
Reducing health inequalities – a call to action! Why we must focus on the Vital 5!

Keynote speaker: Prof John Moxham, Director of Value Based Healthcare,
King's Health Partners

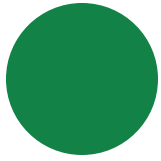
The Third Tony Lynes Memorial Lecture

Wednesday 30 October 2019

Prof John Moxham | Joseph Casey

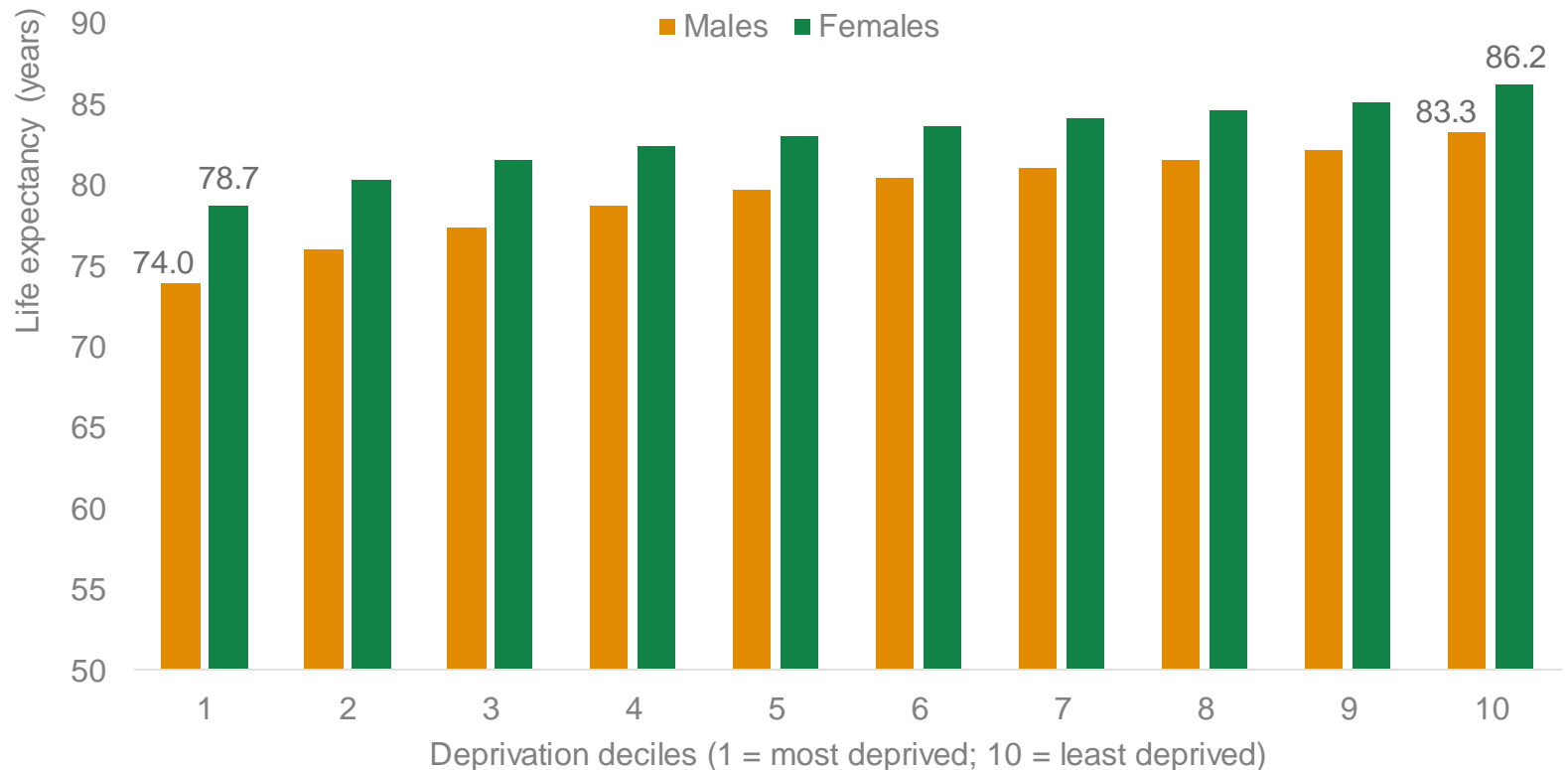
#Vital5

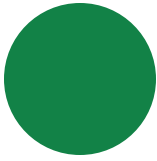




Life expectancy | Health inequalities and deprivation

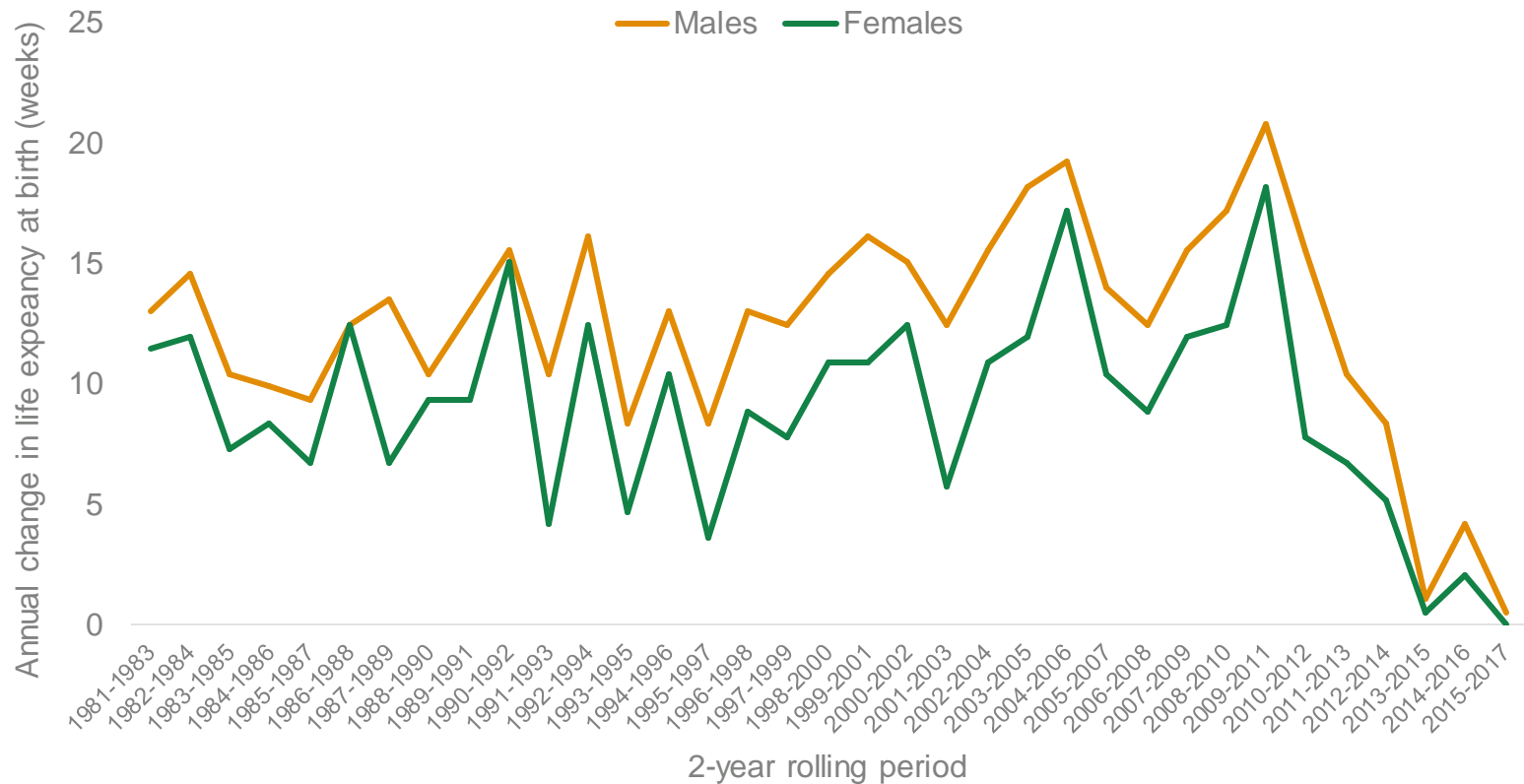
Life expectancy at birth: by sex and national deprivation deciles, England, 2015 to 2017

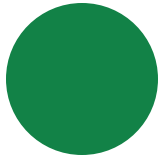




Life expectancy | Slowdown in improvements for UK

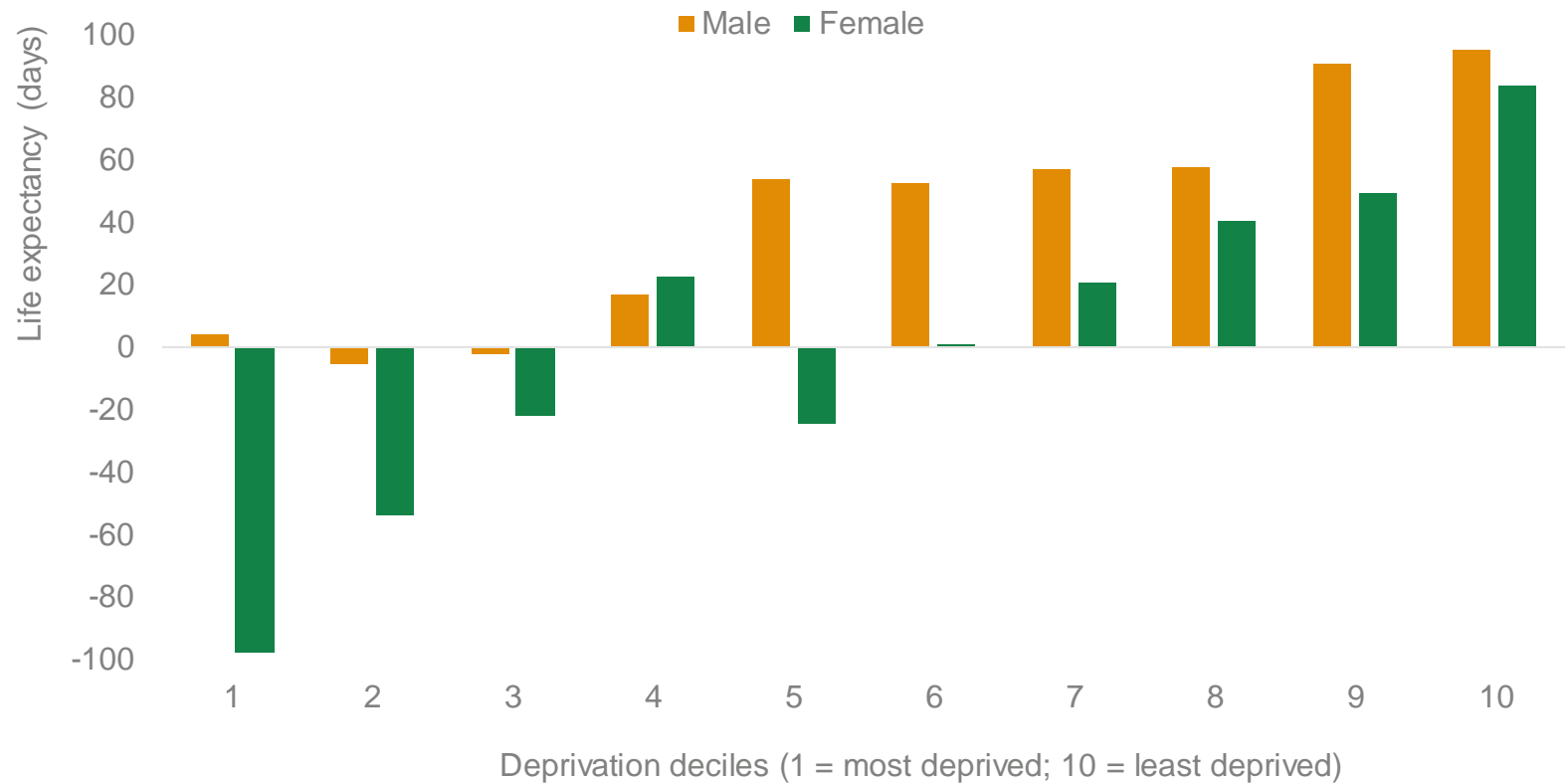
Annual change in life expectancy at birth (weeks) for males and females between 1981 to 1983 and 2015 to 2017 (United Kingdom)

