

# **‘Health Inequalities in B&NES: update and future roles’**

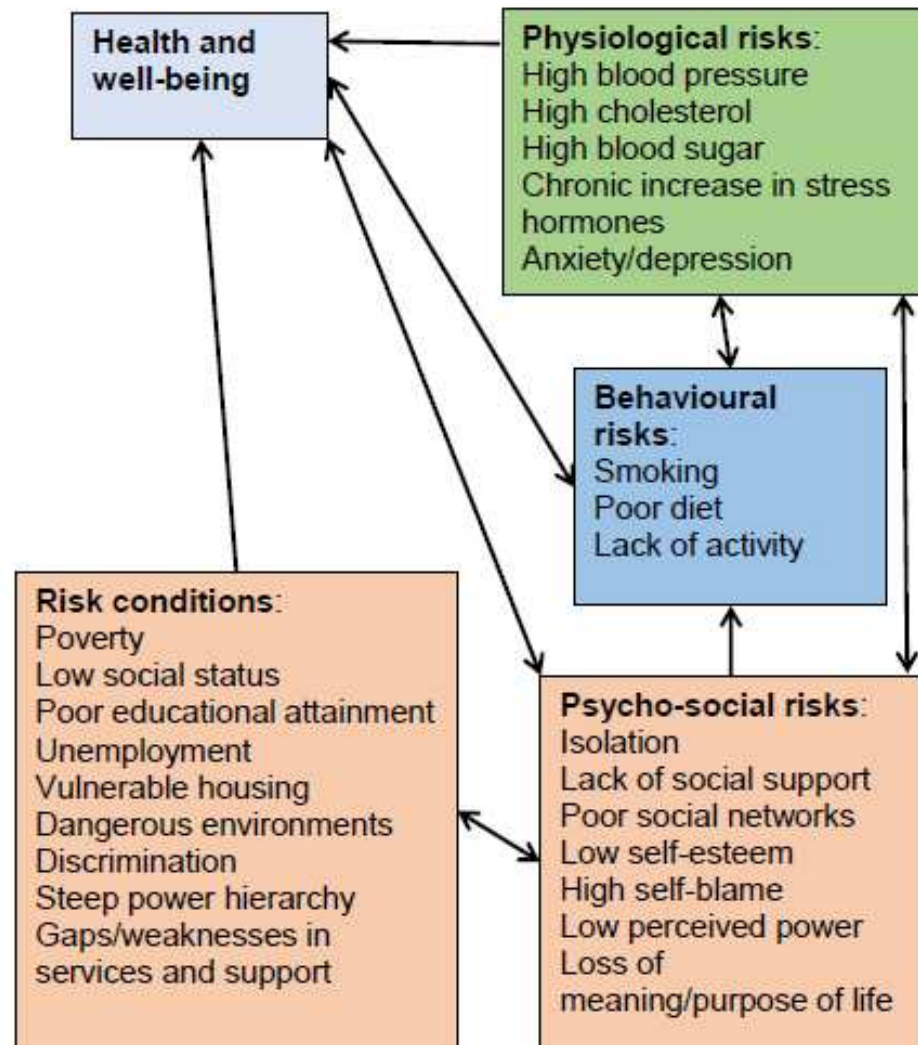
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# What are health inequalities?

- Some sections of society have worse health than others
- Some differences arise from chance, genetics or individual decisions
- But research shows that most health inequalities are determined by people's social and economic status over the course of their lives
- These differences are seen across different levels of wealth, between men and women, different ethnic groups, people with and without disability and between other discriminated-against groups and the majority

