Health and Adult Care Scrutiny Committee
13 June 2023

Health Inequalities Overview
Report of the Director of Public Health, Communities and Prosperity

Recommendation:

Health and Adult Care Scrutiny is asked to note the report which can inform and support Devon County Council and the wider systems approach to health inequalities, recognising that the causes of health inequalities are multi-faceted and will require a range of actions over time.

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1. Background

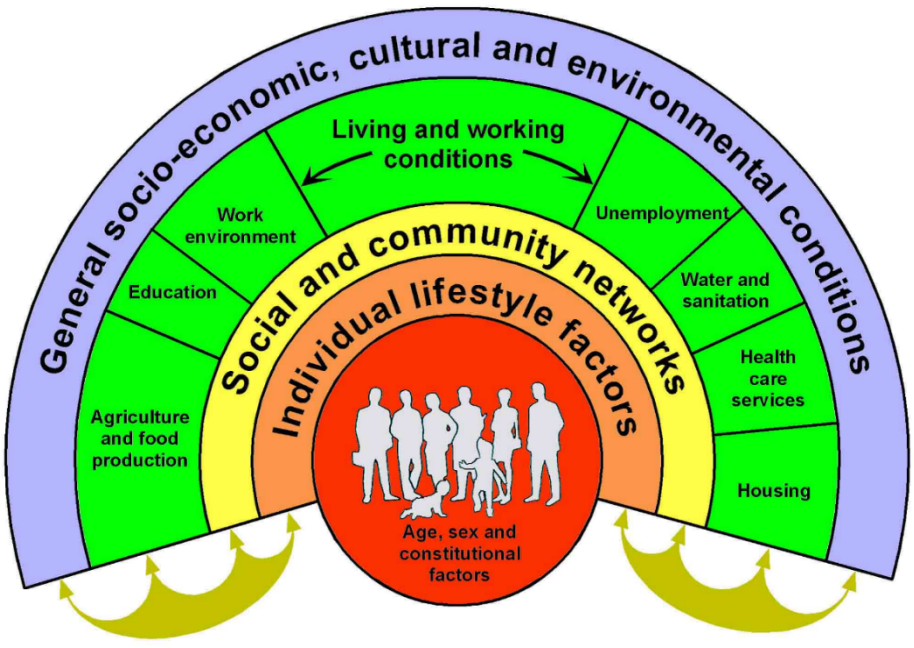
1.1 This report has been produced to provide an overview of health inequalities, the importance of the wider determinants of health and the changes in England and the local picture with some examples of local action. The report recognises there are multiple causes and addressing health inequalities requires actions through the life course and across agencies and communities.

2. An overview of Health Inequalities

2.1 Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as the '*wider determinants of health'*. Figure 1 sets out how these wider social, economic, cultural and environmental factors shape our living and working conditions and our social and community networks, which in turn influence our lifestyles and behaviours. These wider social determinants have a much greater impact on our health than genetic factors.

Figure 1, The Wider Determinants of Health



Source: Dahlgren and Whitehead, 1993 (adapted by University of Liverpool, 2023)
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2.2 There are many ways in which these wider determinants impact our health and create health inequalities. The table below sets out some of these mechanisms, highlighting how lower incomes limit options and creates stress in households, how housing and environmental factors directly influence health and disproportionately affect poorer areas and groups, and how education and employment is strongly associated with lower life expectancy and poorer health outcomes. These wider determinants of health are also frequently interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care.

