

# Local Context for Leadership in addressing Health Inequalities

WCHC Leadership Event 24<sup>th</sup> October 2024

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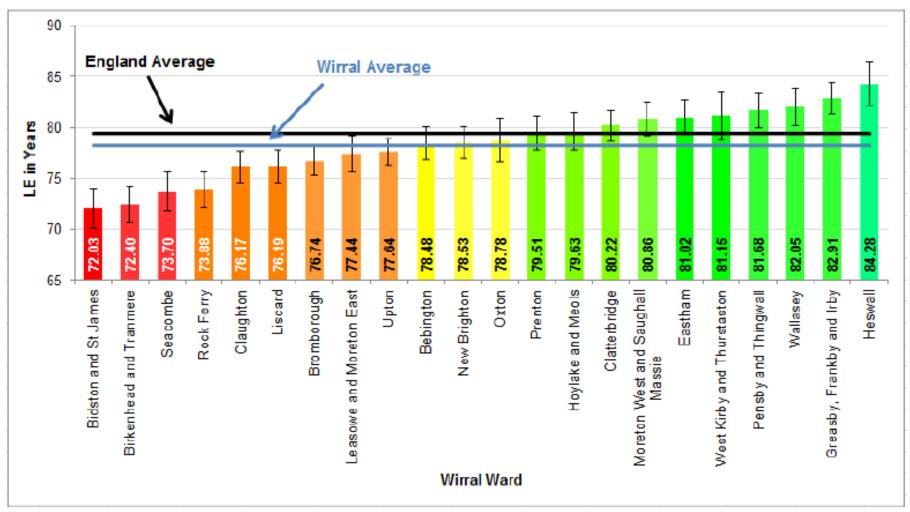
# NHS

### So, what *are* health inequalities?

- Health inequalities are the *unfair and avoidable* differences in people's health across the population and between specific population groups.
  - They do not occur randomly or by chance
  - They are socially determined by circumstances largely beyond an individual's control
- Those at high risk include:
  - Socio-economically disadvantaged
  - Protected equity characteristic: e.g. ethnicity/religion; disability/LD; LGBT+
  - Socially excluded e.g.. homeless; Gypsies/Roma/Travellers, vulnerable migrants, ex-offenders
  - (Isolated elderly)
  - Geographical e.g., rural; coastal

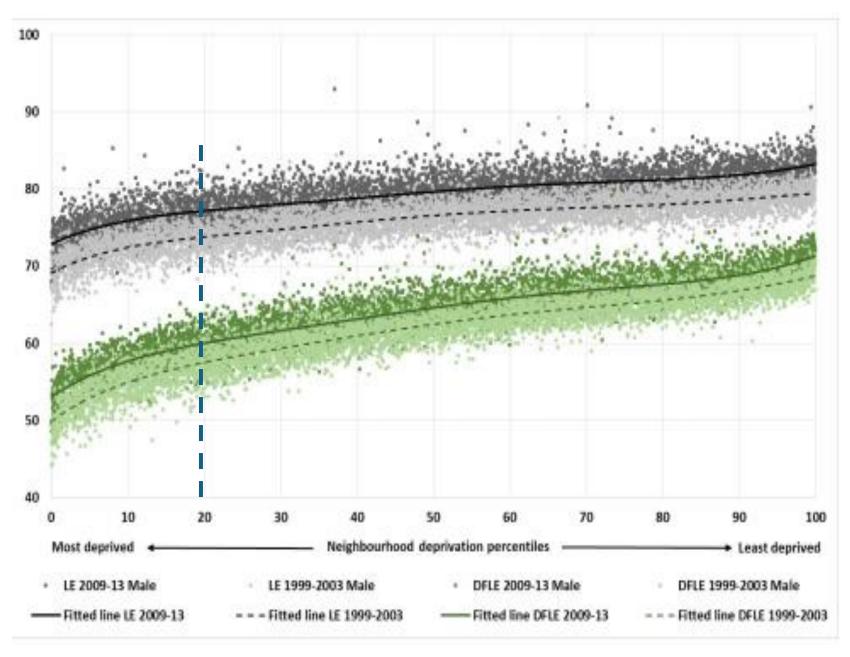
Not always communities or groups: households; families; individuals