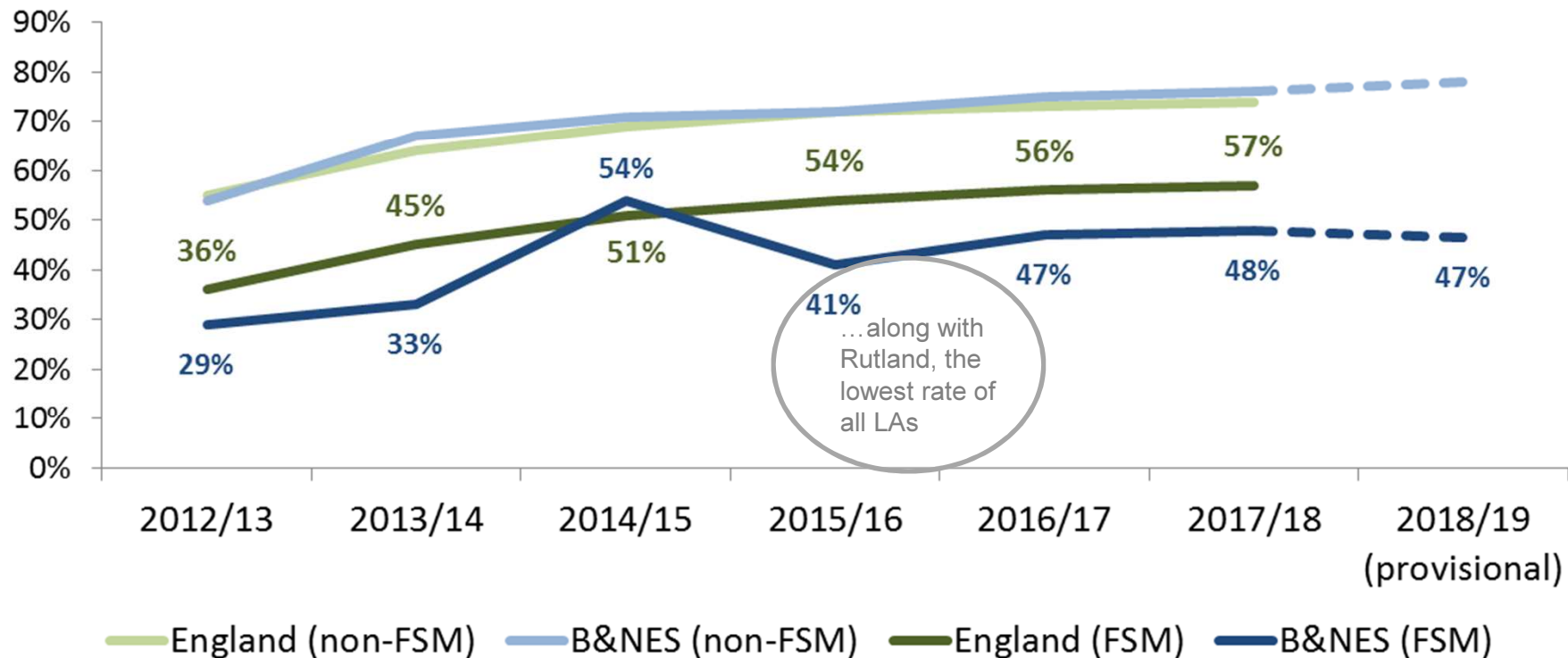
# Health and wellbeing ...and the things that affect it