Table 1, How wider determinants influence health inequalities

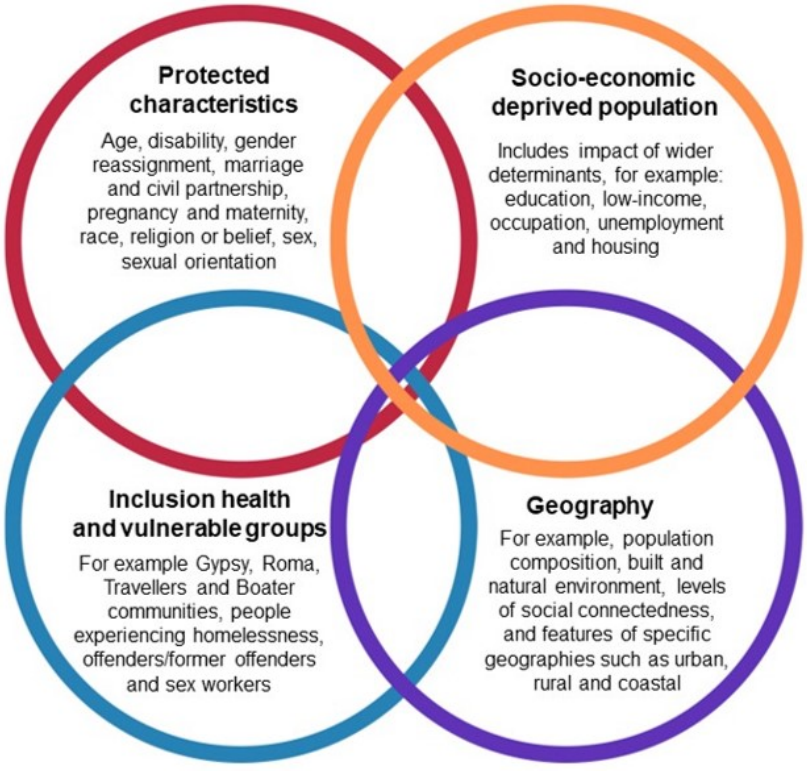
Sector	**Example**
Income	Income determines people's ability to buy health-improving goods, from food to gym memberships. Living on a low income is a source of stress, and emerging neurological evidence suggests that being on a low income affects the way people make choices concerning health-affecting behaviours. Children from households in the bottom fifth of income distribution are over four times more likely to experience severe mental health problems that those in the highest fifth.
Housing	Poor-quality and overcrowded housing conditions are associated with increased risk of cardiovascular and respiratory diseases, depression and anxiety. Households from minority ethnic groups are more likely than white households to live in overcrowded homes and to experience fuel poverty.
Environment	Access to good-quality green space is linked to improvements in physical and mental health, and lower levels of obesity. Levels of access to green space are lower on average for people from ethnic minority communities and people living in areas with lower average incomes. Exposure to air pollutants is estimated to cut short 28,000–36,000 lives a year in the United Kingdom. Differential levels of exposure are associated with both deprivation and ethnicity.
Transport	Those living in the most deprived areas have a 50 per cent greater risk of dying in a road accident compared with those in the least deprived areas. Children and young adults in the most deprived areas are more likely to be killed or injured on the road than those in wealthier areas.
Education	On average among 26 Organisation for Economic Co-operation and Development countries, people with a university degree or an equivalent level of education at age 30 can expect to live over five years longer than people with lower levels of education.
Work	Unemployment is associated with lower life expectancy and poorer physical and mental health, both for unemployed individuals and their households. In 2019/20, employment rates in the least deprived decile were 81.5 per cent, compared to 68.4 per cent in the most deprived decile. The quality of work, including exposure to hazards and job security, determines the impact that work has on health. People from minority ethnic backgrounds experience higher levels of work stress than those from white groups.

Source: Kings Fund, 'What are Health Inequalities?' Explainer, 2022: https://www.kingsfund.org.uk/publications/what-are-health-inequalities

2.3 In terms of identifying people who are more likely to experience health inequalities, there are four different dimensions we can look at, which are described below and in figure 2:

- **Socio-economic deprived population:** for example, unemployment, low income, living in a deprived area, and factors associated with this such as poor housing and educational attainment
- **Inclusion health and vulnerable groups:** inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma. Groups more likely to experience exclusion and great inequalities include vulnerable migrants, Gypsy, Roma, Irish Traveller and Boater communities, people experiencing homelessness, offenders or former offenders, and sex workers
- **Protected characteristics:** these nine characteristics protected under the Equality Act 2010 are age, sex, race, sexual orientation, marriage or civil partnership, pregnancy and maternity, gender reassignment, religion or belief, and disability
- **Geography:** the characteristics of the place where we live, such as population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal.

