

CHAPTER 3: HEALTH AND WELFARE

3.1 Life Expectancy

The health of the population has been improving steadily. However, despite this general improvement, the gap in the main causes of death between those in advantaged and disadvantaged groups widened in the latter part of the 20th century. Those in disadvantaged groups are more likely to die earlier and to be in poorer health compared with the rest of the population.

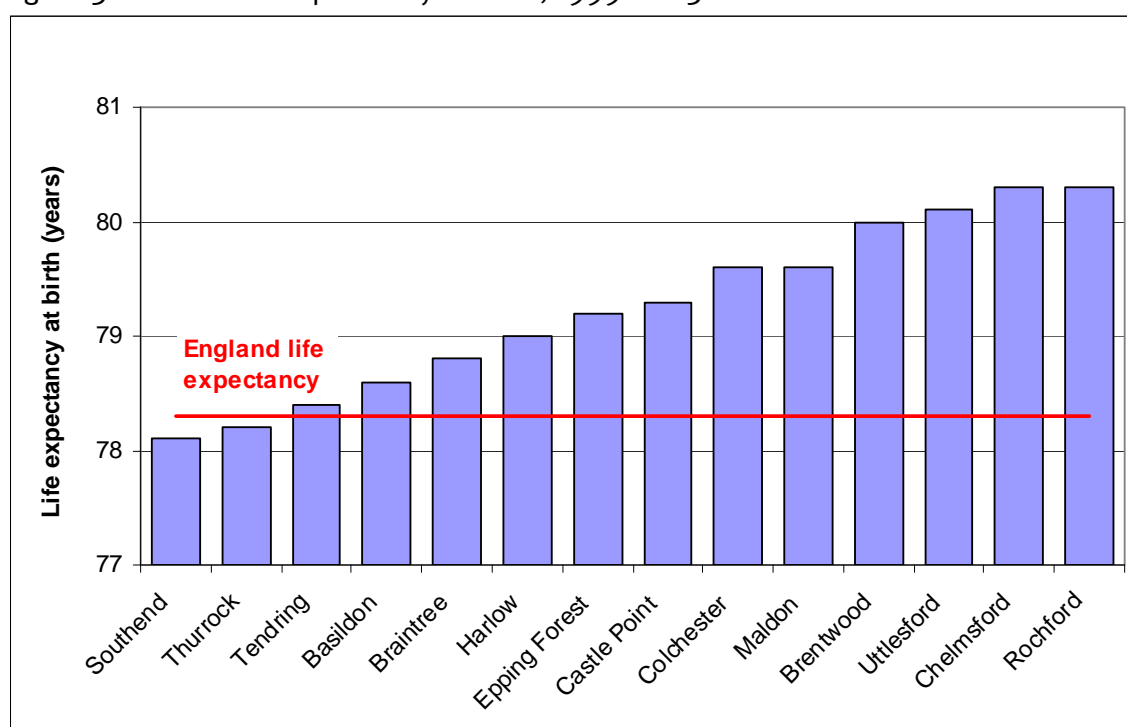
The reasons for these health inequalities are complex. There are links with people's social and demographic circumstances such as their educational attainment, occupation, income, type of housing, sex, ethnicity and where they live. These factors also relate to lifestyle behaviours such as smoking, drinking, diet and risk taking (Focus on Social Inequalities, 2004).

The Government has stated a commitment to tackling health inequalities and has set a national target for England to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth by the year 2010. The aim of this target is to narrow the health gap in childhood and throughout life between socio-economic groups and between the most disadvantaged areas and the rest of the country.

3.1.1 Unitaries and districts

Life expectancy varies across Essex with Southend and Thurrock having the lowest life expectancy in Essex (78.1 and 78.2 years respectively) compared to Rochford and Chelmsford, which have the longest life expectancy (80.3 years). The England average life expectancy is 78.3 years.

