APPENDIX B

Health inequalities JSNA

Sally Vallance, Leicestershire Public Health Service, May 2023

What are health inequalities?

The preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs

Source: NHS England and Public Health England (https://www.england.nhs.uk/about/equality/equality-hub/resources/), 2022

What drives health inequalities?

1. Different experiences of the **wider determinants** e.g. environment, education, income or housing
2. Differences in **health behaviours** or other risk factors e.g. smoking, diet, physical activity etc.
3. **Psychosocial** factors e.g. social networks and self esteem
4. Unequal **access** to or **experience** of health services

Source: Public Health England, Health Equity Assessment Tool, 2021

Who is at risk?

Protected characteristics

Sexual orientation and gender reassignment
LGBT people have disproportionately worse health outcomes

Disability
20 years reduction in life expectancy for people with a learning disability

Ethnicity, sex, age
Complex picture
Life expectancy 10 years lower than average for Gypsy or Irish Travellers

Risk becomes higher if you belong to more than one group (intersectionality)

Inclusion health and vulnerable groups

Homeless
Life expectancy 30 years lower than the rest of the population

Victims of modern slavery
Poorer health

Vulnerable migrants
1 in 6 refugees with a physical health problem and 2 in 3 with anxiety or depression

Carers
Higher rates of isolation, long term conditions or disability. Lower rates of physical activity

Severe Mental Illness (SMI)
15-20 years earlier death

Prisoners
Mortality rate 50% higher than the rest of the population

Trauma experienced
Higher risk of various poor health outcomes

Looked after or care experienced
360% additional risk of premature death

Socio economic risk

Poverty & deprivation
9.2 years difference between most and least deprived life expectancy for women in Charnwood
Compounds many of the other risks

Remember the greatest risk is intersectionality

Our populations at higher risk

People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)

People with a disability, including **people with a learning disability**

People who are homeless

Victims of modern slavery

Sex workers

Vulnerable migrants

Carers

People with severe mental illness

Prisoners

People who have experienced trauma

Looked after children and care experienced adults

People living in poverty/deprivation

A complex picture was identified around race and ethnicity but evidence of health inequalities being most common for people who are Bangladeshi, Pakistani or **Gypsy or Irish Travellers**

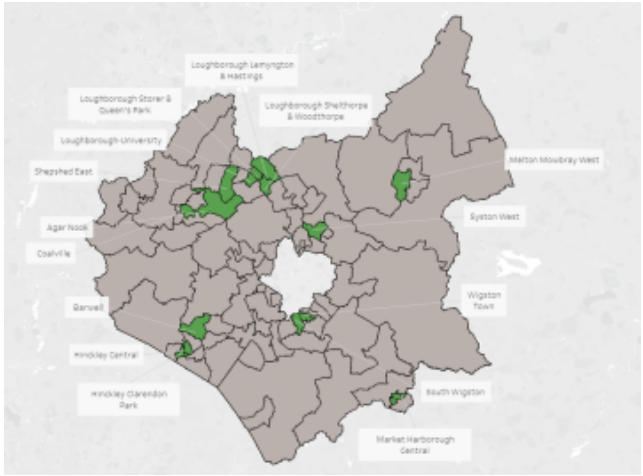
Those groups with a particularly high risk (evidence of years lost from their lives as a result) are identified in bold text in the list above.

Key measures

- **Life expectancy** – significantly worse than England in **11 MSOAs**
- **Inequality in life expectancy** (difference between least and most deprived) – ranges from minus 1.4 years to **9.2** years across our districts
- Healthy life expectancy – similar to England (only available at a Leicestershire level)
- **Under 75 mortality** – **7 MSOAs** with significantly worse (higher) under 75 mortality rate than England
- A range of **socioeconomic measures** e.g. poverty and deprivation – **9 MSOAs** significantly worse than England on at least one of these measures

MSOAs to target

- Selected due to significantly worse LE, U75 mortality or socioeconomic risk
  - **Charnwood**: Loughborough Lemyngton & Hastings, Storer and Queens Park, University, Shelthorpe & Woodthorpe, Syston and Shepshed East
  - **Harborough**: Market Harborough Central
  - **H&B**: Barwell, Hinckley Central and Hinckley Clarendon Park
  - **Melton**: Melton Mowbray West
  - **NWL**: Agar Nook, Coalville
  - **O&W**: Wigston Town, South Wigston



- Several of these MSOAs also have higher proportions of at risk populations living there (compared to Leicestershire and England)

The impact on society and the economy

- If everyone in England had the same death rates as the most advantaged, people who are currently dying prematurely as a result of health inequalities would, in total, have enjoyed between 1.3 and 2.5 million extra years of life.
- They would, in addition, have had a further 2.8 million years free of limiting illness or disability. It is estimated that this illness accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-32 billion per year and additional NHS healthcare costs well in excess of £5.5 billion per year.

Source: Institute of Health Equity. Economic analysis to underpin 'Fair Society, Fair Lives', 2009

- We know that the more deprived the neighbourhood, the more likely someone is to receive state funded residential care (source: ONS, Care homes and estimating the self-funding population, England). It is therefore likely that those neighbourhoods chosen due to economic challenge are also likely to contain or lead to higher proportions of state funded care packages locally.

What can we do about it?

- A united focus on our populations of concern and our MSOAs of concern
  - Audits of our key services (all partners) to consider what extra steps we're taking to target our services to at risk populations/how to remove barriers
  - Consider how to target our preventative services and those tackling the wider determinants, on the at risk populations and at risk MSOAs
  - If we're setting up new services or hubs, consider positioning them in or within easy access of our at risk MSOAs
  - If we're reducing provision consider the impact on these priority populations and MSOAs and try to protect or mitigate
- Use our position as an 'anchor organisation'
  - How can we use social value to benefit these populations?
  - How can we encourage and support people from these groups into our workplace and remove the additional barriers they face

These are extracts from the full set of recommendations found in the JSNA chapter

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