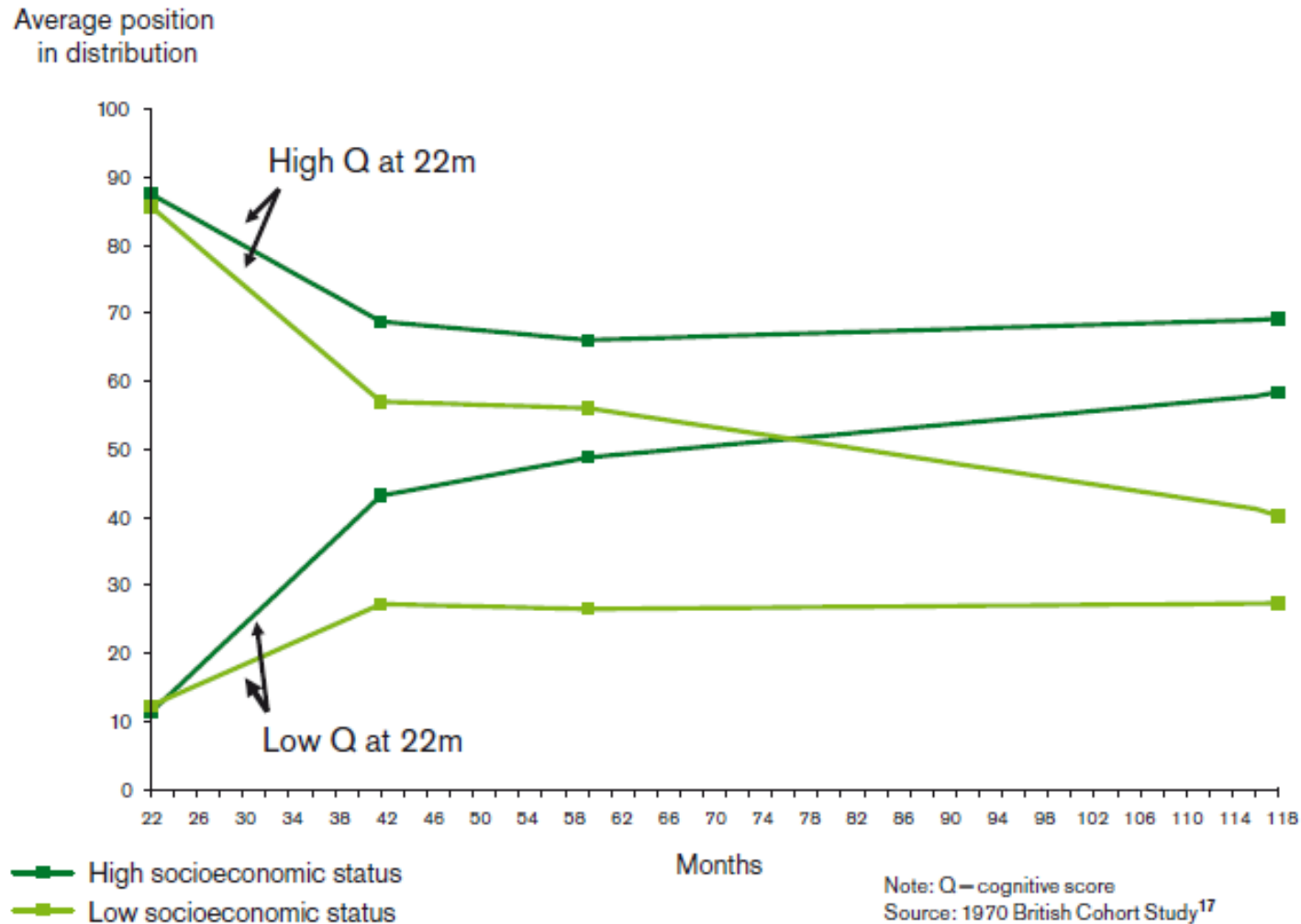
# Inequalities show at the start of life

Children eligible for free school meals (FSM) are already facing challenges in the first year of school

Percentage of Reception Year FSM and non-FSM pupils achieving a Good Level of Development (EYFSP), B&NES and England, 2012/13 to 2018/19

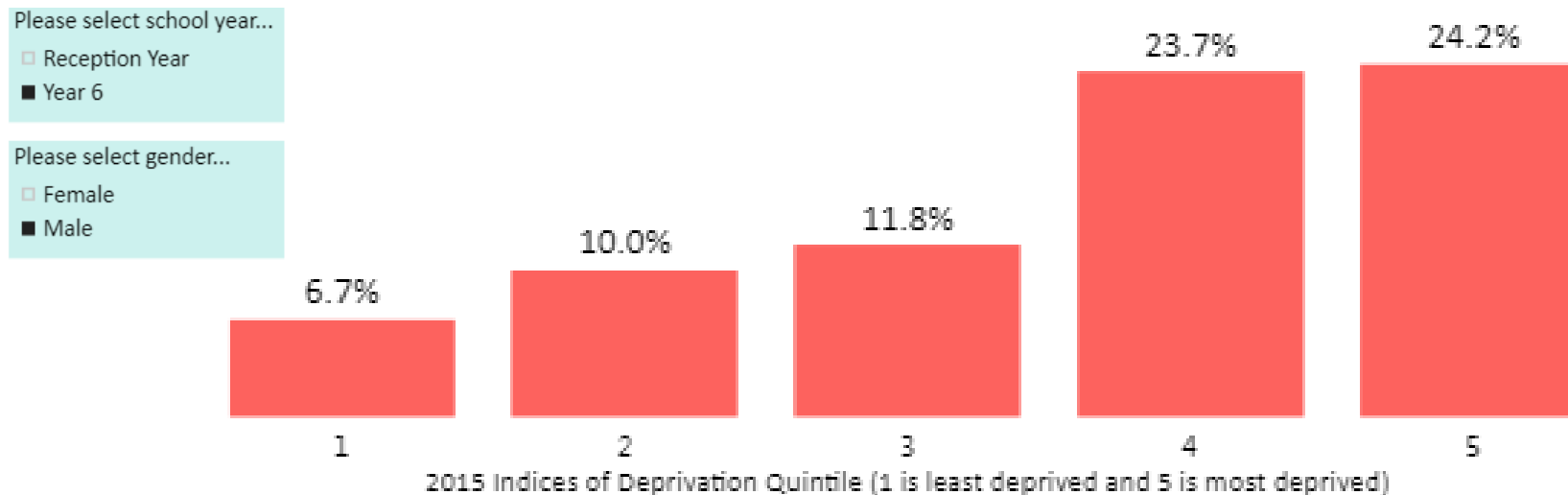


# This difference is about circumstance, not initial intelligence of children



When B&NES children leave primary school, those from our more deprived areas are 3.5 times more likely to be obese (1 in 4) compared children to living in our least deprived area (1 in 15)