Figure 3.1: Essex life expectancy at birth, 1999-2003

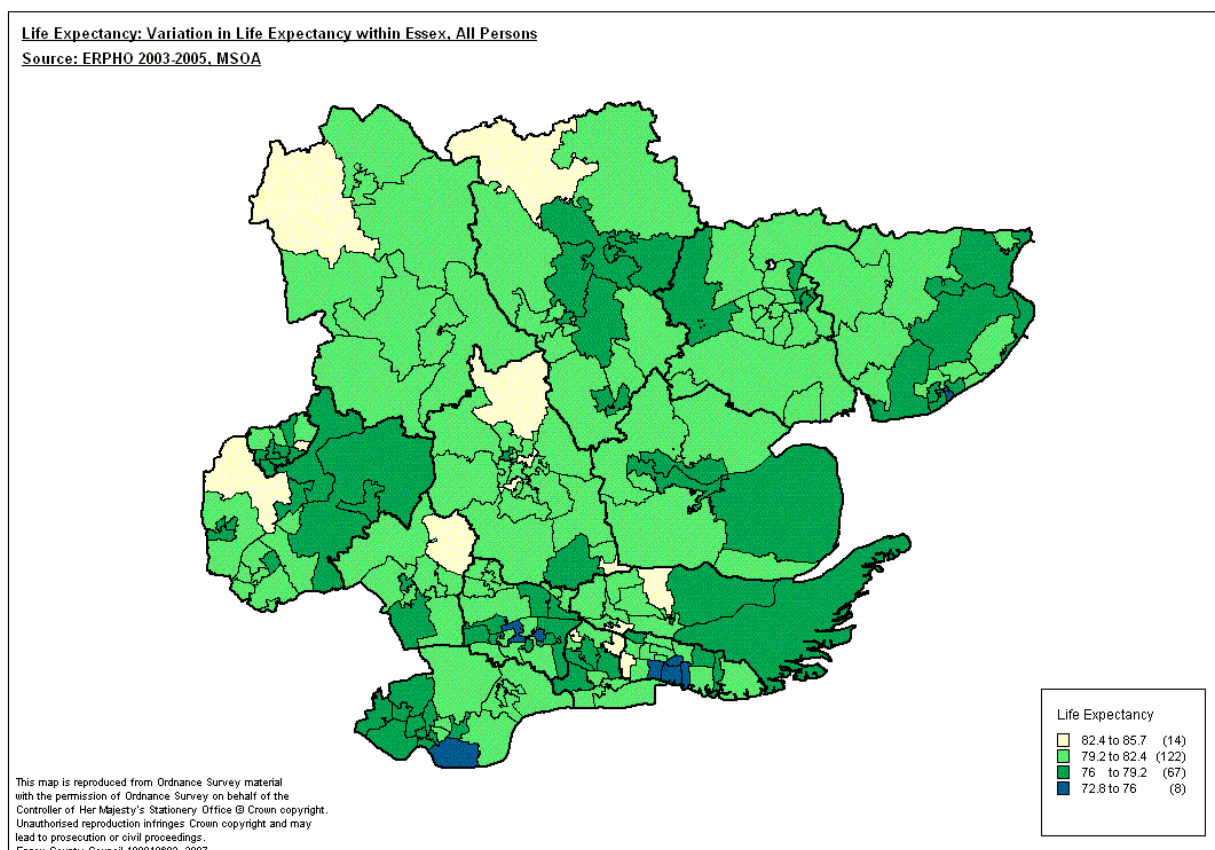


Source: ONS, 2006

3.1.2 Ward Level

Although at district level the lowest life expectancy is 78.1 years, a ward level analysis exposes areas where life expectancy is even lower. The lowest ward life expectancy is in Pier ward in Tendring (70.1 years) whereas the highest is in Littlebury ward in Uttlesford (88.7 years). This is a difference of 18.6 years from one part of the county to another.

Figure 3.2: Essex life expectancy by MSOA, 2003-05



3.1.3 Vulnerable Groups

Research studies demonstrate differences in life expectancy between vulnerable groups of people and the general population. People with serious mental illness have a reduced life expectancy of ten years compared to the general population. This difference is more marked for men than women and is largely due to physical health problems, such as coronary heart disease, respiratory and infectious disorders.

