Introduction:
Health inequalities are the avoidable differences in people’s health across social groups and between different population groups.

This briefing pack provides background information to support the understanding of these inequalities in Bath and North East Somerset. The themes identified in the ‘Marmot Review’ are supplemented with local and national examples of inequalities in practice.

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Pregnancy and Early Years

The physical, intellectual and emotional development of a person starts in pregnancy and very early childhood. What happens to a child in very early childhood has lifelong effects on many aspects of their health and wellbeing. Later interventions are less effective where good early foundations are lacking.

A boy born in the least deprived area can expect to live longer than one born in the most deprived area …

In 2015, B&NES families experiencing domestic abuse, mental ill-health or substance misuse were 6x more likely to live in our most deprived communities than in our least deprived communities.

Education and Life Long Learning

Inequalities in educational outcomes have an impact on physical and mental health, as well as income, employment and quality of life. Early years education is crucial, however, reducing the inequalities involves supporting work based training (apprenticeships and supporting those in changing careers) and increasing availability of life-long non-vocational training for all ages.

Around 28% of care leavers in B&NES... are reported to be Not in Employment, Education or Training (NEET) compared to...

3.8% of non-Care Leavers from school Years 12 to 14.

Fewer children from low income homes are school ready...

54% Free School Meals

71% Everyone else
**Fair Employment and a Healthy Standard of Living For All**

Being in employment is good for mental and physical wellbeing. However, jobs need to be sustainable and offer a minimum level of quality (including a living wage, decent working conditions, offer development opportunities and enable a work life balance).

As a society becomes richer, the levels of income considered adequate also rise. A minimum level of income is needed to achieve adequate nutrition, physical activity, housing and social interactions. These life factors all contribute to inequalities in health and opportunity.

The average B&NES weekly full-time workplace wage is £39 less than the UK average.

.. and local house prices are nearly 9 times the average wage.

![Bar chart showing average wages and local house prices]

1 in 5 (19%) children and young people...

**Healthy and Sustainable Places and Communities**

Communities are important for physical and mental health and well-being. The physical and social characteristics of communities – which include the green space and playparks provided, air quality and the social groups to reduce isolation in the elderly, and the degree to which they enable and promote healthy behaviours, all make contributions to social inequalities in health.

Fewer lower income households in B&NES said there were plenty of places locally to experience nature...

![Pie chart showing percentage of households]

Younger people in B&NES are most likely to feel they had no one outside their family they could depend on...

![Bar chart showing dependency percentages by age group]

22% 18-34 yrs

14% 35-64 yrs

10% 65+ yrs

2014 Voicebox Survey
Ill Health Prevention

Many of the health behaviours including smoking, obesity and lack of physical activity, that have been shown to increase the risk of developing chronic diseases, such as heart attacks and diabetes, follow the social gradient – that is that people in the more deprived groups have the highest levels.

Partnership between primary care, local authorities and the 3rd sector to deliver effective targeted and universal preventative interventions can bring important benefits to health.

Inequity in Access to Health Services

There are inequalities between different groups of people in accessing healthcare, in health outcomes, and in experiences of healthcare. There is a gap in life expectancy between people living in the richest and poorest parts of the country that has been shown to be influenced by healthcare interventions. The healthcare system also has an important part to play in influencing the social conditions of people’s lives, and so could have a big impact on reducing health inequalities.

Evidence shows that there is inequity in uptake of bowel screening in the UK...

...uptake tends to be lower among ethnic minorities, low-socioeconomic groups, men and people with learning disabilities.
Glossary

**Care Leaver** is a person aged 25 or under, who has been looked after by a local authority for at least 13 weeks since the age of 14; and who was looked after by the local authority at school-leaving age or after that date.

**Child Health and Wellbeing Survey** is a bi-annual survey of Bath and North East Somerset pupils covering a range of topics, for example, healthy eating, smoking, etc.

**Deprivation** is calculated by the Government using a range of different indicators ranging from employment and income, to health crime and access to services for small areas in England.

**Free School Meal (FSM)** pupils have parents/guardians/carers who are in receipt of certain benefits.

‘**Marmot Review’** is Professor Sir Michael Marmot’s independent review into the most effective evidence-based strategies for reducing health inequalities in England.

**National Curriculum Years 12 to 14** includes ages 16/17 to 18/19.

**NEET** is a young person aged between 16 and 24 not in education, employment or training.

**Obese** is a categorisation of a child who has a Body Mass Index (BMI) greater or equal to the 95th centile.

**Poverty** refers to children living in households with below 60 per cent of median income, after housing costs.

‘**School Ready’** refers to those in Reception Year who achieve a good level of development in the Early Years Foundation Stage Profile (EYFSP).

**Voicebox Survey** is a large scale residents survey carried out by the council on an annual basis that aims to capture resident’s views on their local area and council services.

References


iii – Bath and North East Somerset Children’s Services in-house data 2015.  


viii – Bath and North East Somerset Council (2016) In house analysis of 2015 Voicebox Survey results

ix – Bath and North East Somerset Council (2015) In house analysis of 2014 Voicebox Survey results


xii – Dorning, et. al. (2015) Focus on: People with mental ill health and hospital use The Health Foundation http://www.qualitywatch.org.uk/focus-on/physical-and-mental-health

xiii – Dr Ardiana Gjini, MBBS FFPHM PhD, Consultant in Public Health Medicine, Bath, Gloucestershire, Swindon and Wiltshire: Screening and Immunisation Lead.