-healthcare-.inequalities/#:~:text=The%20NHS%20contributes%20to%20tackling%20inequalities%20in%20health%20in%20three%20distinct%20ways.

[3] Restoring NHS services inclusively, mitigating against digital exclusion, ensuring datasets are complete and timely, accelerating preventative programmes and strengthening leadership and accountability: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf.

Health Inequalities in the National Context

At national level the Core20Plus5 strategy[4] for tackling health inequalities has emerged from the National Healthcare Inequalities Improvement Programme (HiQiP)[2] which requires commissioning and provider organisations to collaborate in developing plans for reducing inequalities in the 20% most deprived populations in local areas, identified locally via review of the Indices of Multiple Deprivation (IMDs)[5]. There is also a Core20Plus5 for children and young people as actions to improve HLE are across the life course not just for adults and older people.

IMDs are compiled by utilizing a range of social determinants of health to identify specific localities and vulnerable population groups experiencing health inequalities (e.g. populations/individuals with protected characteristics, coastal communities with high rates of unemployment and barriers to health access, inclusion health groups etc.).

In addition, there are five common key areas (Table 1) identified within the HiQiP as requiring further action to accelerate the reduction of inequalities at the local, regional and national level through robust planning, coordination and delivery. In turn these key priorities should align closely with annual nationally priorities which in 23/24 include focusing on recovering core services and productivity[6].

Table One: National Health Improvement Priorities (compiled from NHS England, 2021)[4]

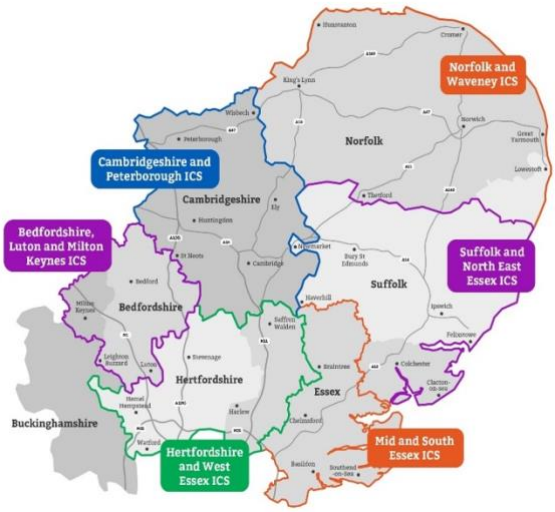
1. **Maternity** Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.
2. **Severe mental illness (SMI)** Ensure annual physical health checks for people with SMI to at least nationally set targets.
3. **Chronic respiratory disease** A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
4. **Early cancer diagnosis** 75% of cases diagnosed at stage 1 or 2 by 2028.
5. **Hypertension case-finding and optimal management and lipid optimal management** To allow for interventions to optimise blood pressure and minimize the risk of myocardial infarction and stroke.

[4] NHS England, 2021. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Available at: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/.

[5] https://data.cdrc.ac.uk/dataset/index-multiple-deprivation-imd.

[6] https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf.

Health Inequality in the Regional Context



Regional variations in life expectancy were discussed in the APPG and EELGA report Levelling Up the East of England: 2023-2030[7] which found "low confidence" that DLUHC's mission - "*by 2030 , the gap in healthy life expectancy (HLE) between local areas where it is highest and lowest will have narrowed and by 2025 HLE will have risen by 5 years"* - would be met.

The report found that over the previous decade the longer-term trend in healthy life expectancy (HLE) for men and women in the region has shown relatively little change albeit with some reductions at local level which may pertain to the impact of the pandemic: HLE for women decreased from 66.2 to 65.0 when comparing 2009-11 with 2018-20. For men, the figures were very similar, 64.7 HLE in 2009-11 compared to 64.6 in 2018-2020 (2022:49).

However, data from 2018-20 shows a noteworthy gap in HLE between local authorities across the region pertaining to the lowest and highest HLEs for both men and women, with an 8.6-year disparity for women and an 8.7-year gap impacting men (2022:50). In the East of England, the ten leading causes of death and ill health in descending order are identified as: ischaemic heart disease, low back pain, chronic obstructive pulmonary disease, diabetes, lung cancer, stroke, depressive disorders, falls, headache disorders and Alzheimer's disease.

If age-related adjustment is made within the East of England, then concerningly drug-related deaths are also included in the ten leading causes of morbidity/mortality, replacing Alzheimer's disease, increasing in both of the previous two decades.