Percentage of Children Classified as Very Overweight, 2015/16 to 2017/18, B&NES



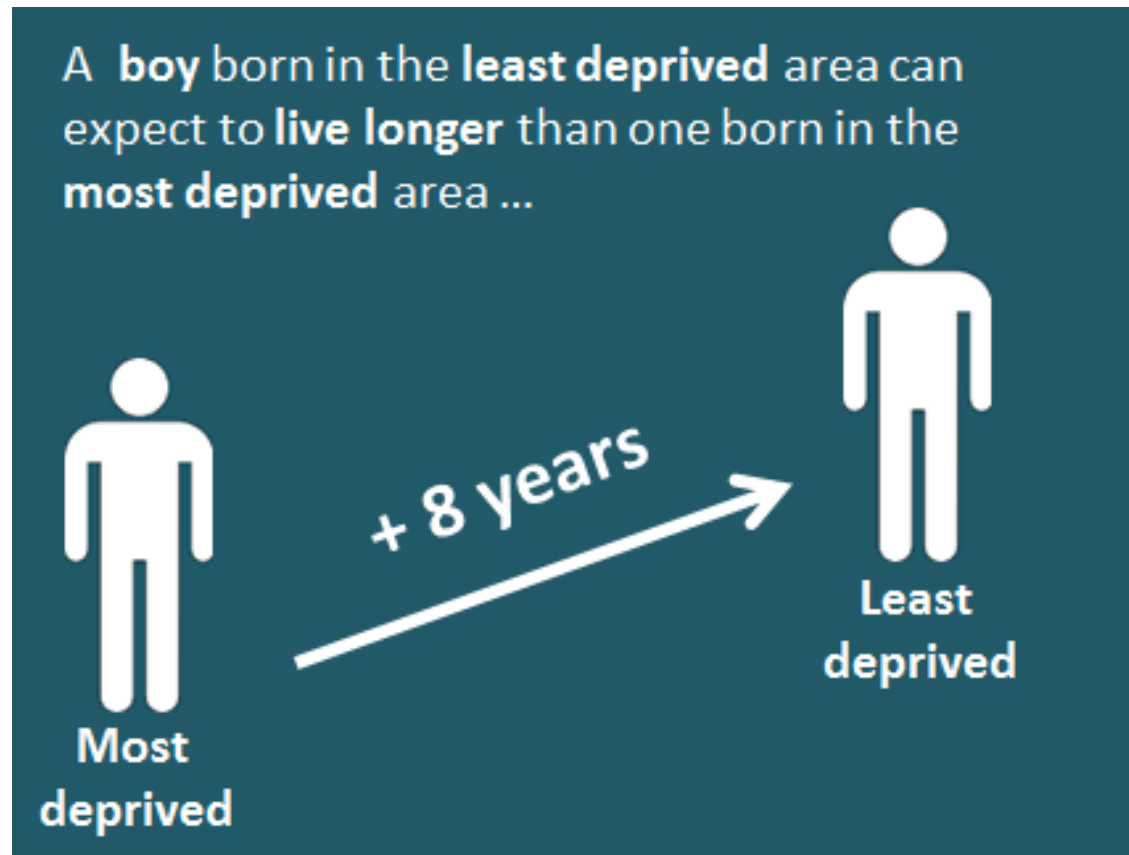


12% of adults in B&NES smoke  
(downward trend nationally and locally)



27% of working age adults in **routine and manual occupations** in B&NES smoke  
(downward trend nationally, **but level trend locally**)