Figure 2, Dimensions of health inequalities



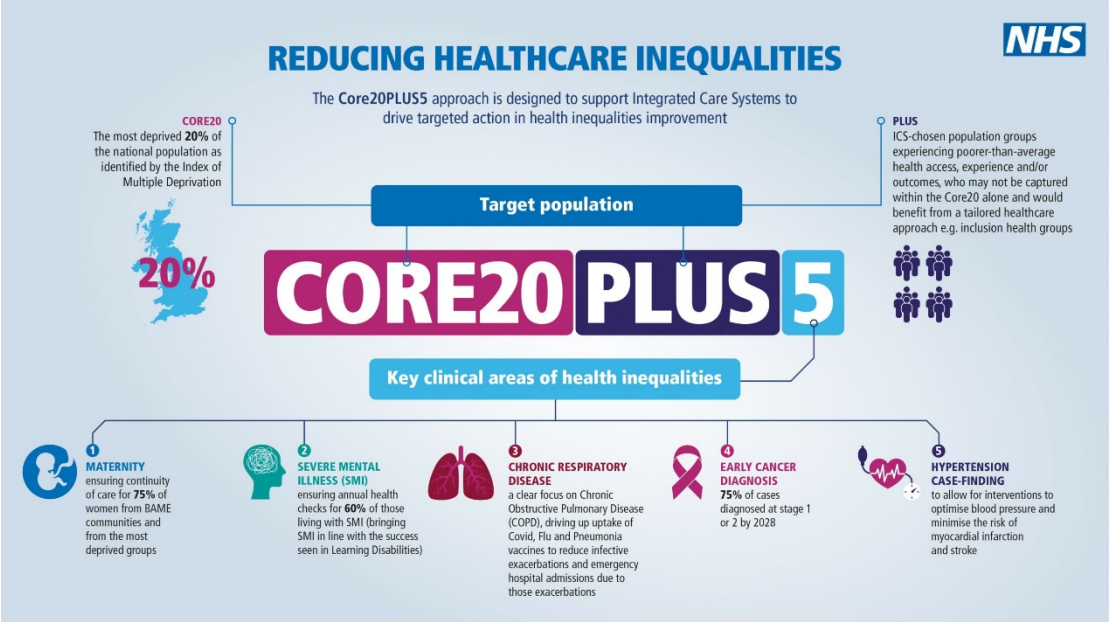
Source: Office for Health Improvement and Disparities, 2022 Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)

2.4 Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities both nationally and locally. The approach defines a target population, the 'Core20PLUS', and identifies '5' focus clinical areas (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding) requiring accelerated improvement. The Core20 refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The PLUS refers to priority population groups defined at a local level. In Devon these PLUS groups are:

- Individuals, families, and communities experiencing rural and coastal deprivation

- Individuals, families, and communities adversely affected by differential exposure to the wider determinants of health – for example, homeless persons, vulnerable migrants and/or those experiencing domestic abuse
- Persons with severe mental illness and learning disability and people with autism