Life expectancy has been increasing in people with learning disabilities but is still lower than in the general population. Some studies suggest that reduced life expectancy is confined to people with more severe learning disabilities, which is also frequently associated with marked physical health problems.

3.2 Mortality

Mortality is a direct measure of health care need reflecting the overall disease burden on the population, both the incidence of disease and the ability to treat it. The mortality rate may be

improved by reducing the population's risk (eg encouraging healthier lifestyles and reducing exposure to smoking), by earlier detection of disease and by more effective treatment. This section presents a summary of the data (full information can be found in the appendix).

Across Essex, mortality rates have largely improved steadily over the last ten years. Although the rate of improvement has been faster for males, female mortality rates are, without exception, lower than those for males. Circulatory diseases remain the most common cause of death with cancer a close second now for females. There is wide variation in mortality rates across Essex with, for example in Southend, a five-fold variation among males and an eight-fold variation among females in circulatory disease mortality. The following table provides a summary of the data on mortality with further detail and comparative district data set out in the Appendix.

Figure 3.3: Essex summary of mortality, 2007

Mortality	Improvement over 10 years	Compared to national level	Compared to regional level	Highest mortality	Lowest mortality
ALL CAUSES					
All age ◇	◇	below	just below	Thurrock	Uttlesford
All age ◇	◇ but slower	below	just below	Southend	Rochford
<75 ◇	◇	below	just below	Tendring	Uttlesford
<75 ◇	◇ but levelling off	below	just above	Basildon	Chelmsford
CIRCULATORY DISEASE					
All age ◇	◇	below	same	Thurrock	Chelmsford
All age ◇	◇ but slower and slowing	below	just below	Thurrock	Chelmsford
<75 ◇	◇	below	just above	Harlow	Uttlesford
<75 ◇	◇ but slower and slowing	below	same	Thurrock	Chelmsford
CANCER					
All age (all) ◇	◇	below	just above	Maldon	Brentwood
All age (all) ◇	◇ but levelling off	just below	just above	Basildon	Brentwood
<75 (all) ◇	◇ but slowing	below	just above	Tendring	Uttlesford
<75 (all) ◇	◇ but slower	just below	just above	Basildon	Brentwood
All age (lung) ◇	◇ but slowing	below	just above	Harlow	Uttlesford
All age (lung) ◇	x stayed level	below	just above	Castle Point	Brentwood
All age (breast) ◇	◇	above	just above	Uttlesford	Epping Forest
All age (prostate) ◇	◇ more recently	below	below	Uttlesford	Epping Forest
RESPIRATORY DISEASE					
All age ◇	◇	below	just above	Harlow	Uttlesford
All age ◇	x slight worsening	below	above	Basildon	Brentwood
SUICIDE AND UNDETERMINED INJURY					
All age ◇	x wide fluctuations; starting to rise	below	just below	Harlow	Castle Point
All age ◇	x starting to rise but much lower than ◇	below	just below	Maldon	Harlow