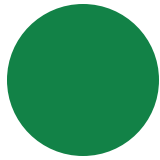




Life expectancy | Widening health inequalities

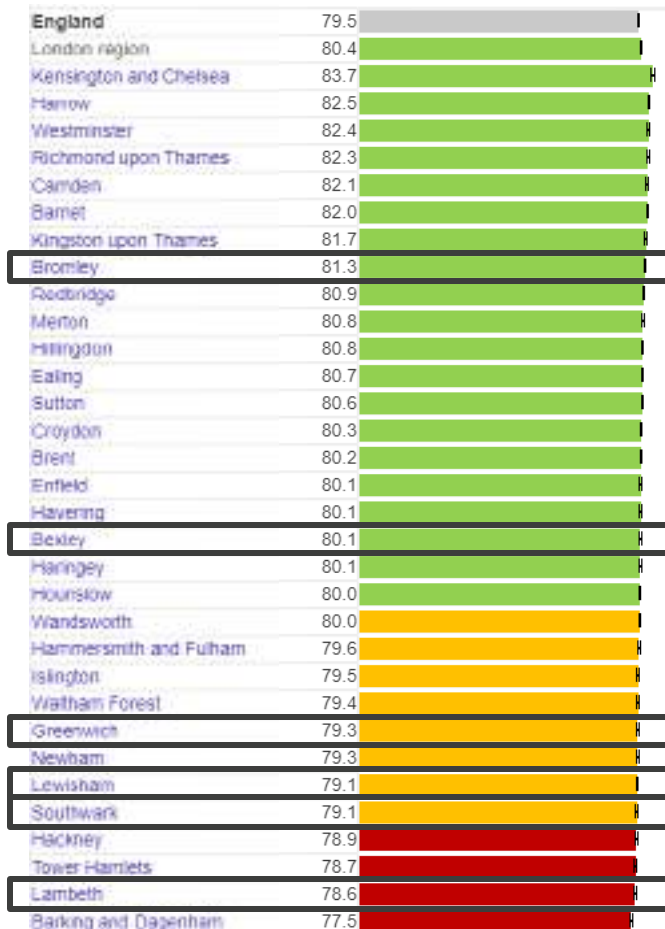
Change in life expectancy in days between 2012-2014 and 2015-17: by sex and decile, England



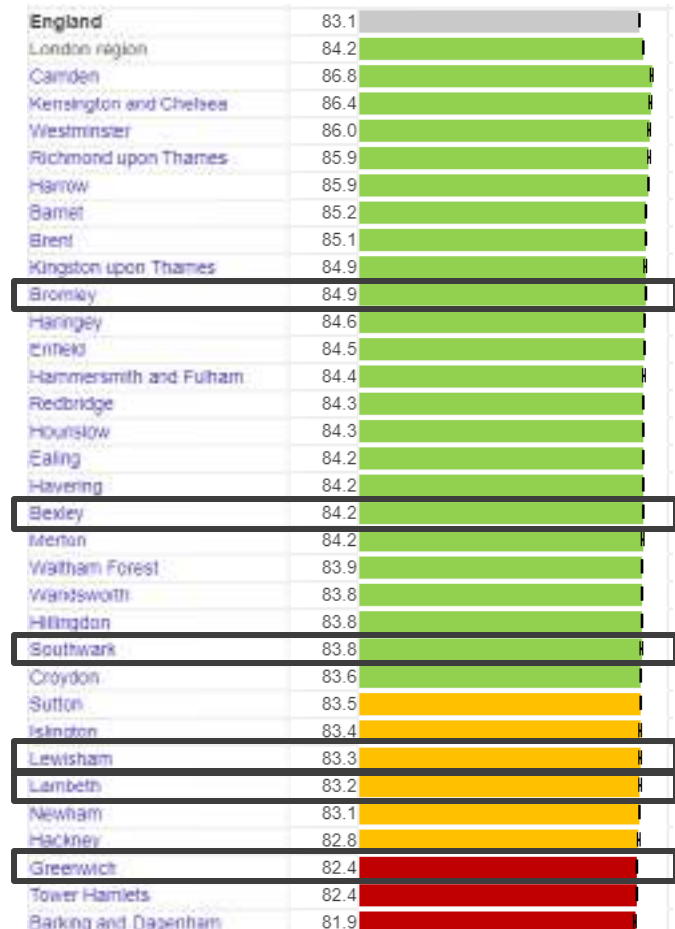


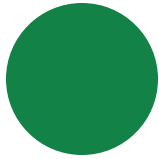
Life expectancy | Difference between London boroughs

Life expectancy at birth (male)



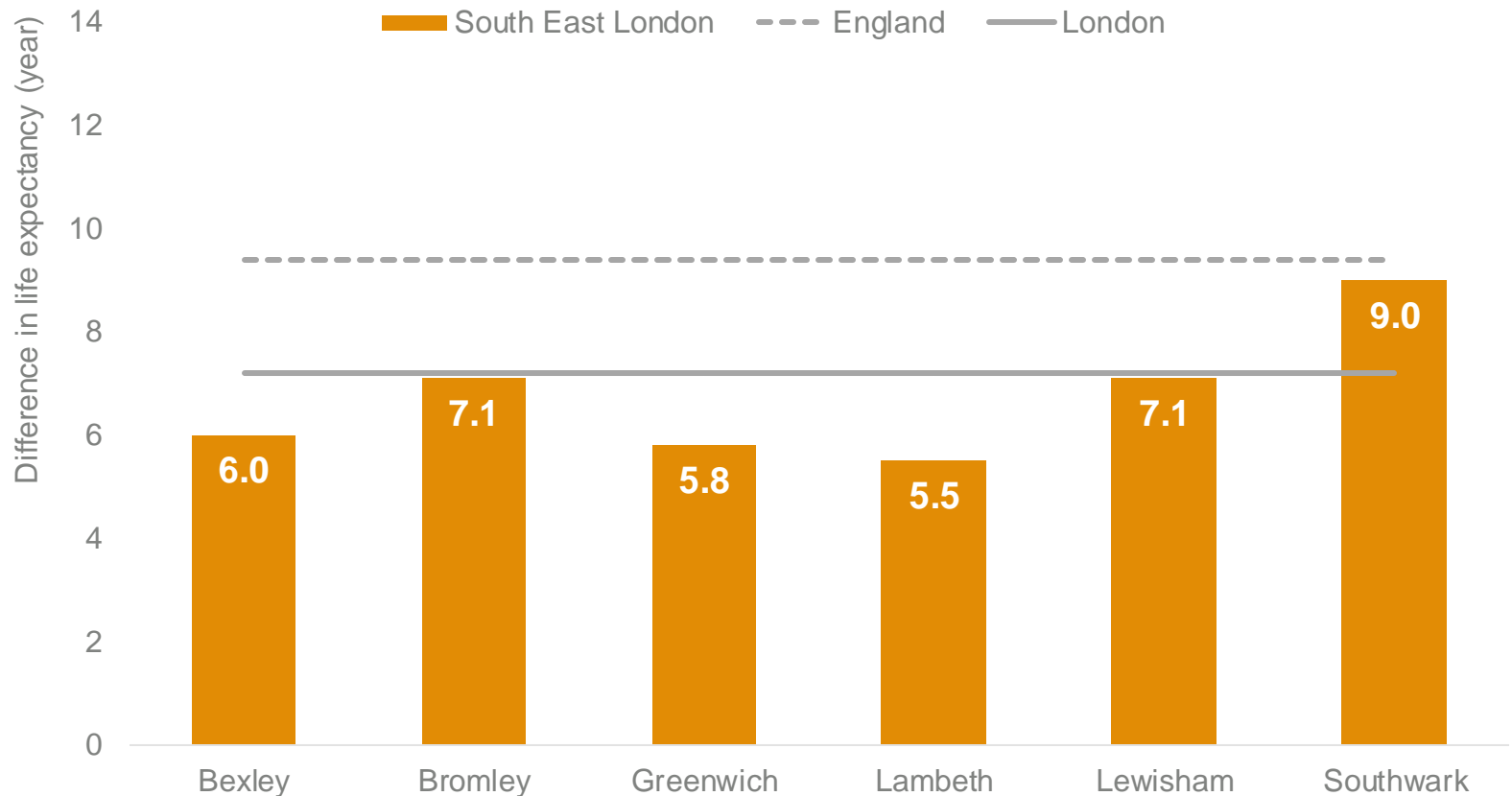
Life expectancy at birth (female)

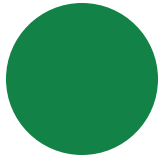




Life expectancy | Differences within boroughs

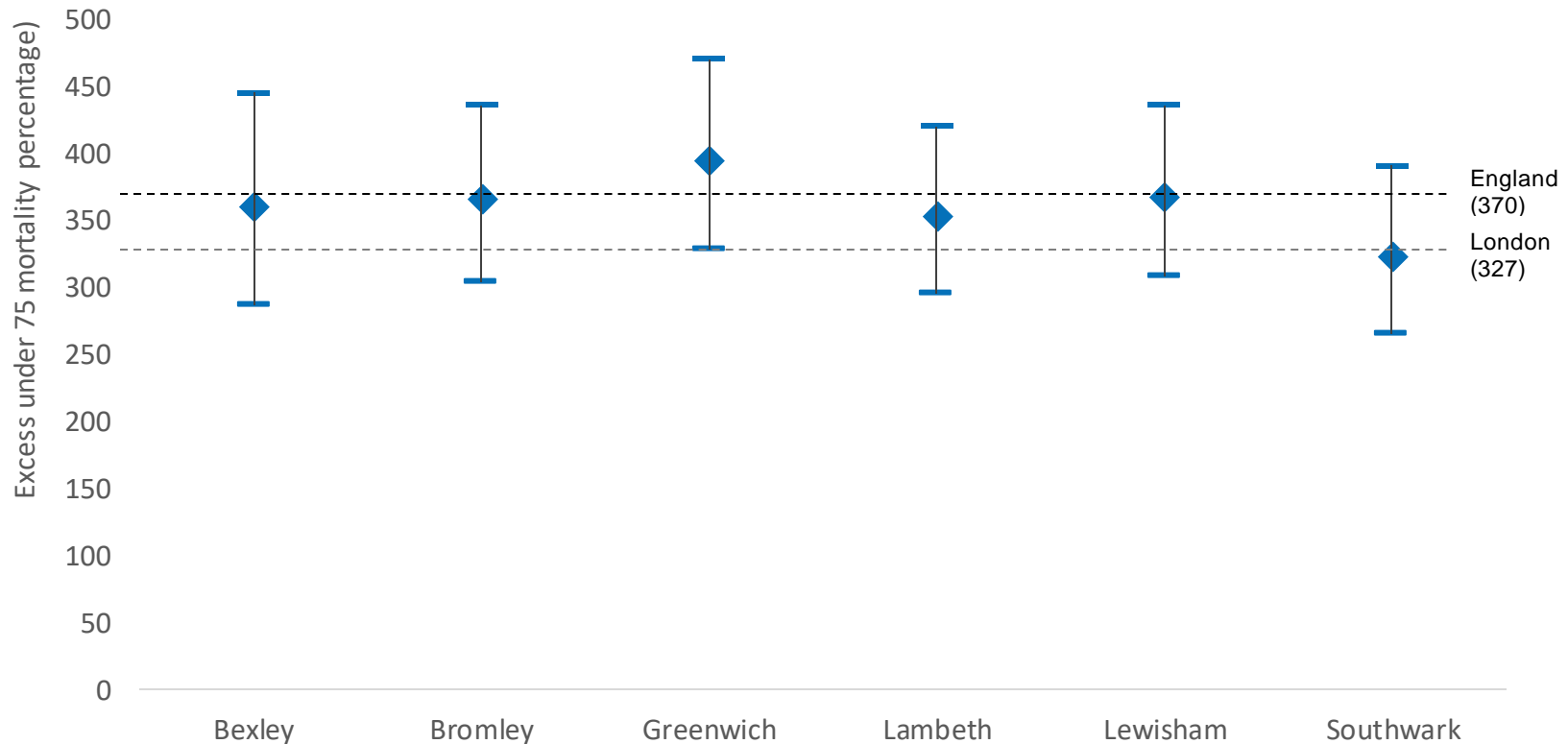
Differences in life expectancy at birth (males) between least and most deprived areas for boroughs in south east London, London region, England (2015-17)