The findings referenced in the report are based on data from the Global Burden of Disease study[8], which also identifies ill health and early death in the East of England as being linked to preventable factors including tobacco, diet-related factors and alcohol misuse. Environmental factors, including low temperature, were also identified as contributing to the inequality gap for ill health and early death in this region. Obesity is also discussed as a risk factor for children. Deaths due to suicide have also increased for both men and women in the region when comparing 2011-13 and 2018-20. For men the completed suicide rate was 13.8:100,000 in 2011-13 and 16.5:100,000 in 2018-20. For women, 4.2:100,000 in 2011-13 increasing to 5.4:100,000 in 2018-20.

[7] APPG and EELGA, 2022. Available at: https://www.eelga.gov.uk/app/uploads/2022/12/Levelling-up-the-East-of-England-FULL-1.pdf.

[8] IHME (Institute for Health Metrics and Evaluation), 2019. Research and analysis. Health by location. Health research by location. East of England. Available at: https://www.healthdata.org/research-analysis/health-by-location/profiles/united-kingdom-england-east-england.

The East of England is a diverse region, with 28.6% of people living in a rural area; for those aged 65 years and over this rate increases to 35.3%. The region also includes a number of coastal towns and communities and in 2020, ONS data identified 12 of the 16 coastal towns in the East of England as experiencing higher than average deprivation based on levels of income. The Regional population has also grown, with an 8.3% increase recorded between the 2011 and 2021 censuses. This is described as the largest percentage increase in all Government Office Regions in England, making the East of England the fastest growing national region in terms of population.

As already noted, the EE APPG report concluded that at present there is low confidence that the mission to level up healthy life expectancy will be met. Despite this analysis, the detailed 2023 report by Korkodilos (East of England OHID and NHSE)[9] highlighted that both men and women in the East of England were more likely to live longer than men and women in England and less likely to live in poor health compared to men and women across England despite the stark disparities across the region. It is within this context that local action is crucial to reducing health inequalities.

Action at Local Level

Communities and Collaboration - Integrated Care Systems (ICS)

On 1 July 2022, integrated care systems (ICSs) were established through the **Health and Care Act 2022**, and CCGs ceased to operate. ICSs represent **collaborations among organisations** to strategize and fund health and care services, with the overarching goal of enhancing the well-being of individuals residing and working within their designated area. Each integrated care system comprises two statutory components: an integrated care partnership (ICP) and an integrated care board (ICB).

Throughout England, local partnerships composed of various public services, including the NHS, GPs, local councils, and the community and voluntary sector, work together through their ICSs to devise optimal plans for delivering these services[10]. The aim is to ensure that services align with the needs of the local population, maintain high quality, and remain economically viable.

In the East of England there are six ICSs: Bedfordshire, Luton and Milton Keynes (@BLMKHealthCare), Norfolk and Waveney (@nandwics), Hertfordshire and West Essex (@HWEICB), Suffolk and Northeast Essex (@SNEE_ICS), Cambridgeshire and Peterborough (@CambsPboroICS), Mid and South Essex (@MSEssex_ICS). It is a statutory requirement for Councils and partners to prepare to prepare a Joint Health and Wellbeing Strategy setting out priorities, identified in the Joint Strategic Needs Assessment[11], that partners will collaboratively deliver to improve health and wellbeing outcomes tailored to the needs of their area.

[9] Korkodilos, M., 2023. *Healthy Life Expectancy in the East of England*. Dr Marilena Korkodilos, Interim Deputy Regional Director, East of England OHID and NHSE. Prepared: 7th November 2023.
[10] https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#what-are-ICSs
[11] DoH, 2012. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies: https://assets.publishing.service.gov.uk/media/5a7b88cced915d131105fdff/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf.

The key priorities of the strategies of each EoE ICS are summarised in **Fig 2 below**[12]**.**

EAST OF ENGLAND ICS
KEY PRIORITIES AS LISTED IN THE STRATEGIC PLANS

ICS	CHILDREN	OLDER AGE CARE	EQUALITY/ INCLUSION	MENTAL HEALTH	ECONOMY	PREVENTION	REDUCING INEQUALITY	HEALTHY LIVING
BEDFORDSHIRE, LUTON AND MILTON KEYNES (@BLMKHEALTHCARE)	✓	✓	✓		✓		✓	✓
NORFOLK AND WAVENEY (@NANDWICS)			✓			✓	✓	✓
HERTFORDSHIRE AND WEST ESSEX (@HWEICB)	✓	✓		✓			✓	✓
SUFFOLK AND NORTHEAST ESSEX (@SNEE_ICS)	✓	✓	✓				✓	✓
CAMBRIDGESHIRE AND PETERBOROUGH (@CAMBSPBOROICS)	✓	✓					✓	✓
MID AND SOUTH ESSEX (@MSESSEX_ICS)		✓		✓			✓	

In Focus: Collaborative Working in the East of England

A King's Fund Report[13], commissioned by the District Councils' Network, explores how the role of district councils and preventative services – e.g. housing, planning, welfare support and leisure - can be harnessed to improve health outcomes through ICSs. The report is based on research undertaken in four case study areas of which two are in our region. Suffolk and Northeast Essex are presented as exemplars of how joint funded embedded roles have assisted in bringing together partners within the ICS. The report makes a number of recommendations for ICS leaders and councils about how to centre preventative health engagement rooted in health inequalities at the heart of ICS.