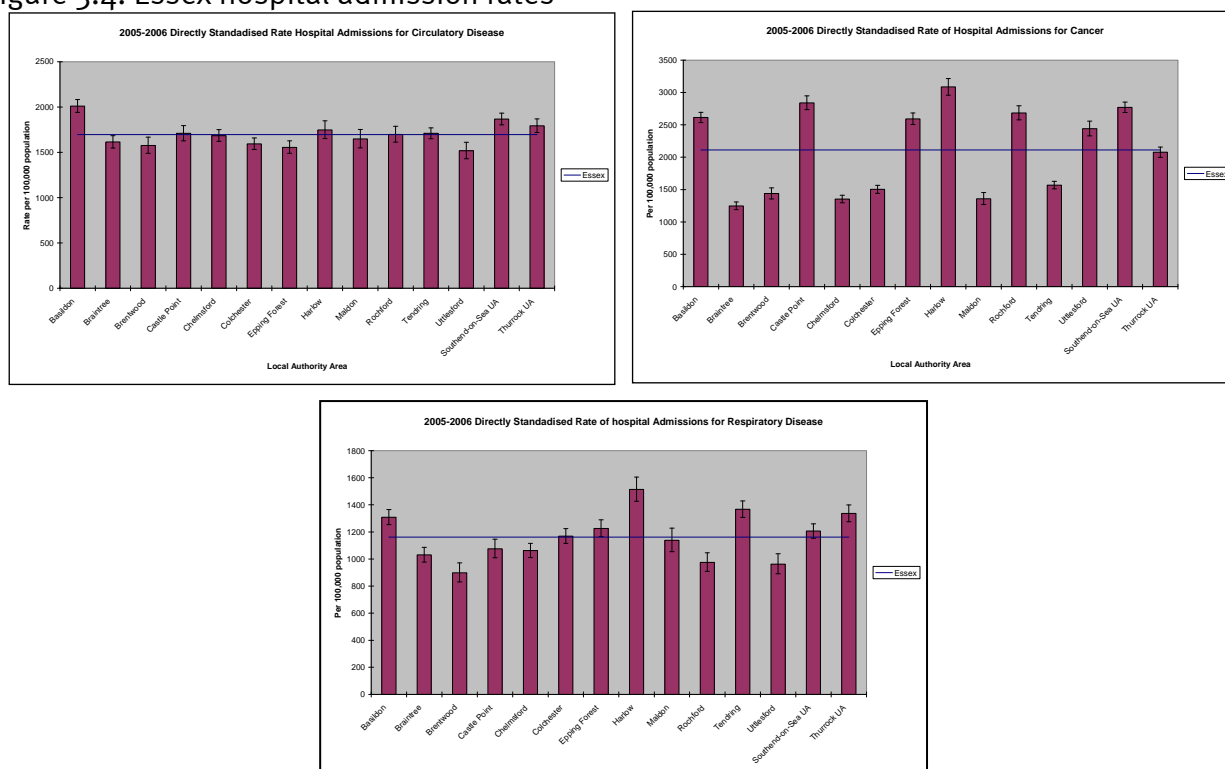
Source: Compendium of Clinical and Health Indicators / Clinical and Health Outcomes Knowledge

3.3 Hospital Admissions

Basildon, Southend and Thurrock have higher than average hospital admissions for circulatory disease. For hospital admissions classified as respiratory disease, Basildon Harlow, Tendring and Thurrock all stand out as having higher than Essex averages.

Hospital admission rates for cancer vary widely across Essex with 13 of the 14 areas being significantly different from the Essex average. Basildon, Castle Point, Epping Forest, Harlow, Rochford, Uttlesford and Southend all have higher than Essex average rates.

Figure 3.4: Essex hospital admission rates



Source: Eastern Region Public Health Observatory

3.4 Long Term Conditions

Long-term conditions (also called chronic conditions) are those conditions that cannot, at present, be cured, but can be managed by medication and other therapies sometimes over a period of years or decades. It is estimated that over fifteen million people in this country are living with a long-term condition, and six out of ten adults. People with long-term illnesses often suffer from more than one condition, making their care even more complex. Eighty percent of primary care consultations and two thirds of emergency hospital admissions in the UK are related to long-term conditions²².