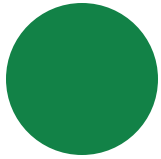




Premature mortality | People with serious mental illness

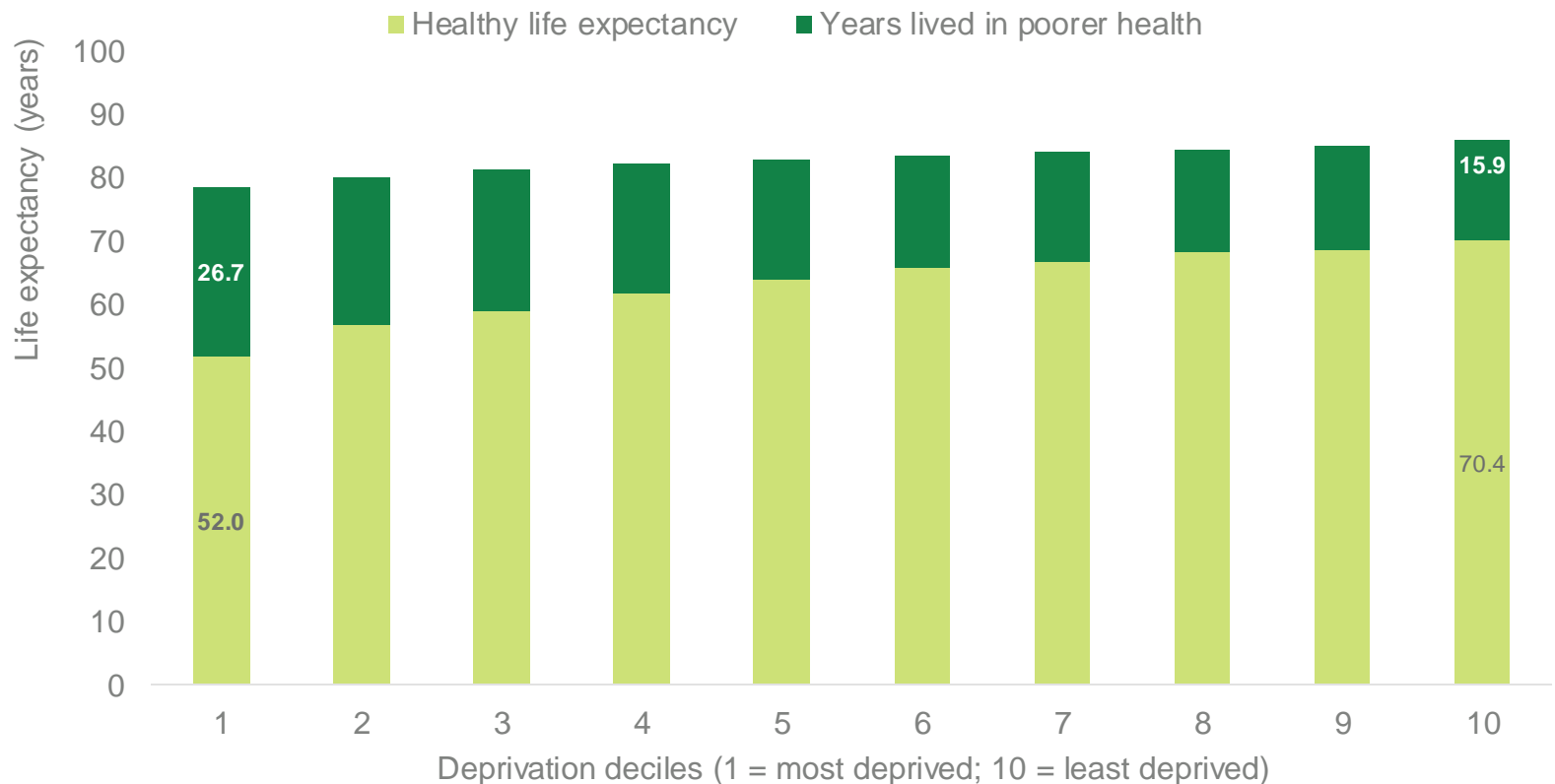
Excess under 75 mortality rate in adults with serious mental illness for boroughs in south east London (with 95% confidence intervals) compared to London region and England average (2014/15)

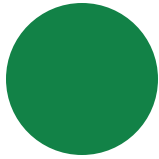




Healthy life expectancy | Health inequalities

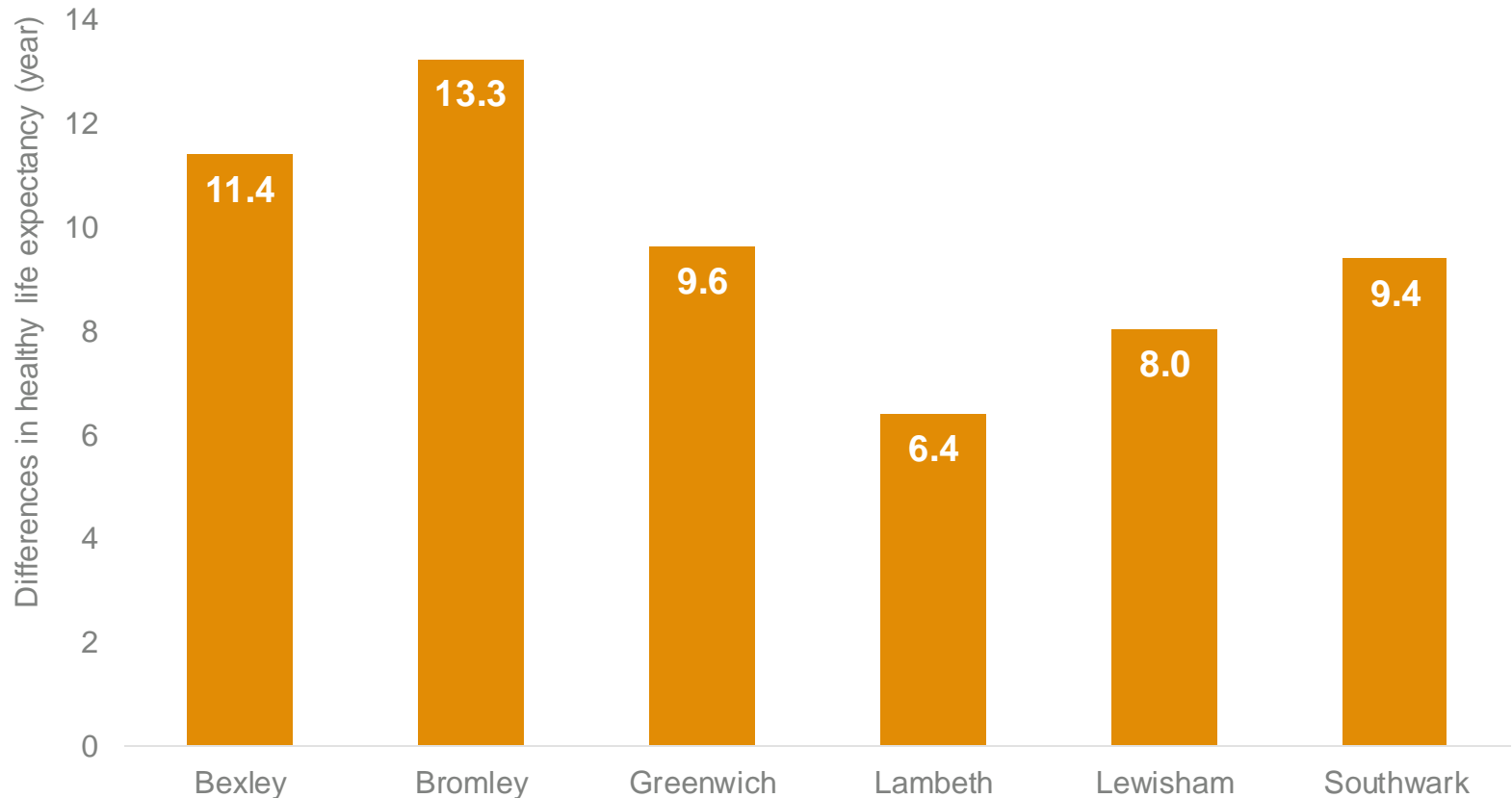
Female healthy life expectancy at birth and years lived in poorer states of health: by national deprivation deciles, England, 2015 to 2017