The **East of England Local Government Association (EELGA)** has embraced such an approach, stating its intention to maximise the intended benefits and ethos arising from the 2023 Hewitt Review[14] of ICSs by supporting councils in their role within ICS[15].

[12] Read the full EoE ICS strategic plans here: Bedfordshire, Luton and MK; Norfolk and Waveney; Hertfordshire and West Essex; Suffolk and Northeast Essex; Mid and South Essex.
[13] The King's Fund, 2023. Driving better health outcomes through integrated care systems: The role of district councils. Available at: https://www.kingsfund.org.uk/publications/driving-better-health-outcomes-integrated-care-systems-role-district-councils.
[14] https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems.
[15] EELGA, 2023. EELGA Roundtable Discussion: The role of District Councils in addressing health inequalities through Integrated Care Systems. Available at: https://www.eelga.gov.uk/events/eelga-roundtable-discussion-the-role-of-district-councils-in-addressing-health-inequalities-through-integrated-care.

As noted in their 2023 briefing, EELGA facilitates conversations regionally between partners in ICS "to develop greater trust and understanding of different working cultures, to enable the active engagement of all partners and reduce barriers to integration" (O'Driscoll/EELGA[16]). As part of this mission EELGA held a virtual roundtable discussion in June 2023[17] on how councils can best support ICS to prioritise prevention and consider the wider determinants of health. Case studies below are representative of innovative approaches to reducing health inequalities identified across the region which have arisen through effective ICS collaborations.

Local Case Study One: Cambridgeshire ACRE

In South Cambridgeshire, the ICS has funded **Cambridgeshire ACRE**, a voluntary organisation, to deliver health and wellbeing activities. One initiative has seen the development of 'community hubs' in multiple areas of advice, information and companionship[18]. As fuel and food costs rise, there is a likelihood of worsening health outcomes for people living in areas with the highest levels of deprivation, particularly amongst those experiencing individual vulnerabilities, e.g. age and disability. The community volunteer led hubs help with cost-of living support and early intervention to improve health and wellbeing. See further EELGA Roundtable Discussion: Cost of Living, Fuel and Food Insecurity[19].

Local Case Study Two: Reducing Waiting Times in Norfolk & Waveney

District councils in the above areas led a **Waiting Well project (2022-23)**[20], involving them hosting multi-agency teams who contacted people on orthopedic surgery waiting lists to see if there are things within the gift of any ICS partner organisations that could help people manage while they wait. Overall, 17 per cent of those contacted had unmet needs identified. Support provided has included making minor alterations to people's homes and using social prescribers to connect them with specialist support in relation to welfare rights, relationship difficulties, social isolation, housing or other issues. The service also refers people to a dedicated physiotherapy team where appropriate. District councils have also been delivering a **District Direct** service from the Norfolk and Norwich University Hospital and at Hellesdon Hospital. The service has a dedicated budget to address barriers to returning home from hospital/reduce readmission, and all officers have the means to make payments on the same day as referral. In the last financial year (2022/23), the service was estimated to have saved 12,790 bed days, at a value of more than £8.5 million (The King's Fund, 2023: 15).

[16] O'Driscoll, K., 2023. East of England LGA Briefing on the Government's response to the Hewitt Review of Integrated Care Systems. Bury St Edmunds: East of England Local Government Association.
[17] EELGA, 2023. EELGA Roundtable Discussion: The Hewitt Review of Integrated Care Systems: From focusing on illness to promoting health and the role of local councils. Available at: https://www.eelga.gov.uk/events/eelga-roundtable-discussion-integrated-care-systems-what-next-after-the-hewitt-review/.
[18] https://www.cambsacre.org.uk/projects/cambridgeshire-community-hubs-network/.
[19] EELGA, 2023. EELGA Roundtable Discussion: Cost of Living, Fuel and Food Insecurity. Available at: https://www.eelga.gov.uk/events/eelga-roundtable-discussion-cost-of-living-fuel-and-food-insecurity/.
[20] https://www.north-norfolk.gov.uk/tasks/projects/the-north-norfolk-waiting-well-project/#:~:text=The%20North%20Norfolk%20Waiting%20Well%20Project%20has%20been%20completed.,Norfolk%20and%20Norwich%20University%20Hospitals.