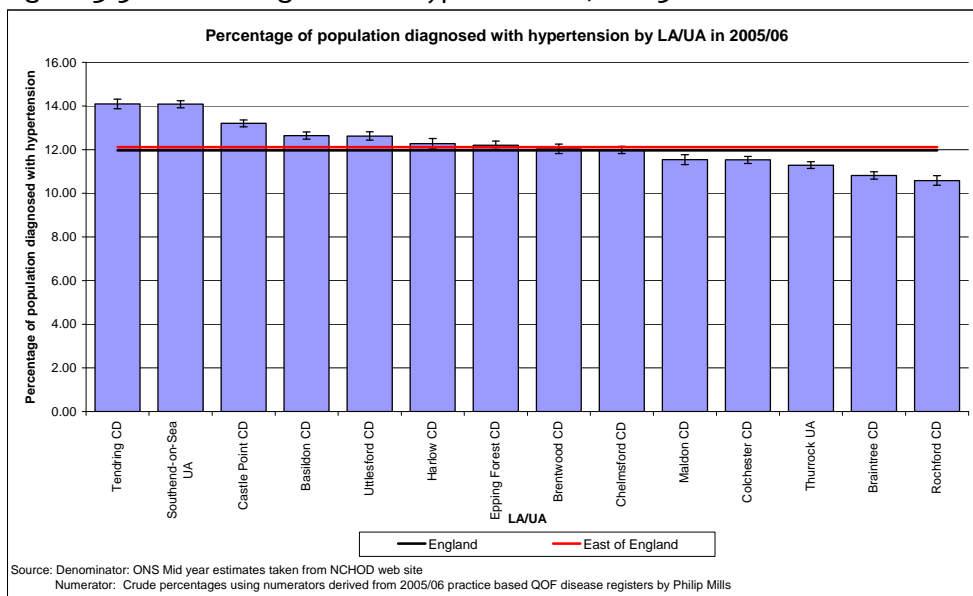
In this section, a diagnosis of a condition means those on a GP register for that condition. A higher percentage can therefore mean an area is better at identifying and recording people with the condition rather than it having a higher prevalence per se.

²²British Medical Association, June 2006

3.4.1 Hypertension

Figure 3.5 shows the percentage of the population that has been diagnosed with hypertension (high blood pressure) across Essex. Half of the areas in Essex have higher percentages than the England average.

Figure 3.5: Essex diagnosis of hypertension, 2005-06



It is thought that the number of people with hypertension is a lot higher than recorded. Figure 3.6 shows the results of a model to try and work out what the percentage of the population with hypertension might be. Compared to figure 3.5, we can see that perhaps only half those with hypertension are diagnosed.

Figure 3.6: Expected percentage of the population with hypertension

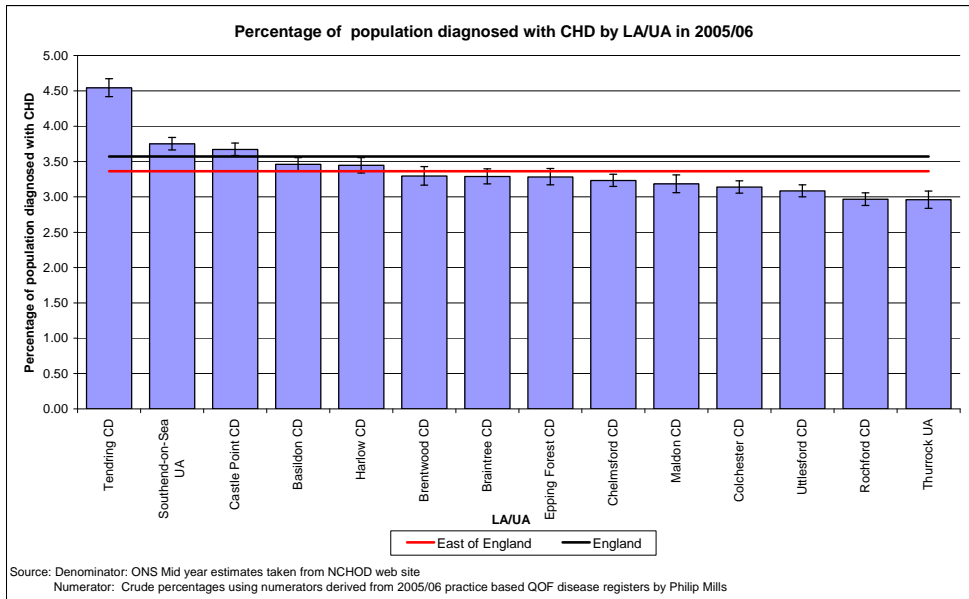
Area	Persons	Males	Females
ENGLAND	23.8%	24.7%	23.0%
NORTH EAST ESSEX PCT	26.5%	26.8%	26.1%
WEST ESSEX PCT	24.3%	25.2%	23.4%
MID ESSEX PCT	24.2%	25.2%	23.2%
SOUTH EAST ESSEX PCT	23.4%	24.3%	22.4%
SOUTH WEST ESSEX PCT	23.2%	24.1%	22.4%