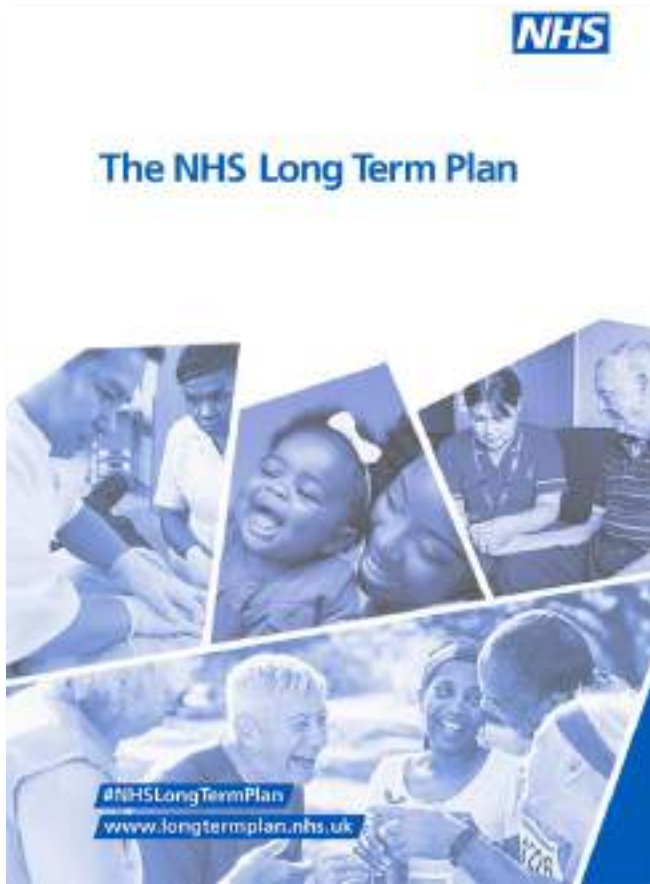


Healthy life expectancy | Differences within boroughs

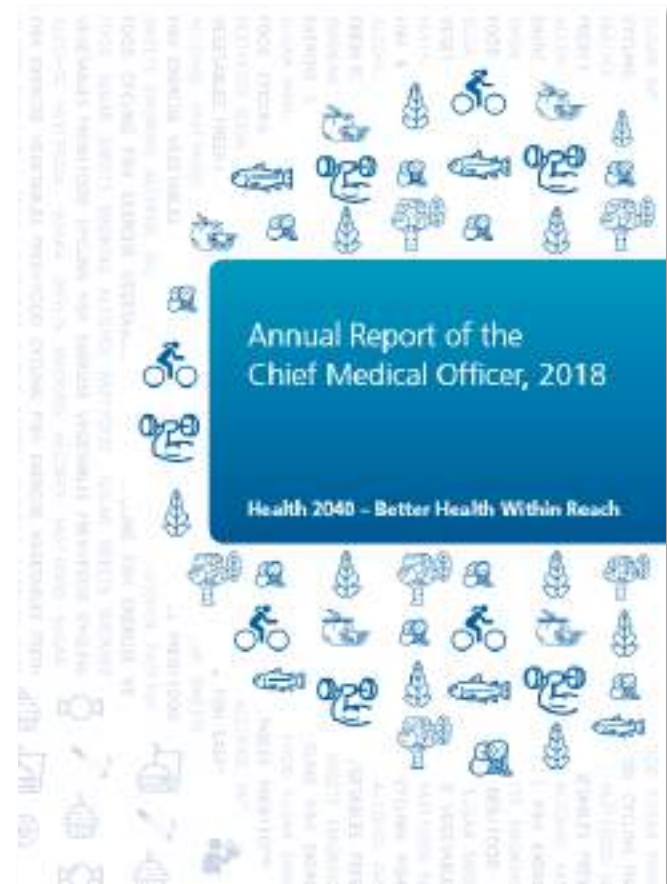
Differences in healthy life expectancy at birth (males) between least and most deprived areas for boroughs in south east London, London region, England (2015-17)



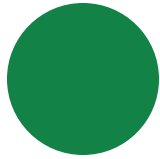
Health inequalities in all policies



"...takes a more concerted and systematic approach to reducing health inequalities..." (p.39)

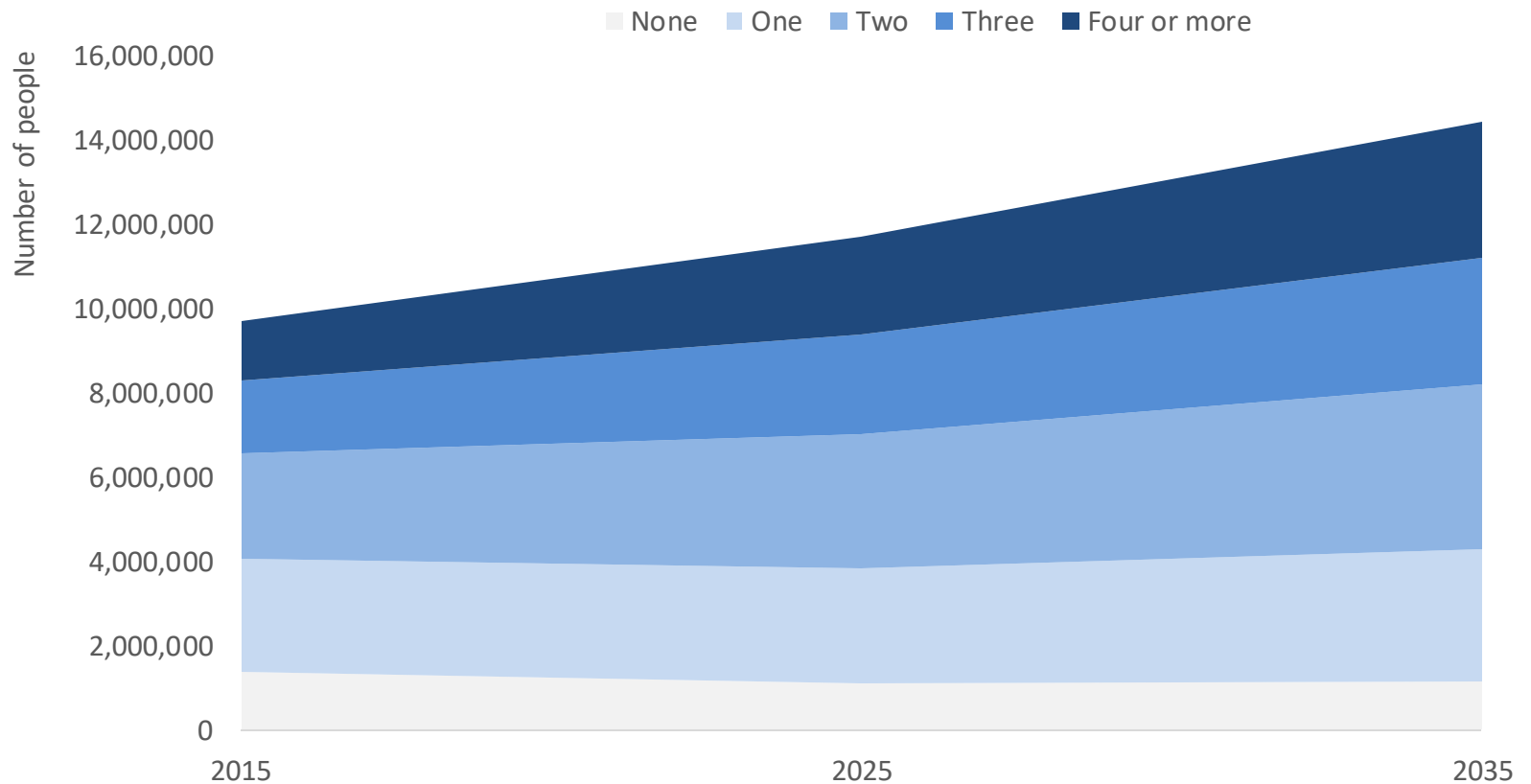


"A cross-government health inequalities strategy" (p.15)

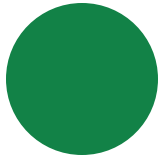


Focus on outcomes and health inequalities | Increasing ill health across our population

Projected number of people aged 65 and over with multi-morbidity in 2015, 2025, and 2035 in England

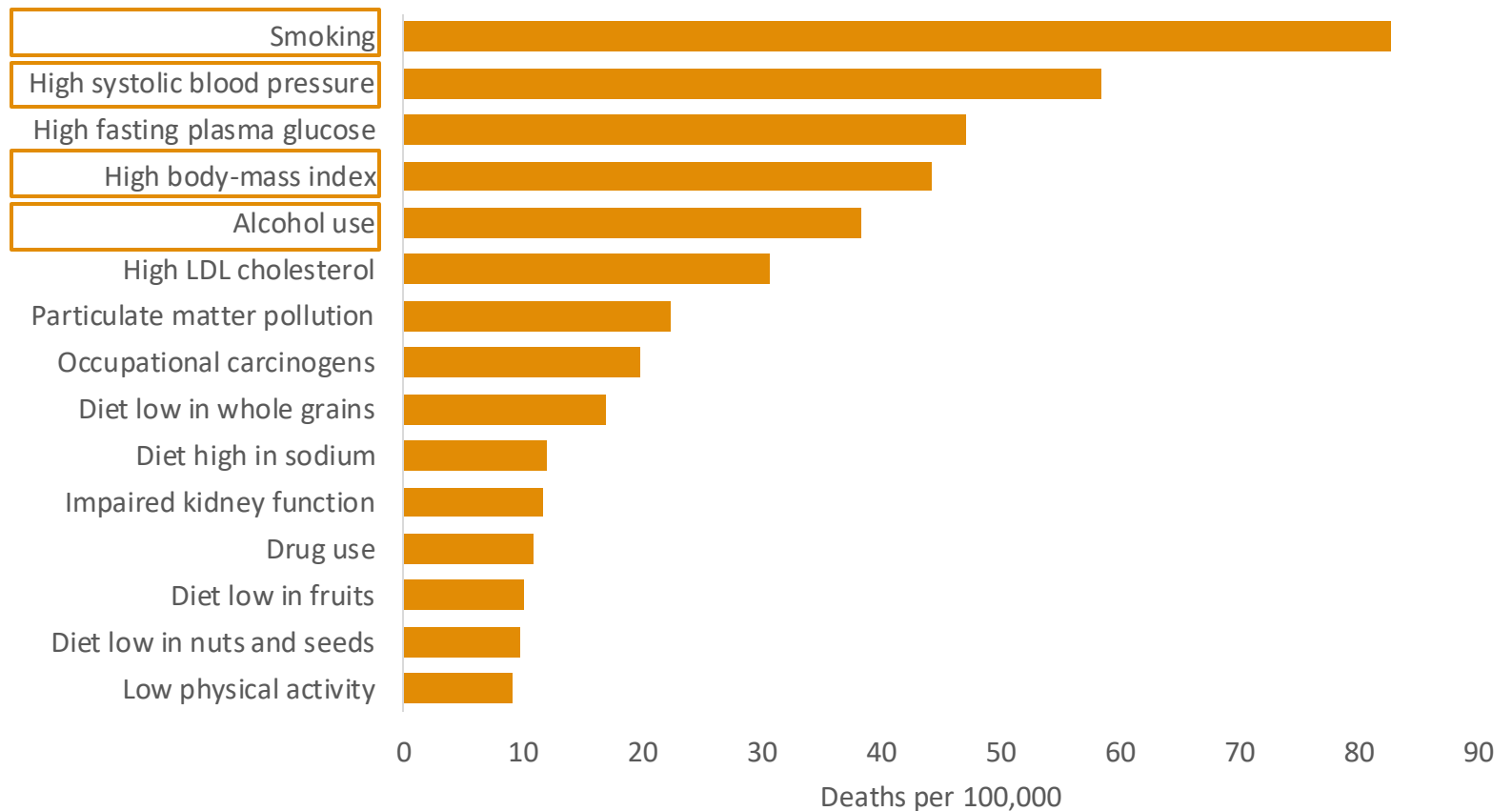


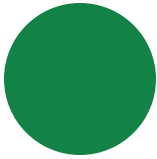
Source: Kingston et al, Age and Ageing, Volume 47, Issue 3, 1 May 2018, Pages 374–380, “Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model”, <https://academic.oup.com/ageing/article/47/3/374/4815738>