Figure 3, NHS Core20PLUS5 framework



Source: NHS England NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

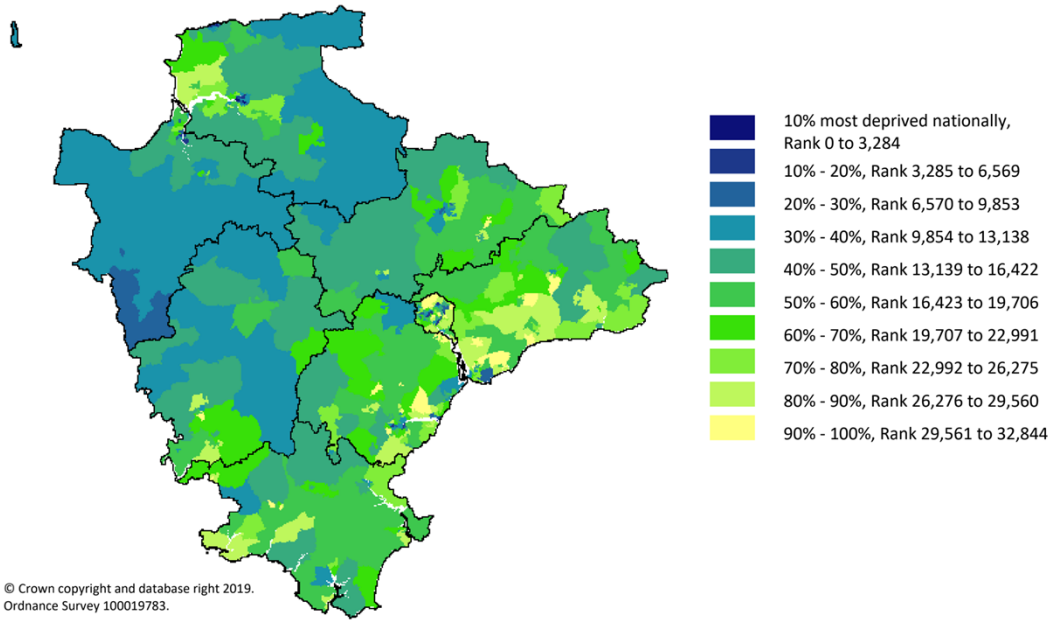
3. Health inequalities in England

3.1 Sir Michael Marmot was commissioned by the British Government to review health inequalities in England in 2010 (Fair Society, Healthier Lives) and following publication of this report was asked to undertake a 10-year review (Health Equity in England: The Marmot Review 10 years on) which he published in 2020 just before the pandemic. The review concluded that life expectancy in England has stalled for the first time in 100 years and in some cases, such as women in the most deprived communities, has fallen and health inequalities have widened. Worse still, not only has life expectancy stalled but the amount of time people spend in poor health, has increased. The people living in the most deprived communities are getting old before their time, living shorter lives and spending more of their short lives in poor health.

4. Health inequalities in Devon

4.1 Considerable social inequalities exist within Devon. Figure 4 shows the 2019 Index of Multiple Deprivation for Devon. There are hotspots of urban deprivation in most towns with multiple clusters in places like Ilfracombe, Barnstaple, Bideford, Exeter. Extensive rural and coastal deprivation is also evident, particularly in Northern and Western Devon where levels of deprivation are amongst the highest in the country for rurally and sparsely populated areas. Whilst less intense than the urban hotspots, deprivation in rural areas is much more widespread and dispersed.

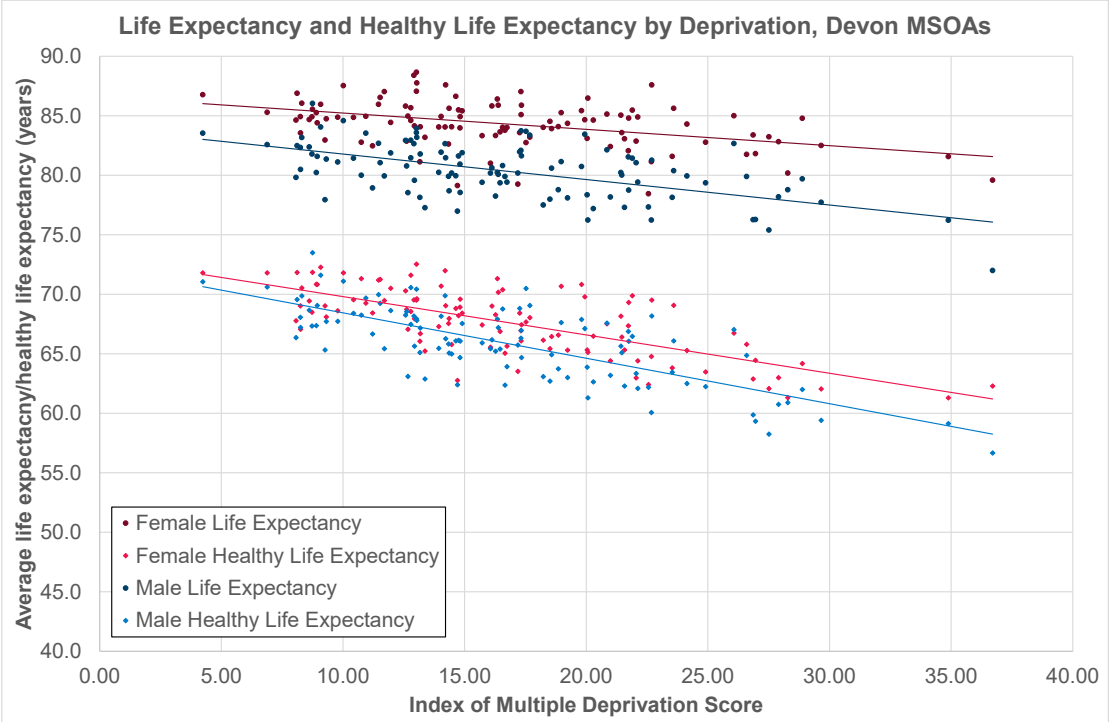
Figure 4, Index of Multiple Deprivation 2019 Map for Devon