Note: Hypertensive= SBP>=140mmHg and DBP>=90mmHg and/or taking medicine prescribed for high blood pressure
 Source: Hypertension model developed by David Merrick (YHPHO) and Julian Flowers (ERPHO),
<http://www.apho.org.uk/apho/models.aspx>

3.4.2 Coronary Heart Disease (CHD)

Figure 3.7 shows the percentage of the population diagnosed with CHD in Essex. Tendring, Southend and Castle Point have a higher percentage of the population diagnosed with CHD than the England average. The number of people with CHD is thought to be much higher than recorded. Moreover, the UK general practice research database shows that people with severe mental illness who are less than 50 years old, have over three times a greater risk of dying from coronary heart disease compared to the general population, and nearly twice this risk when they are aged 50-75.

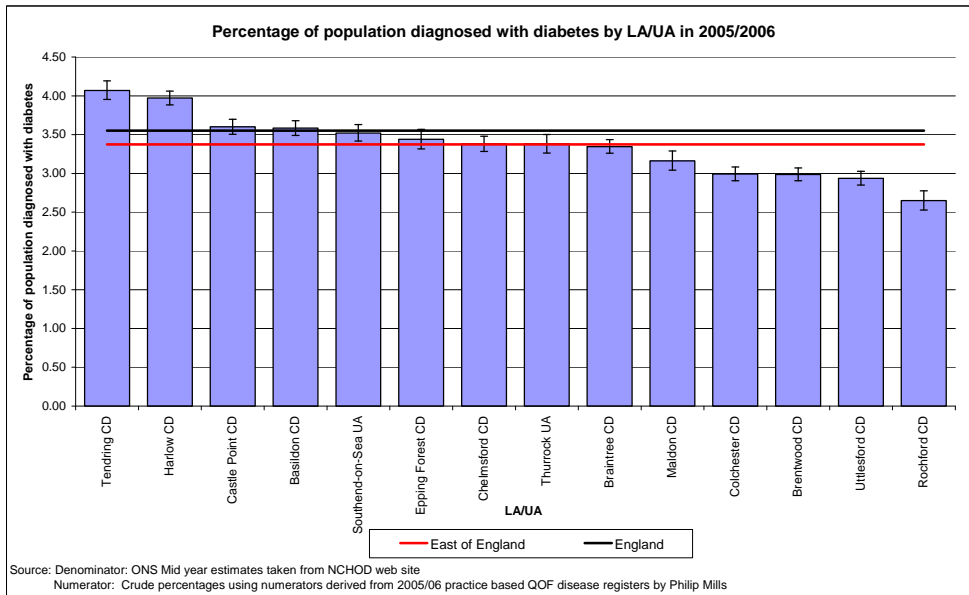
Figure 3.7: Essex diagnosis of coronary heart disease, 2005-06



3.4.3 Diabetes

Figure 3.8 shows the percentage of the population diagnosed with diabetes in Essex. Tendring, Harlow, Castle Point and Basildon have higher percentages of the population diagnosed with diabetes compared to the England average. It is thought that far more people have diabetes than is recorded.