Burden of disease | Deaths by attributable risk

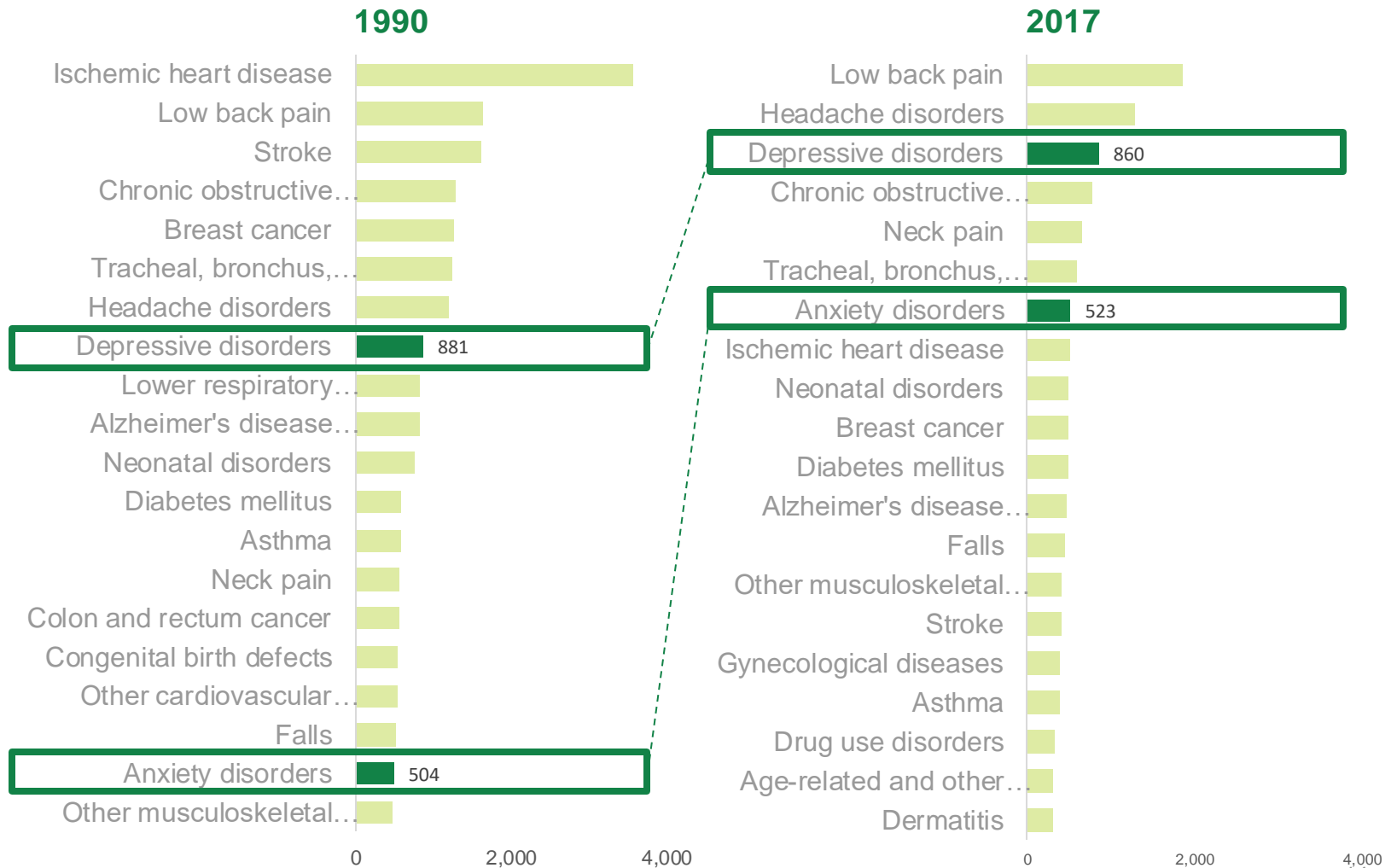
Deaths per 100,000 by risk factor in Southwark (male, all ages, 2017)

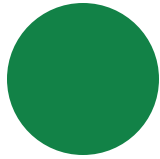




Burden of disease | Disability adjusted life years (cause)

Disability adjusted life years (DALY) per 100,000 by cause in Southwark (female, all ages)

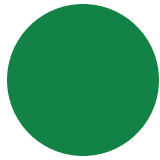




The Vital 5 | Improve health and wellbeing and reducing health inequalities

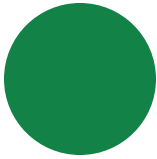
Vital 5	Aim	Measured through
Blood pressure	to reduce stroke, heart attack, dementia, and improve well being	Blood pressure recording
Obesity	to reduce diabetes, renal dialysis, liver transplants, amputations and other comorbidities, and improve well being	Body mass index (BMI) from height/weight recording
Mental health score	to reduce the burden of mental illness, improve physical health, recovery and well being	Generalised Anxiety Disorder Assessment (GAD-7) and/or Patient Health Questionnaire (PHQ-9) depression module
Alcohol intake	to reduce liver transplants, malignant disease, dementia, and to improve well being	volume and frequency questionnaire
Smoking habits	to reduce respiratory, malignant disease, dementia, and improve well being	volume and frequency questionnaire

Standardised, routine recording and sharing of these five measures with patients and professionals across primary, community and secondary care should be a vital component of delivering consistent, high quality care for all patients. **Vital 5 data is now being collected at Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.**



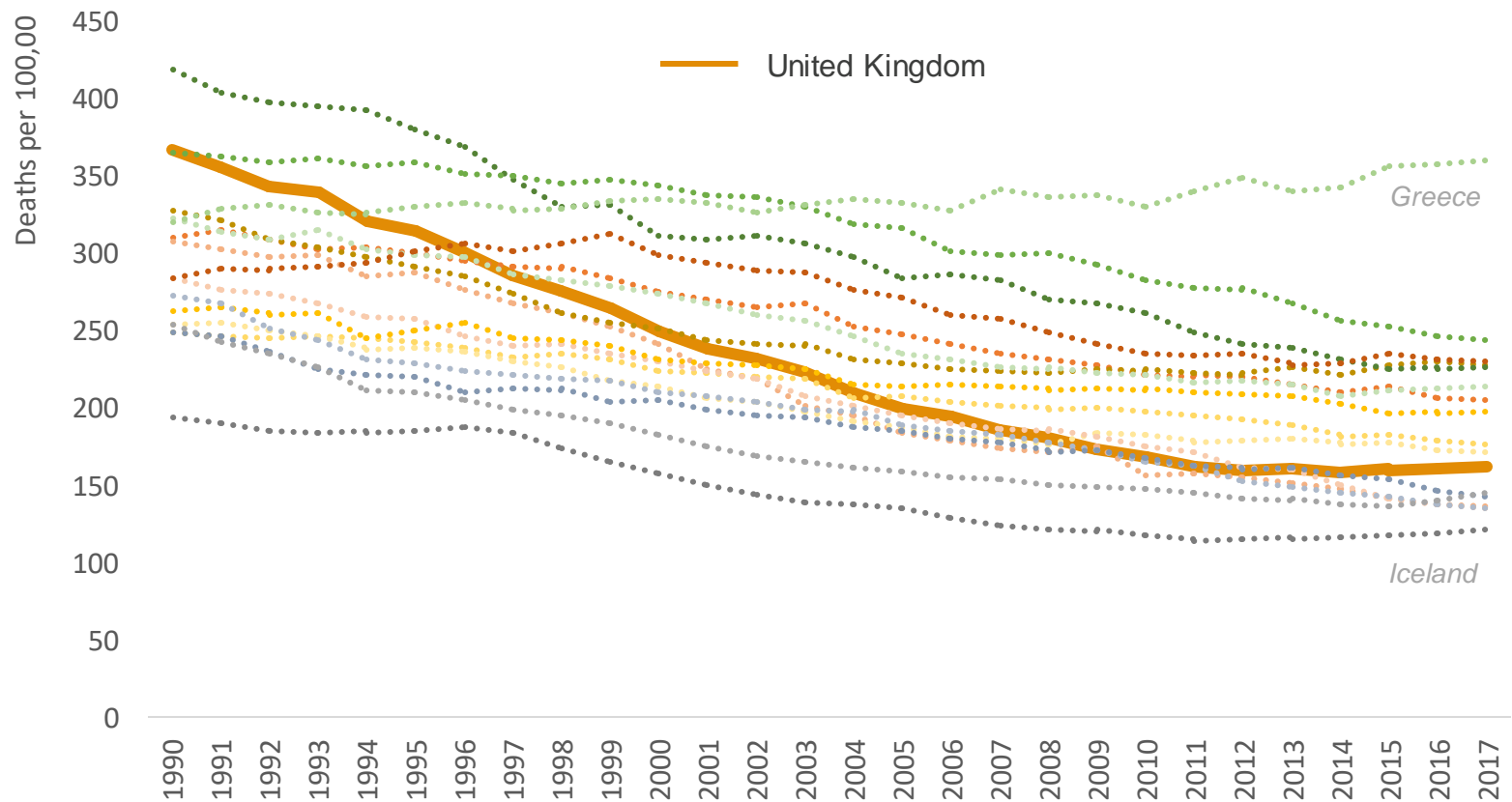
Determinants of health | Vital 5 can only be improved for a population by addressing the causes of poor health



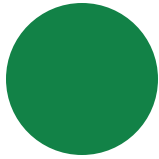


Smoking | European comparison of attributable deaths

Deaths attributable to smoking tobacco for United Kingdom and other western European countries (males, 1990 to 2017)

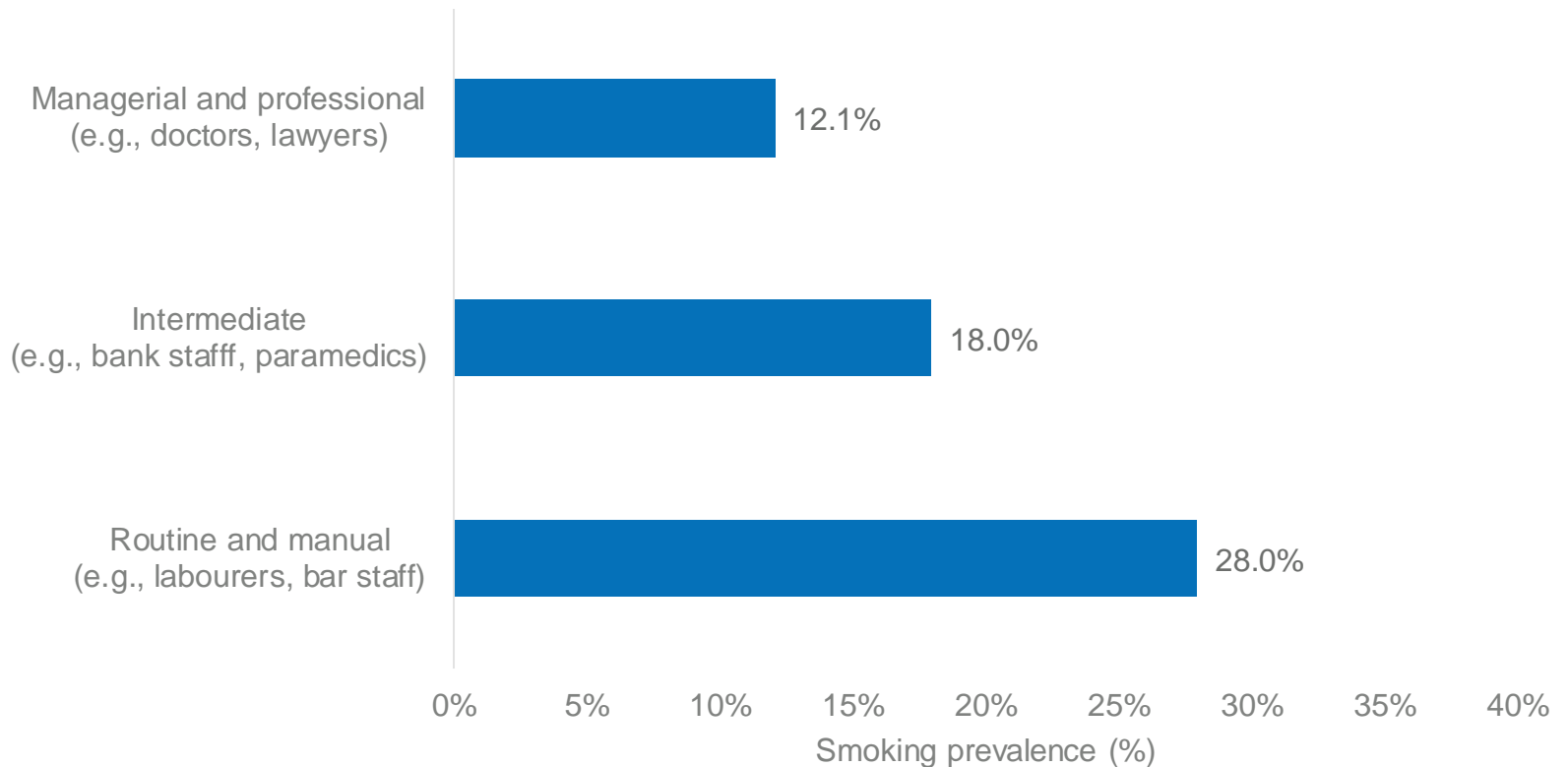


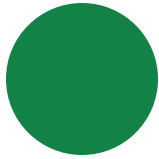
Data extracted from Institute of Health Metrics and Evaluation “Global Burden of Disease”, see <https://vizhub.healthdata.org/gbd-compare/>. Comparator countries defined as “Western Europe” by IHME: Italy, Ireland, Germany, France, Denmark, Austria, Belgium, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Greece, Iceland, Finland