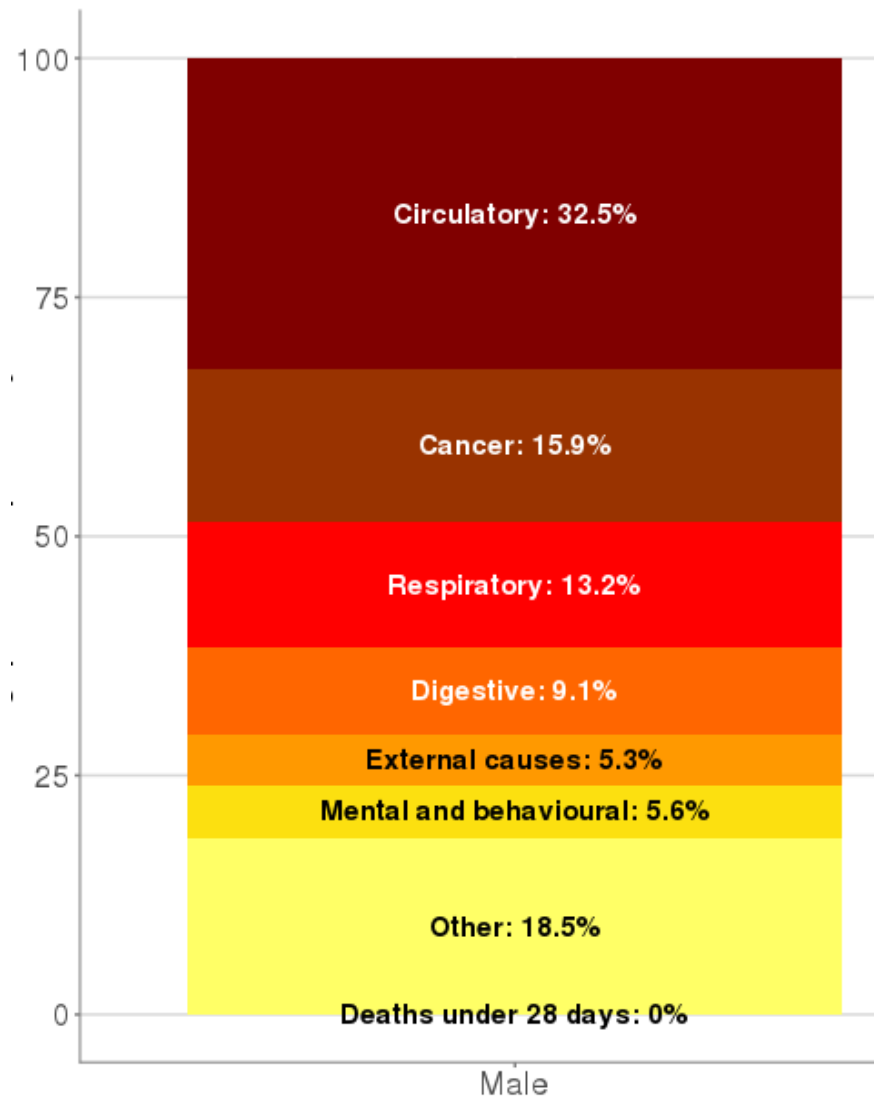
# The different social and health experiences of people in more deprived areas result in shorter lives and more years lived with illness



Source: PHE (2019), Public Health Outcomes Framework (PHOF), indicator 0.2iii - Inequality in life expectancy at birth (Male), 2015-2017, available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000009/ati/102/are/E06000022/iid/92901/age/1/sex/1>



# What causes the extra deaths in the most deprived parts of B&NES?



Source:

[https://connect.healthdatainsight.org.uk/health\\_inequalities/segment\\_tool/](https://connect.healthdatainsight.org.uk/health_inequalities/segment_tool/)

# And what causes those causes...

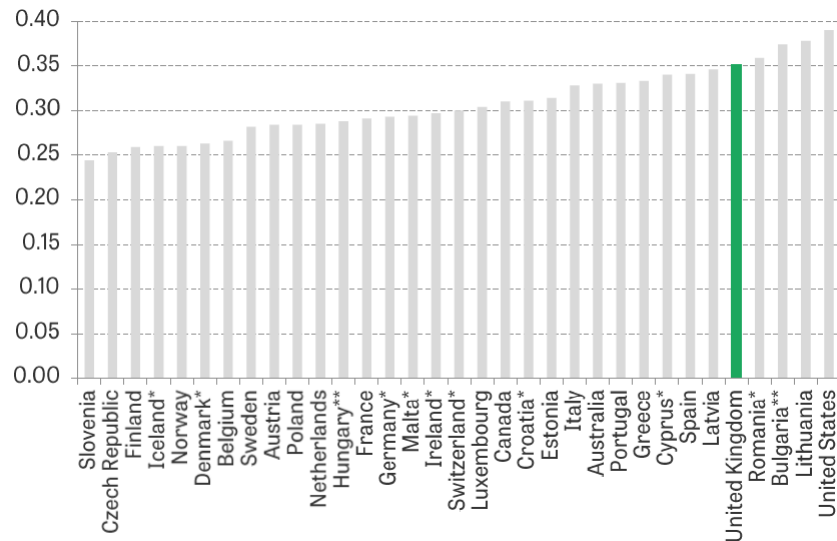
Health behaviours 30%	Socioeconomic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community safety 5%		