Figure 3.8: Essex diagnosis of diabetes, 2005-06

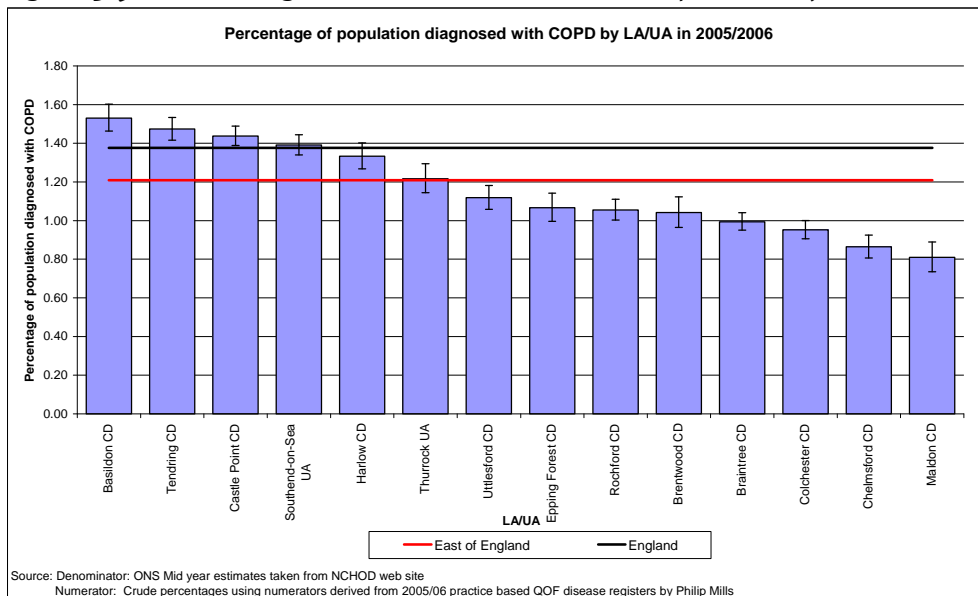


Diabetes is more prevalent among people with mental health problems than in the general population. People with schizophrenia are two to four times more likely than the general population to have diabetes, accounting for 15-18% of all people with schizophrenia. Prevalence of diabetes is two to three times higher in people with bipolar disorder. The interaction between diabetes and serious mental illness is complex and multi-factorial, and includes genetic and environmental factors, as well as the direct side effects of antipsychotic medication.

3.4.4 Chronic obstructive pulmonary disease (COPD)

Figure 3.9 shows the percentage of the population diagnosed with COPD in Essex. Basildon, Tendring and Castle Point have higher percentages diagnosed with COPD than the England average.

Figure 3.9: Essex diagnosis of chronic obstructive pulmonary disease, 2005-06



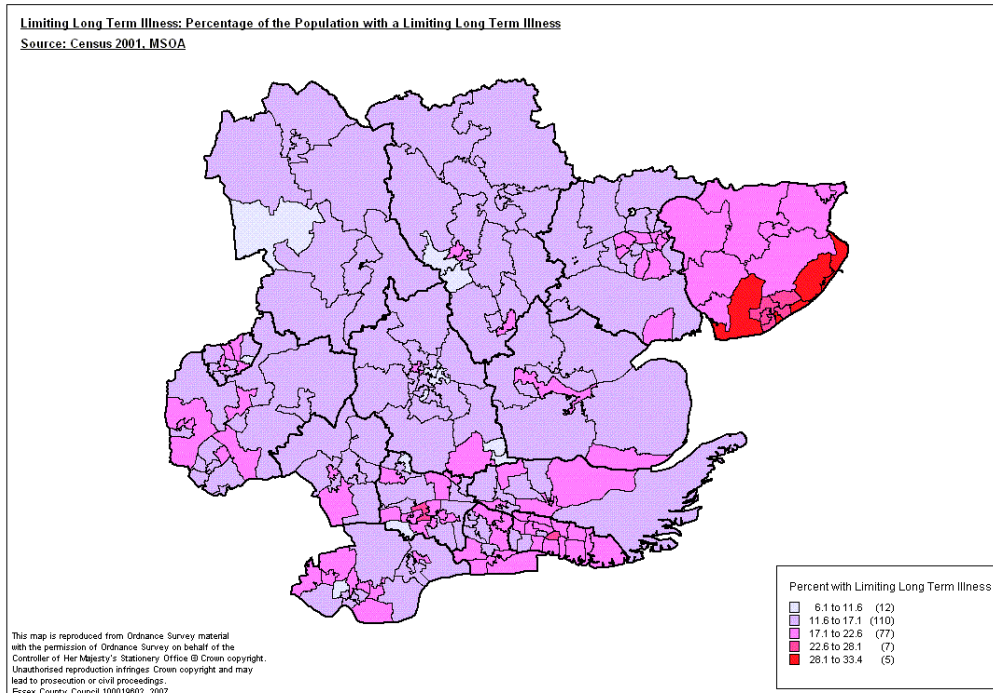
3.5 Limiting Long-Term Illness (LLTI)

LLTI is a Census measure of whether or not a person considers themselves to have a long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

LLTI can have a profound effect on quality of life and capacity to be economically active. Within Essex, the proportion of people with a LLTI is 16.2% or 215,471 people (Census 2001). This compares to a national rate of 17.9%.