Smoking | Prevalence by socio-economic group

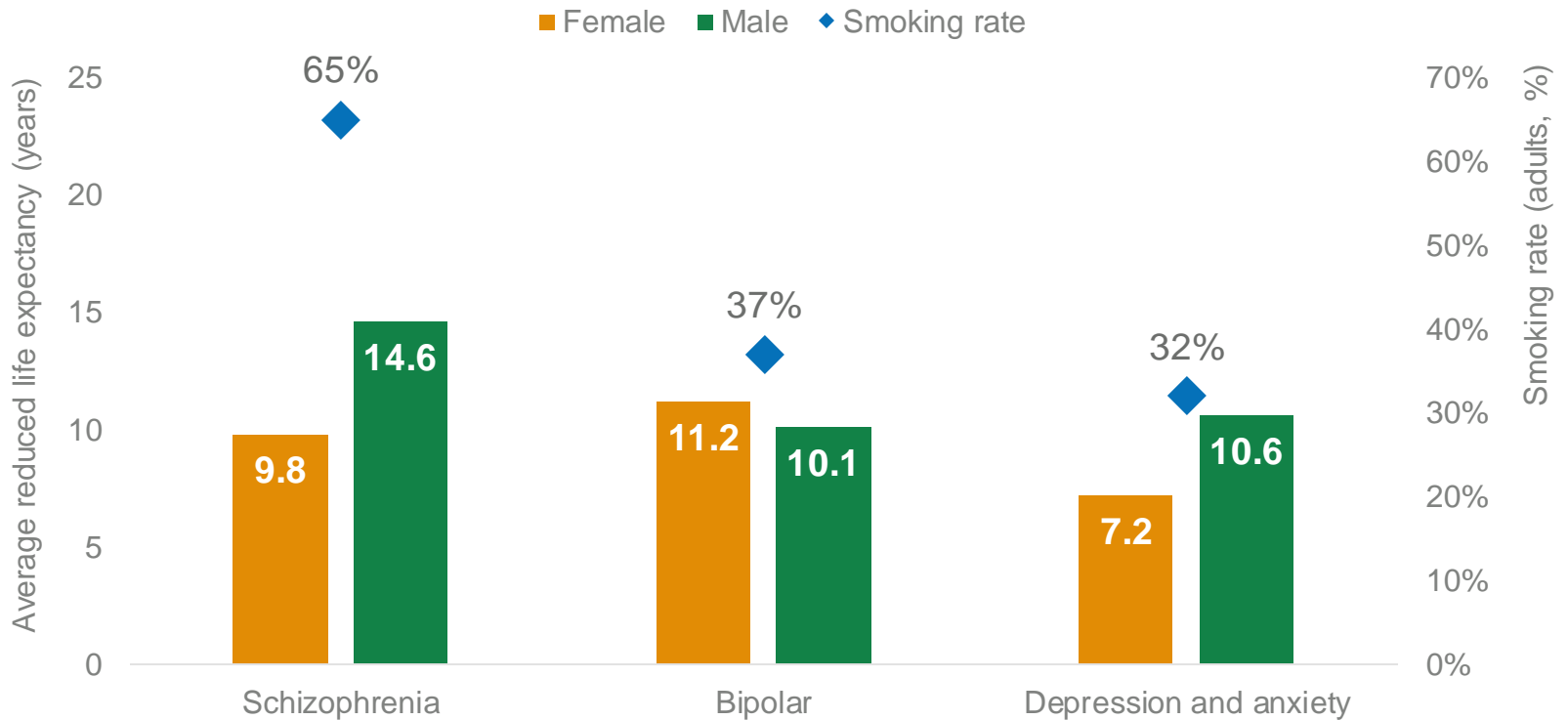
Smoking prevalence by socio-economic group (2014)





Smoking | Prevalence and mental health conditions

Smoking rates and average reduced life expectancy compared to the general population by mental health condition

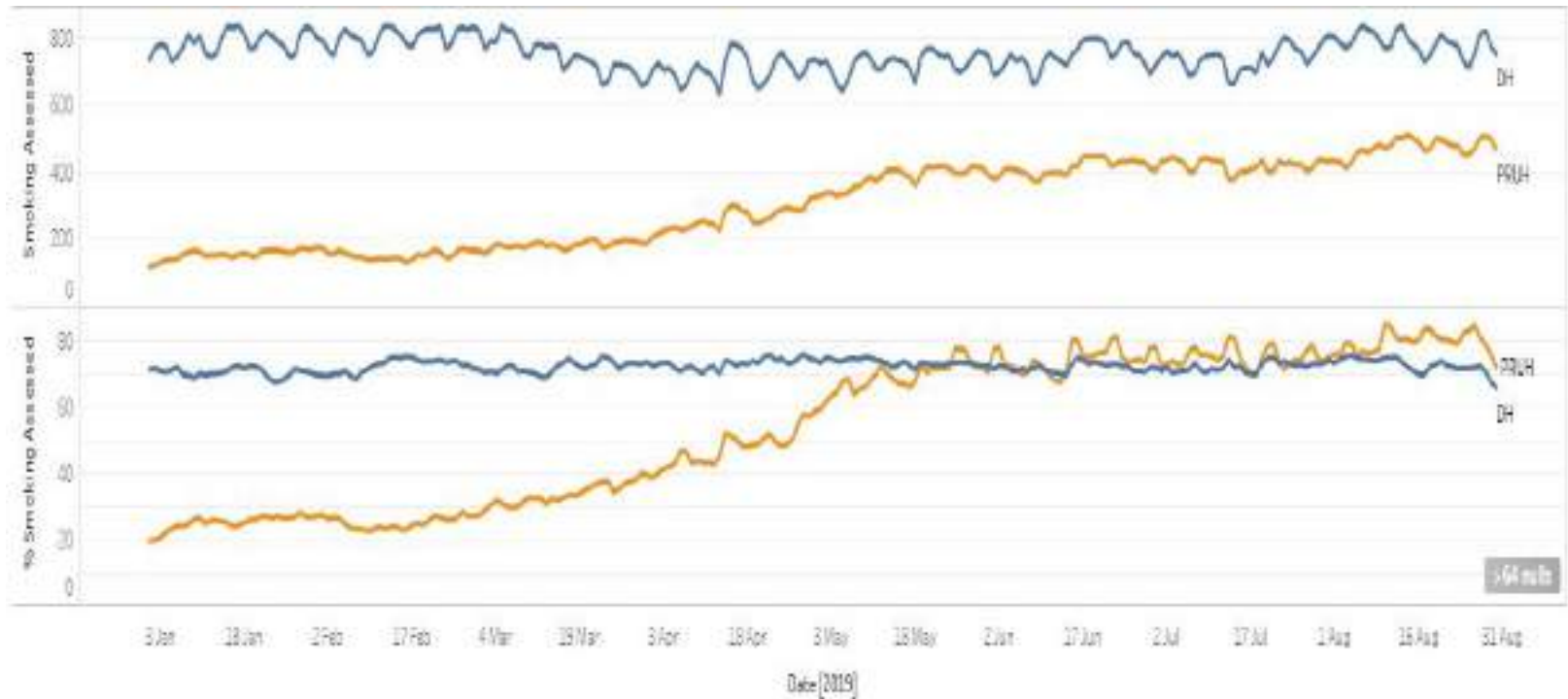


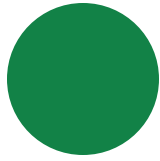
Note: Smoking prevalence for general population 18.5% for comparable period.



Smoking | Collecting and communicating the Vital 5

Smoking assessments (total and percentage) at King's College Hospital NHS Foundation Trust for Denmark Hill (DH) and Princess Royal University Hospital (PRUH) for January to August 2019

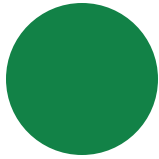




Smoking | Improving outcomes and addressing health inequalities through the Vital 5