Source: English Indices of Deprivation, Office for National Statistics, 2019

4.2 Worse health outcomes are evident in more deprived areas. Figure 5 compares deprivation (horizontal axis) with average life expectancy and healthy life expectancy by Devon neighbourhood (MSOA), for males and females. More deprived communities experience much shorter healthy life expectancy and total life expectancy. A larger gap for healthy life expectancy means people in poorer communities spend more years of their life in poor health as well as dying younger. The gap between average healthy life expectancy between males and females is also narrower than overall life expectancy, which means females typically spend more years in poorer health.

Figure 5, Life Expectancy and Healthy Life Expectancy vs Deprivation by Devon neighbourhood, 2019

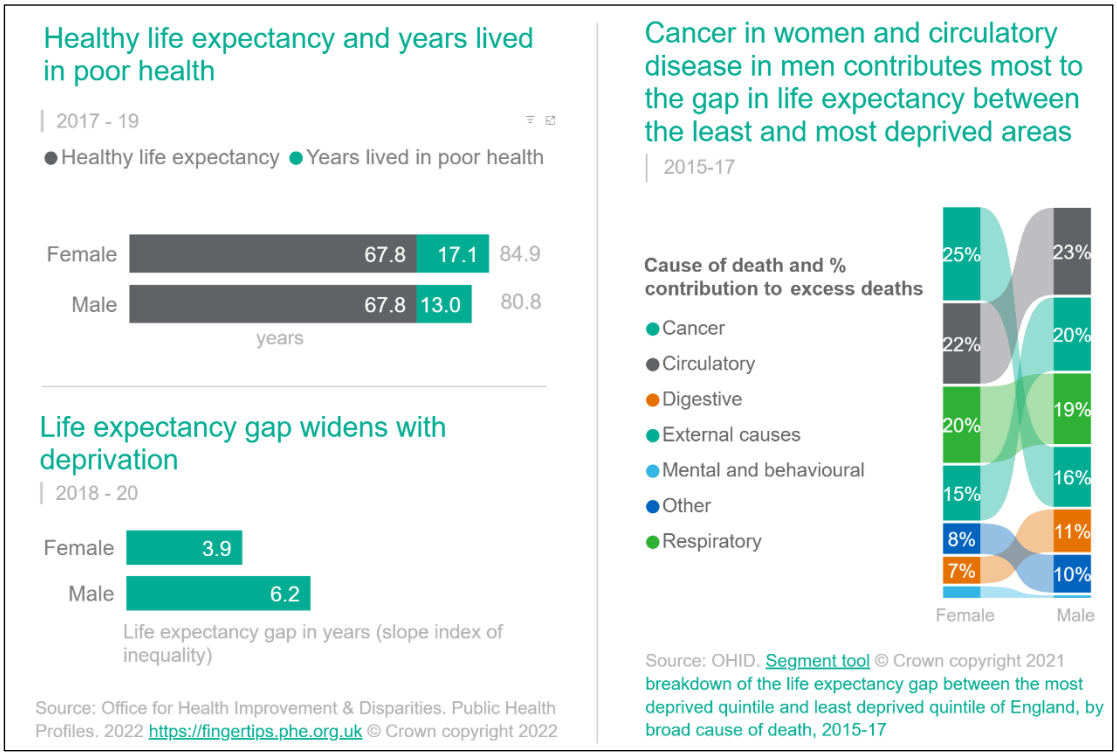


Source: Office for National Statistics

4.3 The health inequalities gap in life expectancy is highlighted within the slope index of inequality (SII) measure, which compares expected life expectancy for different areas in relation to the deprivation profile. Figure 6 reveals an average SII gap of 6.2 years between the most and least deprived areas of Devon for male life expectancy, and 3.9 years for female life expectancy. The figure also highlights the conditions contributing most to the gap, with circulatory disease (contributing to 22% of the gap for females and 23% of the gap for males), cancer (25% for females, 16% for males), respiratory conditions (20% for females, 19% for males), and external causes such as accidents and self-harm (15% for females, 20% for males) respectively accounting for the greatest inequalities.