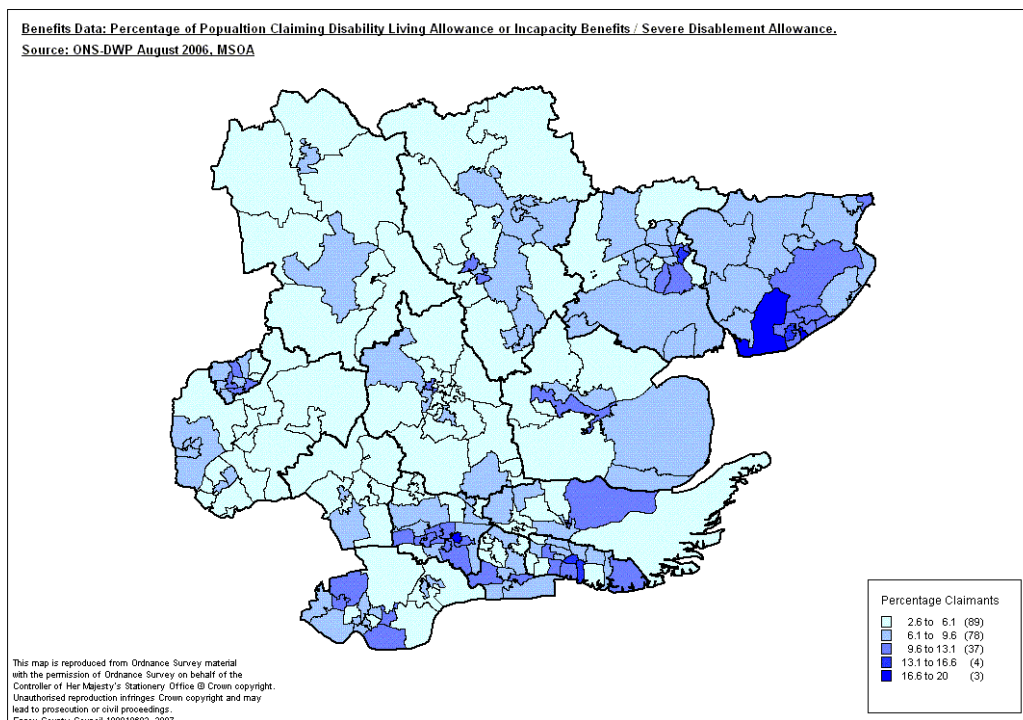
The map below shows levels of LLTI across Essex, according to the 2001 Census. All of Tendring and most of Southend have high levels of LLTI, with particularly high levels in Tendring's coastal areas. There are pockets of higher LLTI elsewhere also.

Figure 3.10: Essex limiting long-term illness by MSOA



Those areas where there is a high prevalence of limiting long-term illness also have high benefit claimant rates. The map below shows the claimants for Disability Living Allowance and Incapacity Benefit by MSOA. Looking at the two maps together, it can be seen that there is close correlation between areas with higher proportions of benefit claimants and LLTI prevalence.

Figure 3.11: Essex disability benefits claimants by MSOA



Unemployment tends also to be associated with LLTI as those suffering with a long-term illness may find it difficult to work. Figure 2.22 (see p34) maps unemployment and shows that, where there are higher levels of LLTI prevalence there are corresponding higher unemployment rates. However, unemployment rates are also higher in some other parts of the region indicating that LLTI is not the only contributing factor in unemployment.

3.6 Conclusion

In general, the health of the people in Essex is good. Compared to the national picture, fewer residents consider themselves to have a limiting long-term illness and life expectancy is longer. There are, however, dramatic health inequalities both between and within districts / boroughs. Most shocking is that there is a difference of 18.6 years between highest and lowest life expectancies.