Local Case Study Three: Integrated Care Hub, Central Bedfordshire

In Central Bedfordshire, **Grove View Integrated Health and Care Hub**[21], embedded within a new build housing complex which also offers affordable homes for over 55s, became the first health and care hub in the local authority. The Hub, which opened in March 2023, represented a collaboration between the local authority, NHS partners and voluntary and community sectors to provide better joined up care locally and reduce pressure on local hospitals. At the 'one stop' hub, people can access a range of health and social care and associated advice services, seven days a week at a place close to where they live, and including 'out of hours', to increase accessibility and engagement with a range of agencies, including preventative healthcare and social prescribing services.

Conclusions

Whilst the case studies above are snapshots of how ICS can effectively support local populations at risk of experiencing health inequalities, and the ADASS 2023 report[22] provides evidence of emerging social care case studies in the East of England driven by collaborative action, there are still significant challenges to overcome at the regional and local level if the East of England is to successfully meet the ambitious HLE targets.

Although coordinated national, regional and local activity is underway as evidenced above, there is a need for sustained (rather than short-term cycles of) funding and time for staff development which includes potential for knowledge exchange opportunities such as those delivered by EELGA through their round table activities. Ensuring that stability of funding and continuity exists will support longer term changes in lifestyle for target populations, and enhance community trust and health literacy, impacting on preventable disease.

Moreover, sustainability will assist in developing stable staffing patterns across the region and drawing in talent, rather than losing skilled and knowledgeable individuals who may be core to leading successful services, or risking the demise of effective services which impact health and wellbeing at local and regional level.

There should also be greater attention paid to opportunities to explore secondments of staff to support skills development and build sustainable tailored knowledge at ICS level as well as enhanced intelligence gathering and strategic development around the impacts of substantial demographic change at regional and local level.

[21] https://www.centralbedfordshire.gov.uk/info/18/health_and_social_care/726/grove_view_integrated_health_and_care_hub_and_grove_view_apartments/4. Please note other examples of good practice by BLMK ICS are available. Please contact blmkicb.communications@nhs.net

[22] ADASS, 2023. Potential for prevention. Emerging case studies in Adult Social Care across the East of England. Available at: https://adasseast.org.uk/download/2645/?tmstv=1687332487.

In particular, demographic changes and a stronger focus on the development, utilisation or repurposing of community assets to support local populations may require greater analysis of skill sets and assets across the region and at ICS level to support effective operationalization of strategies rooted in identification of effective interventions aimed at meeting Core20Plus5 targets.

Whilst such a strategic approach requires working closely with and listening to local populations, critically there is a need to support innovative activities as well as enhancing opportunities to develop and strengthen collaboration between the NHS and local government sectors.

Enhancing the role and responsibility of Integrated Care Systems to lead and coordinate activities in partnership with civil society, whilst bearing in mind the fiscal and demand pressures impacting service offers from these stakeholders, offers the mechanism and route to achieving improvements in outcomes for EoE patients and citizens, including the most marginalised.

One element of this work requires maximising investment in digital and data strategies in an inclusive manner which must take into account the health inequalities agenda to maximise benefit for all. Given the fact that many of the most vulnerable populations in the region are digitally excluded and frequently experience economic and social exclusion as well as geographic and physical barriers to accessing effective care and social integration, it is vitally important to explore how services can be effectively localised.

A good example of positive progress since 2021, utilising Levelling Up funding, is demonstrated by the activity of Tendring District Council which has been working with their local Health Alliance on a range of initiatives to combat a lower life expectancy of up to 18 years compared with the wealthiest areas of Essex[23]. Reports indicate activities delivered through this funding[24] had by September 2023 seen a dramatic increase in the Health Index rating for Tendring, evidencing an improvement of 4.7%, compared to an all-England average improvement rate of 0.8%.

It can therefore be seen that it is possible to improve levels of health deprivation and employment and impact HLE in a relatively short period of time. However, this requires dedicated funding and other resources as well as collaborative, innovative action.

This briefing was prepared by Kristina Church, Sophie Coker, Sanjiv Ahluwalia and Margaret Greenfields of Anglia Ruskin University, Faculty of Health, Medicine and Social Care.

[23] Fox, N. and McMenemy, R., 2023. 'Clacton life expectancy 18 years lower than wealthier Essex areas - council chief', BBC News, 28 September. Available at: https://www.bbc.co.uk/news/uk-england-essex-66939904 (figures based on Chief Medical Officer's report 2021) https://assets.publishing.service.gov.uk/media/60f98769e90e0703ba3c9f25/cmo-annual_report-2021-health-in-coastal-communities-summary-and-recommendations-accessible.pdf

[24] https://www.ukonward.com/wp-content/uploads/2023/02/Clacton-interim-report-Onward-Levelling-Up-In-Practice.pdf.