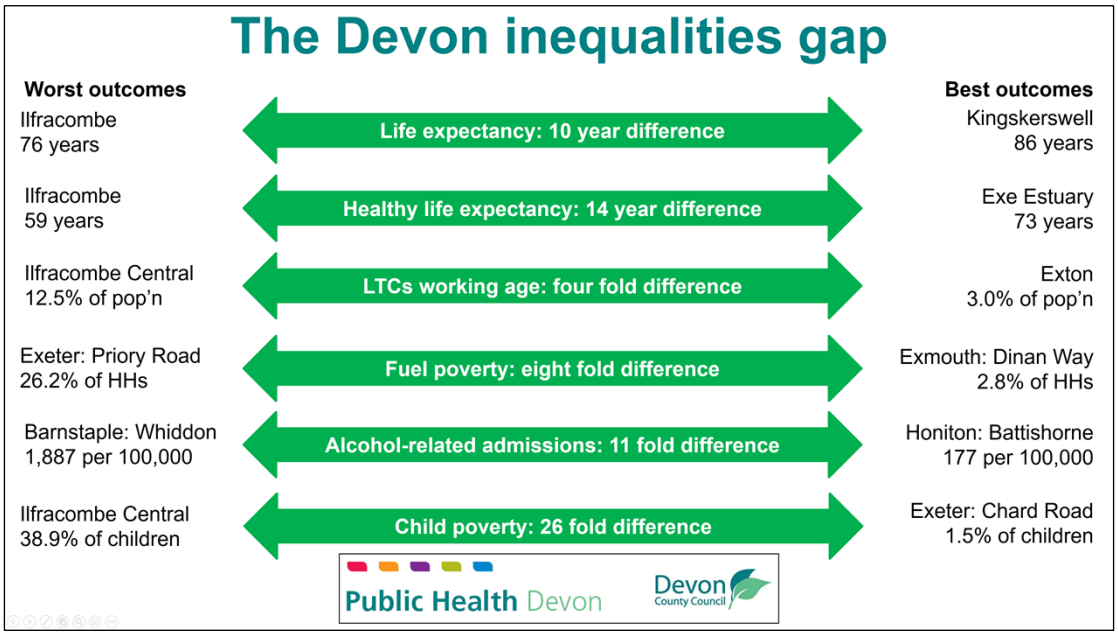
4.4 Figure 7 investigates health inequalities in Devon at a more detailed community level. The life expectancy gap, based on larger neighbourhood data (MSOA) stands at 10 years between Ilfracombe and Kingskerswell, and for healthy life expectancy at 14 years between Ilfracombe and Exe Estuary. An even wider gap is evident when we look at smaller areas and inclusion health groups. Considerable gaps are also evident for a range of health outcomes and related measures. Even greater inequalities are seen where different inequalities dimensions combine. Hospital admission rates for self-harm are three times higher in most deprived communities compared to the least deprived, and three times higher in females compared to males, meaning females in the most deprived areas almost ten times more likely to be admitted for self-harm than males in least deprived areas. Another example is Covid-19 vaccination uptake. Uptake rates are lower in deprived areas, ethnically diverse populations, younger age groups and males. and lowest overall where these factors combine. Vulnerability to infection and serious disease will be higher in these areas further widening health inequalities.

Figure 6, Life Expectancy Gap and Causes in Devon, 2015-17



Source: A Picture of Health, Office for Health Improvement and Disparities, 2023 Microsoft Power BI

Figure 7, Health inequalities gap at community level for selected indicators, Devon



Source: Devon Public Health Intelligence Team

5. Local action to reduce health inequalities

5.1 As highlighted in the report tackling health inequalities is complex and wide-ranging interventions and actions are needed at both national level and local level by a variety of different organisations and partnerships. Below are some examples of the actions and interventions by the local health and care sector taking place in Devon to reduce health inequalities:

- **Public Health:** Directors of Public Health have a specific duty to improve population health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that also reduce inequalities in health. This involves the requirement to commission some public health services to specifically target and reduce inequalities e.g. smoking cessation services, drug and alcohol services, Public Health Nursing Service and sexual health services. Public Health Devon also have a statutory role in providing public health expertise to the local NHS and through the Joint Strategic Needs Assessment Joint Strategic Needs Assessment - Devon Health and Wellbeing influence the work of other organisations and partnerships to ensure they focus resources on reduce inequalities. Annual Public Health Reports Annual Public Health Reports - Devon Health and Wellbeing also set out recommendations to the council and wider partners in relation to reducing health inequalities.
- **Health and Wellbeing Boards:** these are a forum for key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the population and reduce health inequalities. Devon's Joint Health and Wellbeing Strategy Joint Health and Wellbeing Strategy - Devon Health and Wellbeing has a clear vision around improving health outcomes and equality, and priorities relating to the wider determinants of health (education, employment and community focused), mental health, and maintaining good health through preventive activities.
- **Integrated Care System:** One Devon, the local Integrated Care System, brings together NHS organisations and local authorities in Devon. Two of the four core aims of integrated care system relate to inequalities in health, namely 'tackling inequalities in outcomes, experience, and access' and 'help the NHS support broader social and economic development'. Devon's Integrated Care Strategy Our Five-year Integrated Care Strategy - One Devon was published in April 2023 and includes a specific focus on inequalities in health and wider determinants, and the Joint Forward Plan will set out how this will be achieved. Local Care Partnerships also play a role in defining local priorities based on an

understanding of local inequalities and outcomes. The Core20Plus5 framework also focuses local work according to health disparities.

- **Population Health Management Programme and Primary Care:** Integrated Care System organisations work with local primary care networks and wider community partners through a population health management programme. This programme supports local partnerships to use a data-driven approach to understanding population need, co-designing interventions, and evaluating their outcomes. Work to date across Devon has focused on more deprived communities, wider determinants of health, complexity and a combination of mental and physical health issues.
- **ICS Health Inequalities Programme:** Devon Integrated Care System has a dedicated Health Inequalities Programme, with a steering group with representation across Public Health, wider local authority teams, the NHS and local community partnerships. This oversees work on health inequalities across the local system.
- **Mass Vaccination Inequalities Cell:** In response to the Covid-19 pandemic and the development of vaccines from late 2020 onwards, a dedicated inequalities cell was formed within the Devon Integrated Care System. This work which has expanded to encompass influenza vaccination, has worked to ensure that services and supporting work is targeted to reduce inequalities in health with a focus on more deprived areas, ethnically diverse populations, inclusion health groups such as the homeless and persons with mental health conditions or learning disabilities.
- **Voluntary, community and social enterprise (VCSE) organisations:** Devon's VCSE organisations also contribute to reducing health inequalities. They play a vital role in as a link between local statutory organisations and local communities and citizens. A Devon, Plymouth and Torbay VCSE assembly has been created to develop inclusive and collaborative approaches with local statutory organisations including strategic partnership discussions, service co-design, policy development and co-commissioning. VCSE organisations have also supported the fair and equitable distribution of additional funding to target and reduce inequalities, including the Covid-19 Contain Outbreak Management Fund (COMF) and the One Devon Cost of Living Fund.

6. Recommendations

6.1 Health and Adult Care Scrutiny is asked to note the report which can inform and support Devon County Council and the wider systems approach to health inequalities, recognising that the causes of health inequalities are multi-faceted and will require a range of actions over time.

7. Financial considerations

7.1 The paper provides an overview of health inequalities and does not seek a financial allocation but there are financial implications for individuals who may be in poor health and there is a cost to some of the solutions.

8. Legal considerations

8.1 There are no legal considerations

9. Environmental impact considerations

9.1 There are no direct environmental impacts but many of the measures to address health inequalities can have a positive impact on the environment such as energy efficient homes and active lifestyles and travel.

10. Equality considerations

10.1 The report highlights the impact of protected characteristics on health inequalities and examples describe direct action that has been taken to address equality in access and outcomes.

11. Risk assessment considerations

11.1 There are no direct risk assessment implications, the report highlights the importance of action to address health inequalities and this would apply when undertaking risk assessments

Steven Brown
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Electoral Divisions: All

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Director / Head of Service: Steven Brown, Director of Public Health, Communities and Prosperity

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BACKGROUND PAPER NIL