**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute.  
Used in US to rank counties by health status

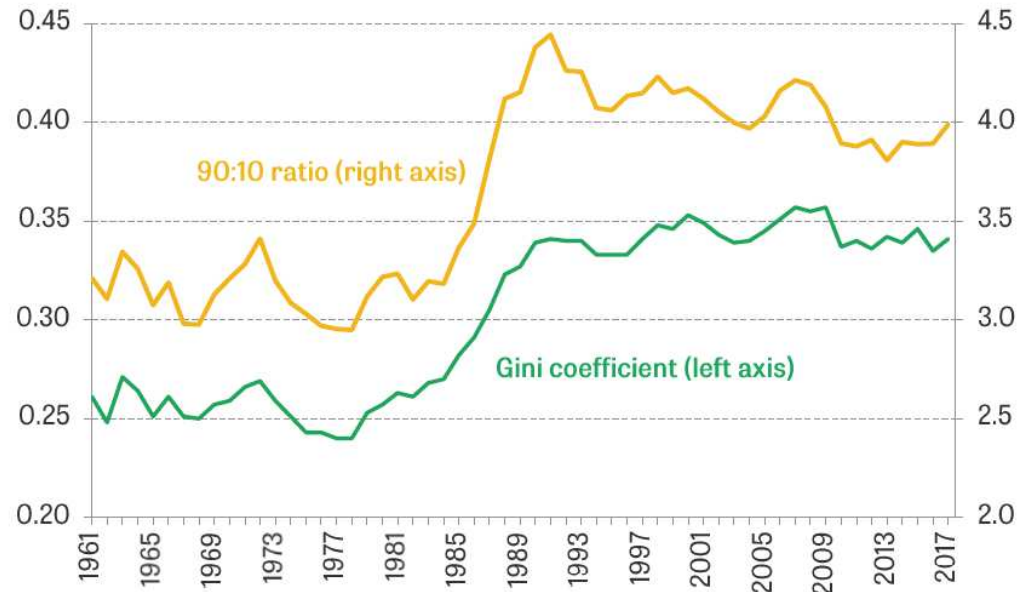
# National Context

**Income inequality rose sharply during the 1980s, and has remained at a similar level since...**

**Gini coefficient of equivalised net household incomes in selected countries, 2016**



**Gini coefficient and the 90:10 ratio in Great Britain, 1961-2017**



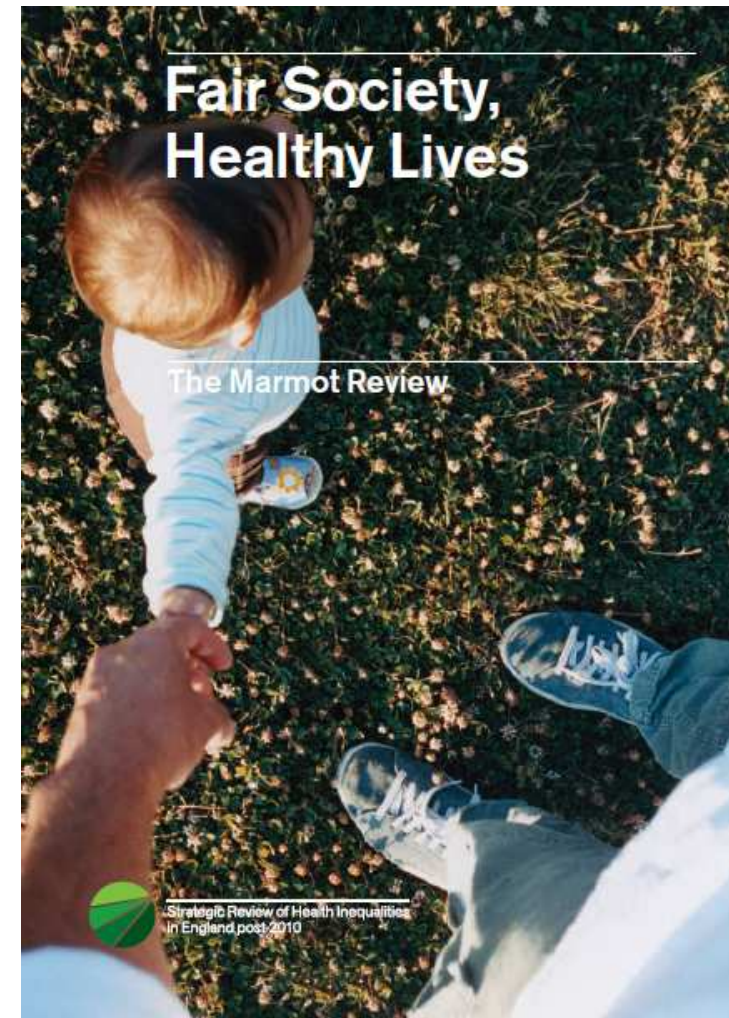
**...which is at a relatively high level internationally.**