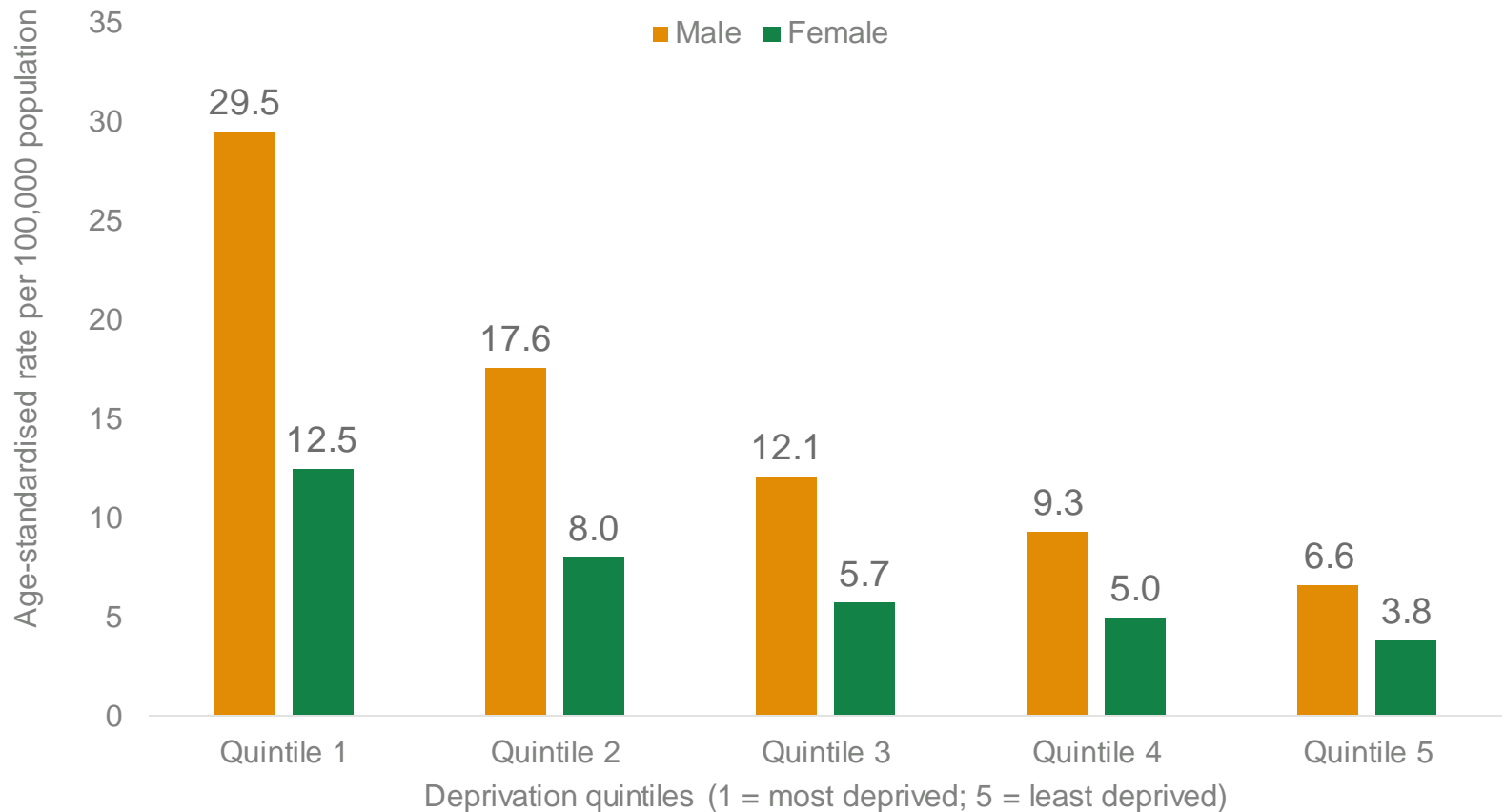
Ottawa model for smoking cessation

- Implementation of the systematic identification of all smokers in hospital, administration of pharmacotherapy and behavioural support, and long term follow-up
- Quit rate doubled
- Mortality at 2 years halved
- Readmissions halved at 30 days, reduced by one third at one year
- Highly cost effective
- **Now being commissioned at King's College Hospital and Guy's and St Thomas' NHS foundation trusts.**

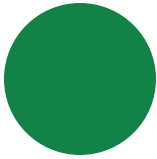


Alcohol | Deaths by socio-economic group

Age-standardised rates of alcohol-specific deaths by deprivation quintile (England, 2016)

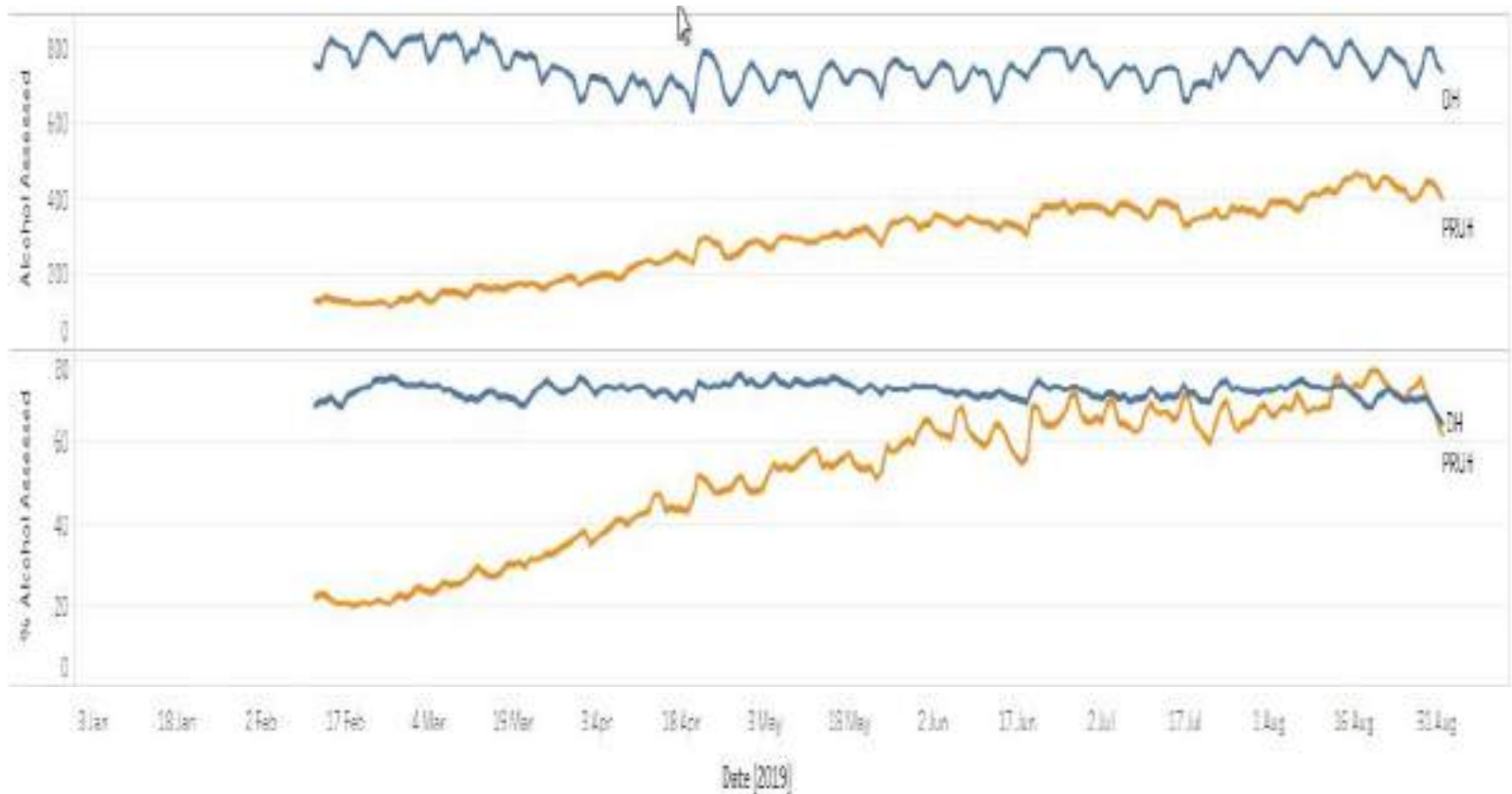


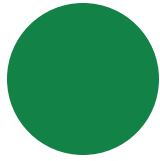
Office for National Statistics, available at <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2016>



Alcohol | Collecting and communicating the Vital 5

Alcohol consumption assessments (total and percentage) at King's College Hospital NHS Foundation Trust for Denmark Hill (DH) and Princess Royal University Hospital (PRUH) for January to August 2019





Alcohol | Improving outcomes and addressing health inequalities through the Vital 5

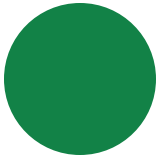
Alcohol care teams, screening and brief intervention

- **Alcohol screening and brief intervention** being introduced across King's College Hospital and Guy's and St Thomas' NHS foundation trusts – effective, reduces alcohol consumption for up to 12 months. Return on investment of £1.22 for every £1 spent.
- **Alcohol in-hospital teams** are consultant-led, seven-day, multidisciplinary service providing enhanced specialist care in hospital for people with alcohol disorders. Improves care, reduces readmissions. Return on investment of £3.85 for every £1 spent.
- **Alcohol assertive outreach teams** have delivered a three-fold reduction in hospital bed days, increased people's quality of life (as measured by EQ5D), saving £10,000 per patient (net cost savings) with an estimated return on investment of £3.42 for every £1 spent.

Alcohol | Assertive outreach team

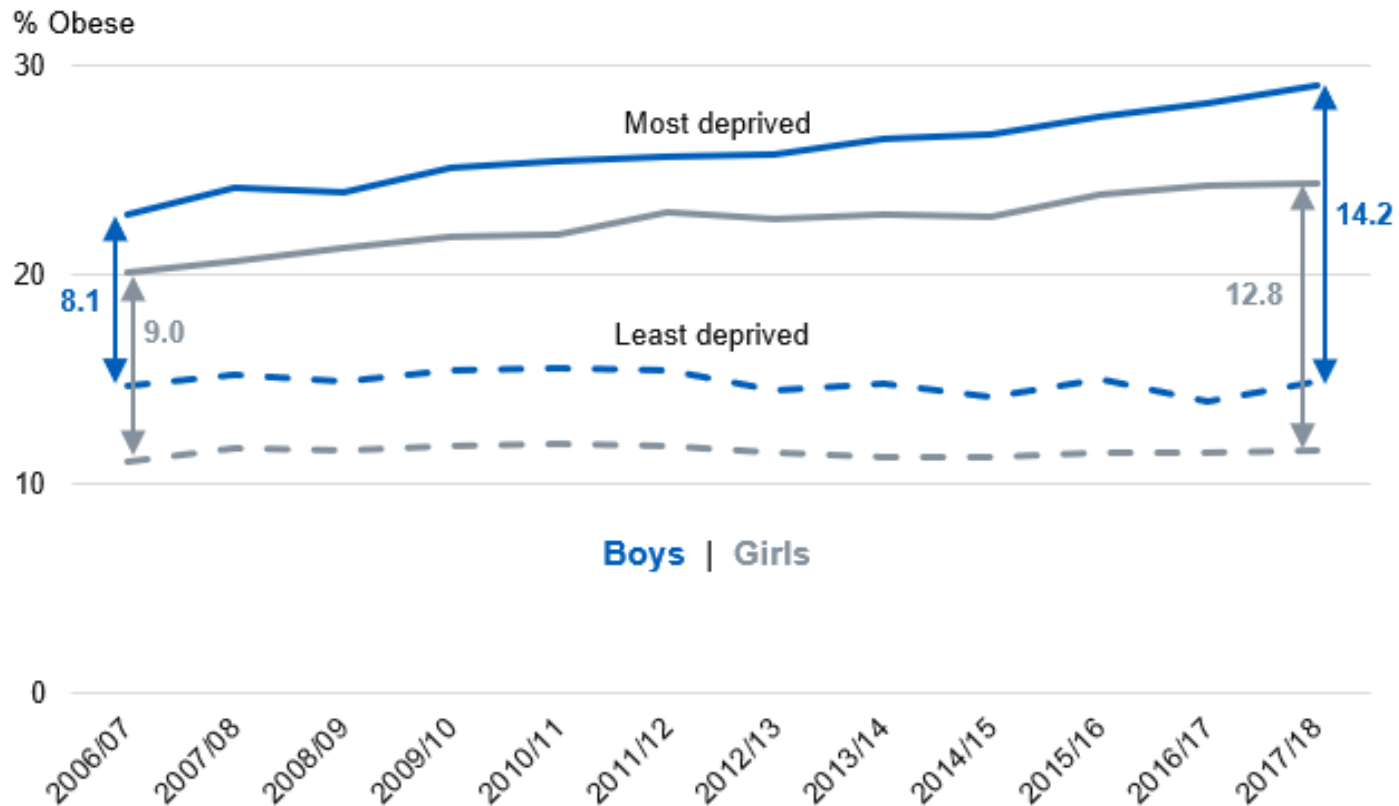


Mental Health Team of the Year - British Medical Journal Awards (BMJ) 2019



Obesity | Growing health inequalities for children

Deprivation gap for obesity (year 6) between 2006/7 and 2017/18 for most and least deprived areas for boys and girls (England)



Obesity | Recommendations to reduce childhood obesity

The Telegraph

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Weigh children annually between two and 18 to prevent obesity timebomb, says Royal College

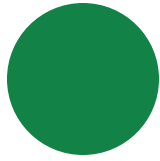


The RCPCH said childhood obesity was now a national public health and clinical priority. (Credit: Chris Knapton/PA)

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

- There should be opportunistic recording of weight and Body Mass Index (BMI) for all children (2-18) once a year.
- NHS England must increase capacity and access to specialist weight management services for children and young people.