Source: IFS (2019), *Inequalities in the twenty-first century: Introducing the IFS Deaton Review*, Figures 1 and 2, p.5, available from: <https://www.ifs.org.uk/inequality/chapter/briefing-note/>

# Marmot Review 2010: the current policy basis for reducing health inequalities

## Six policy objectives:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
  - *Equity in access to healthcare*
  - *Helping people to help themselves*



Source: Marmot (2010), *Fair Society Healthy Lives (The Marmot Review)*, available from:

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

*“In the ten years since the publication of The Marmot Review, **health inequalities appear to be widening, and life expectancy increases have stalled.** We urgently need to reprioritise and take action on health inequalities.”*

Marmot (2019), *‘Health Equity in England: The Marmot Review 10 Years On’* (to be published in February 2020)

Source: <http://www.instituteofhealthequity.org/about-us/the-institute-of-health-equity/our-current-work/collaborating-with-the-health-foundation->

# What are we doing to address health inequalities in B&NES?

- **Narrowing the Gap project** in primary schools
- **'UP' project** in Early Years (*Understanding Progress, Unlocking Potential*)
- **Employment and skills** work with employers, young people, carers, etc
- Consideration of inequality in **Clean Air Zone** plans
- Improving participation in **child immunisations** in our most deprived surgery – from about 75% to 100%
- Improving physical care for **people with mental illness**

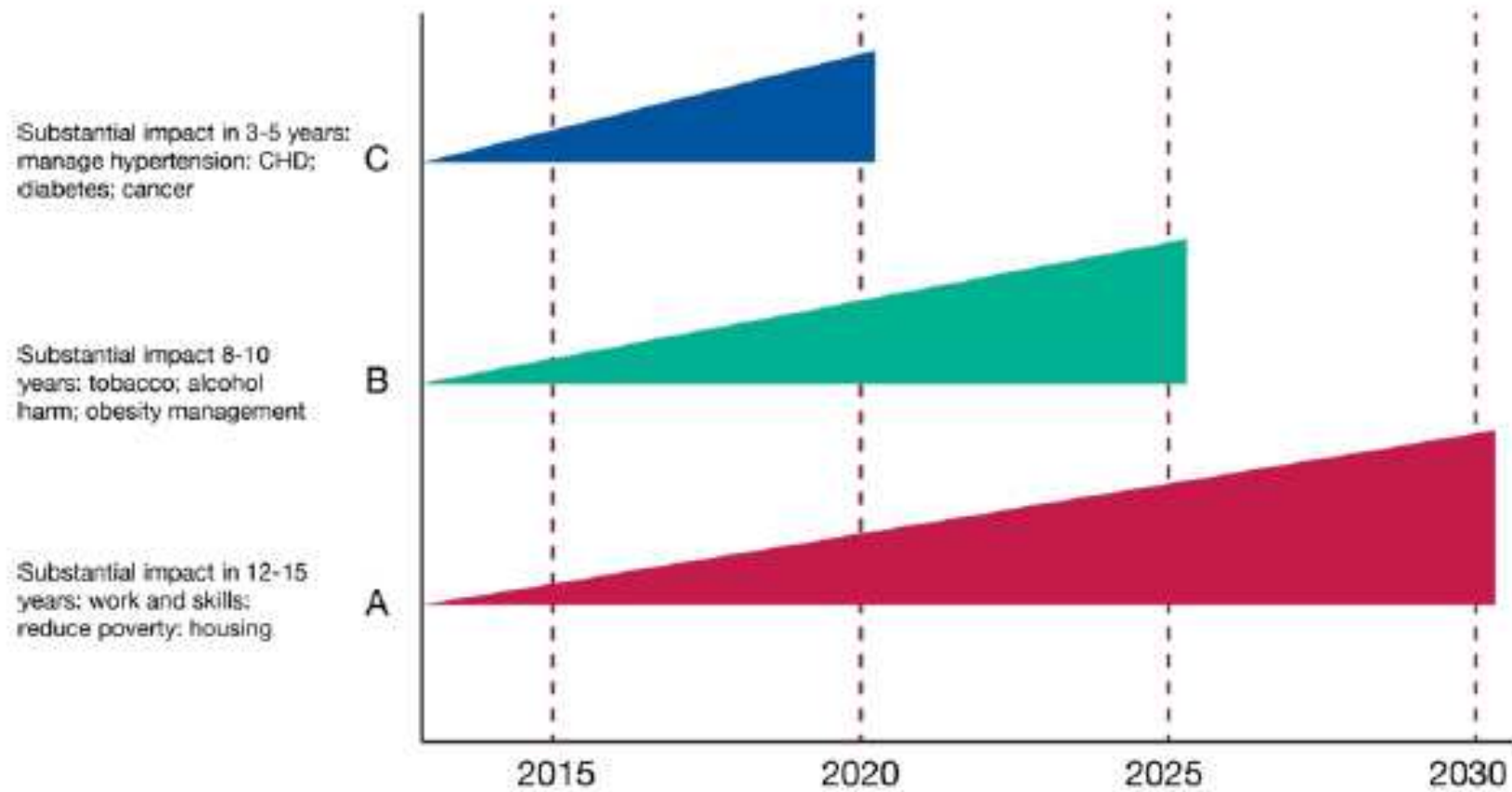
# Do we have a strategic approach ?