Royal College of Paediatrics and Child Health, 'Child health in England in 2030: comparisons with other wealthy countries' (October 2018) available at: <https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries>



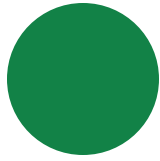
Obesity | Adult obesity and stigma

Obesity has **increased three-fold** over the last forty years – affecting **2 billion adults** worldwide.

Obesity should be addressed **like any other chronic conditions** – with understanding, support and treatment, and **without stigma**.

Even **modest weight loss (5-10%) improves control** of blood sugar (which can avoid progression to type 2 diabetes), blood pressure, high density lipoprotein (HDL) cholesterol, mobility, and quality of life including depression.

M. Arora and colleagues, “Stigma and obesity: the crux of the matter”, The Lancet (October 2019) available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30186-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30186-0/fulltext); D. H. Ryan, S. Ryan Yockey, “Weight Loss and Improvement in Comorbidity”, Current Obesity Reports (June 2017) available at: <https://www.ncbi.nlm.nih.gov/pubmed/28455679>.



Common mental health conditions |

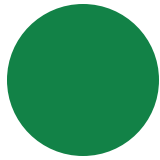


Depression is a common condition for patients with physical illnesses – for example, affecting **23%** of **rheumatology** patients.

Anxiety is similarly common, for example affecting **21%** of **orthopaedics** patients.

Understanding mental health status **informs** and **improves** care. In outpatients clinics, patients are offered screening and assessment for anxiety and depression alongside other symptoms related to long term conditions through self administered questionnaires on iPads.


The IMPARTS approach **facilitates appropriate referral** to liaison psychology and psychiatry services.




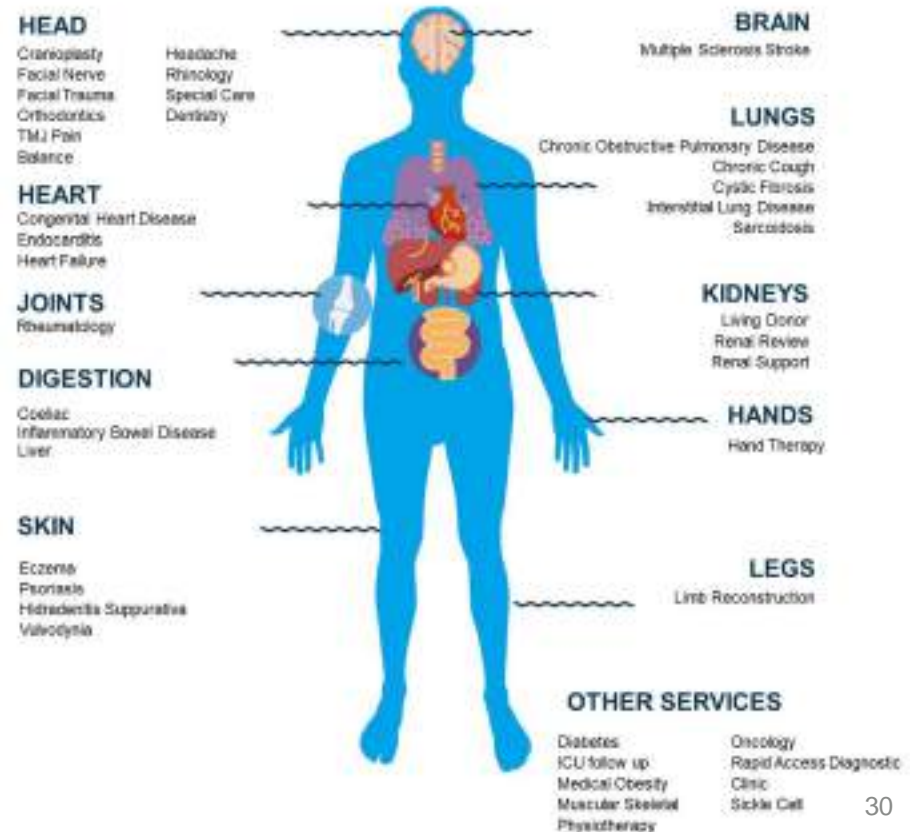
Common mental health conditions | Improving outcomes and addressing health inequalities through the Vital 5

74,433 screenings completed

Available in 58 outpatient clinics across King's Health Partners:

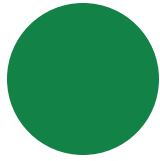
 29 live clinics
Guy's and St Thomas' NHS Foundation Trust (19 in development)

 29 live clinics
King's College Hospital NHS Foundation Trust (17 in development)



Blood pressure | Who knows their blood pressure?





Blood pressure | Treatment of high blood pressure

Research using **Lambeth DataNet** shows that approximately:

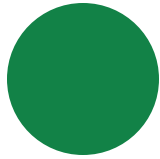
20% of the population has hypertension – **60,000 people** in Lambeth

50% of these people are known to general practice – **30,000 people**

Of whom, **50%** have well controlled blood pressure – **15,000 people**

Therefore, **45,000 people** (75% of those with hypertension) are either **not identified** or their hypertension is **not well controlled**.

Drugs to treat hypertension are available, effective, safe and cheap! The challenge is reaching people...



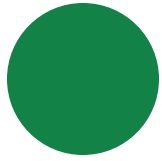
Blood pressure | Improving outcomes and addressing health inequalities through the Vital 5

Clinical Effectiveness approach in primary care

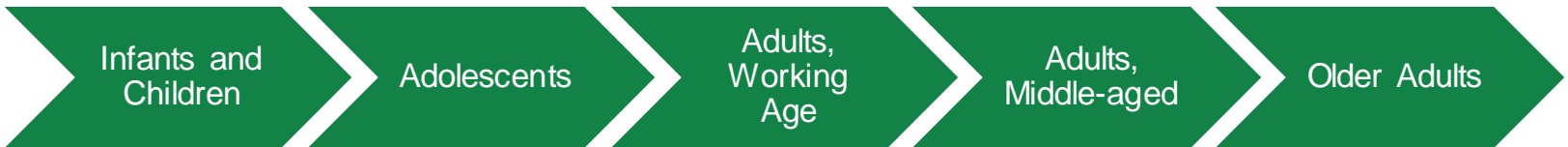
In Southwark, if we reduce the average blood pressure in people with hypertension by 10 mmHg in one year, it could prevent:

- 49 people from developing **ischemic heart disease**
- 47 people from developing **heart failure**
- 67 people from having a **stroke**
- 178 deaths





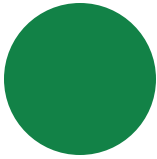
Our vision | the Vital 5 for life



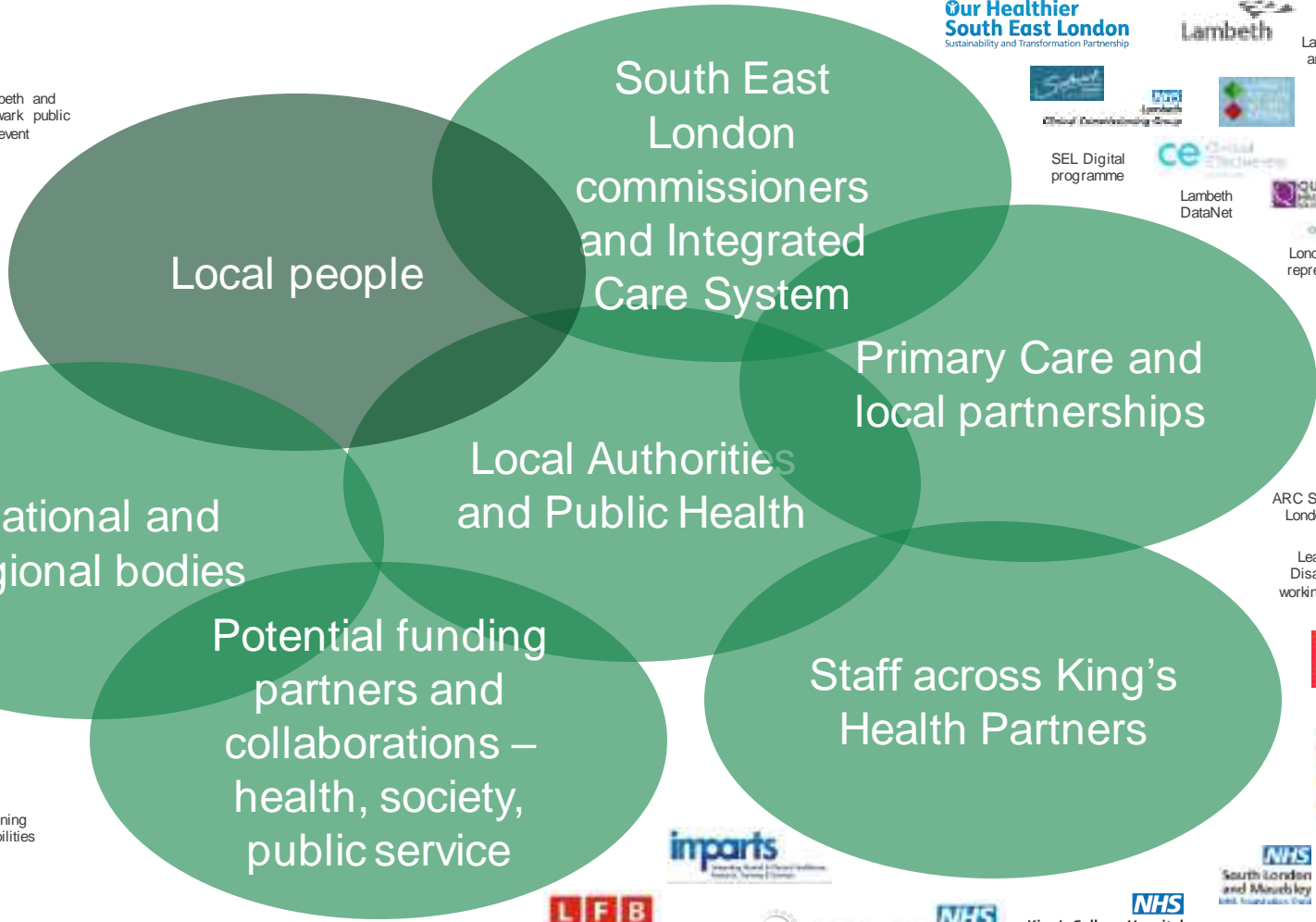
→ Learning Disabilities

→ Mental Health

- Implementing system-wide approaches to improve Vital 5 for a population
- Building a population-wide conversation to develop our approach together
- Enabling primary, community and secondary care to share and update a Vital 5 scorecard
- Supporting people to know and improve their Vital 5, including when well



We all need to work together to improve health and wellbeing and reduce health inequalities



Lambeth and Southwark public event

Southwark Pensioners Action Group

healthwatch Lambeth

healthwatch Southwark

London Region Pharmacy event

London Smoking Cessation conference

London Clinical Senate

Public Health England

NHS

NHS England and NHS Improvement

Prevention Primary Care Learning Disabilities Mental Health

Our Healthier South East London Sustainability and Transformation Partnership

Lambeth

Lambeth Health and Wellbeing Board

SEL Digital programme

Lambeth DataNet

London LMC representative

Local Care Networks

Lambeth and Southwark Integrated Informatics

ARC South London

Learning Disabilities working group

LFB

inparts

CHILDREN & YOUNG PEOPLE'S HEALTH PARTNERSHIP

Guy's and St Thomas' NHS Foundation Trust

King's College Hospital NHS Foundation Trust

NHS South London and Maudsley NHS Foundation Trust

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Keep on keeping on...