Public Health England recommend:

- Understanding of local issues
- Identifying interventions needed and timescales
- Outcomes agreed for main objectives
- Accountability for progress and delivery
- Regular involvement from communities



# Time needed to deliver outcomes from different interventions



# Where does it sit in B&NES?

- Liberal Democrat Manifesto
- Council's key priorities
- NHS Long Term Plan
- Various joint strategies across B&NES

# Implementing Chapter 2 of the NHS Long Term Plan

- **CCGs to set out during 2019 how they will reduce health inequalities by 2023/24 and 2028/29**
- support a range of disadvantaged groups
  - women who smoke during pregnancy,
  - people with a learning disability or autism
  - rough sleepers
  - carers, particularly those from vulnerable communities
  - people with serious gambling problems
  - people with severe mental illness
- ensure screening and vaccination programmes narrow health inequalities
- work in partnership with third sector organisations and local communities

# **A matter of justice - Local government's role in tackling health inequalities**

Inequalities in the early years:

- home visiting
- promoting breastfeeding
- educational and other support for teenage parents
- parenting programmes
- children's centres

# Inequalities in education and attainment

- home-school transition, especially groups where later educational attainment is lower
- childcare and support for working parents where need is greatest.
- children with special educational needs
- whole school approach to health

# Inequalities and employment

- council' economic strategies tackle low pay and worklessness
- jobs where workers are valued, have opportunities for progression and are protected from adverse conditions
- seasonal workers
- 'living wage' for your employees and as part of procurement
- health of workforce
- Target welfare benefits advice to disadvantaged groups

# Environmental inequalities

- Public transport access to healthcare facilities from areas of deprivation
- reduce impacts of climate change on disadvantaged groups
- planning for green spaces, access to services and facilities, walking and cycling
- more equal access to green spaces, parks and leisure facilities
- combat air pollution from traffic and reduce people's need to travel through polluted areas (eg children walking to school)

# Inequalities and housing

- Do health, social care and planning strategies meet people's housing needs at each of the life stages
- opportunities for genuinely affordable housing
- reducing overcrowding and inadequate housing conditions
- homelessness strategy should address mental health and substance misuse
- fuel poverty



# Inequalities and behavioural risks

- Health in All Policies (HiAP)
- Inequalities in smoking
- Inequalities in obesity
- Inequalities in alcohol misuse
- Tackling food poverty

# Where next for this work?

- Impact of devolution?
- Impact of changes in CCGs and integrated care systems?
- Impact of ongoing need for public sector savings?
- Any questions?