### Life expectancy by Wirral ward

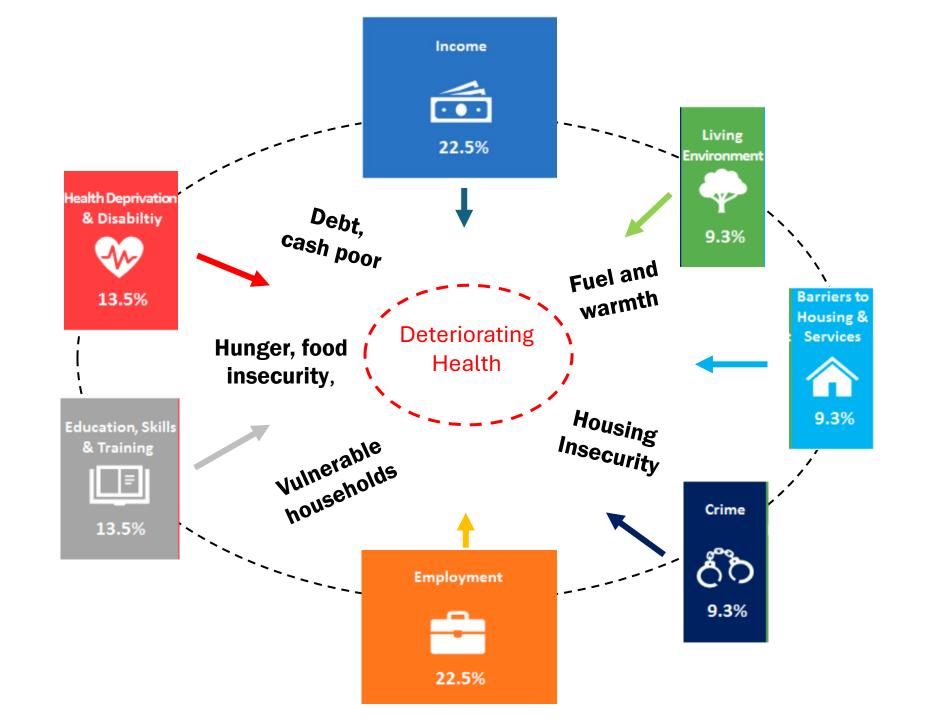


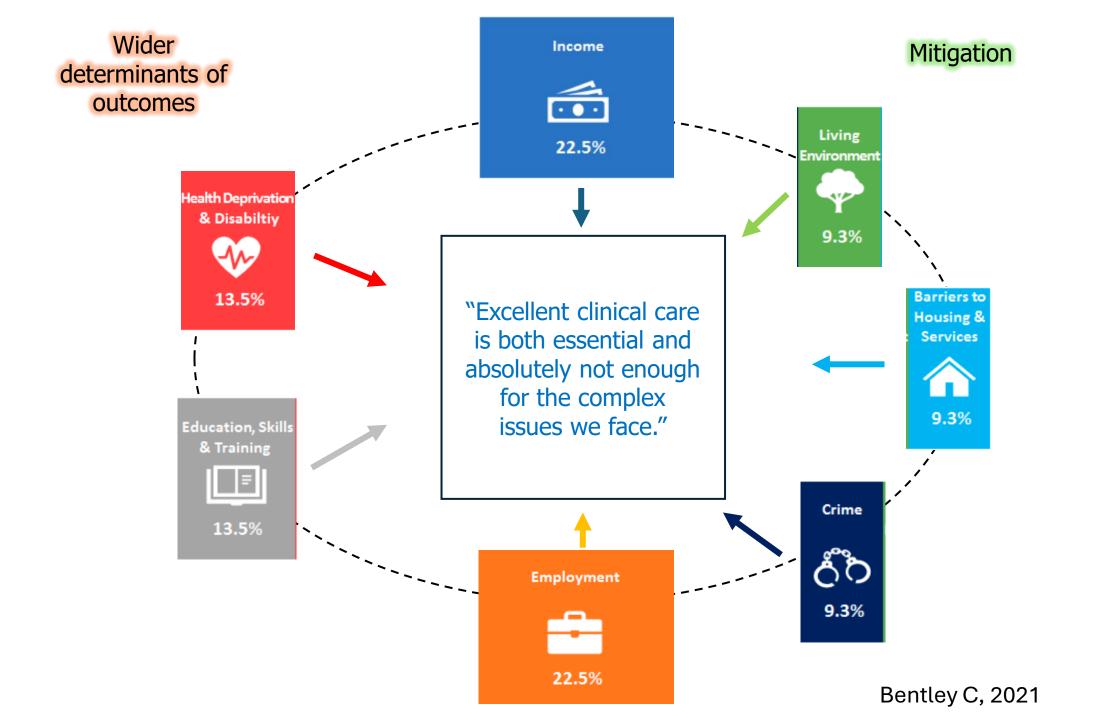
Source: Office for National Statistics, 2017

Life expectancy and disability free life expectancy, males, based on 2011 Census



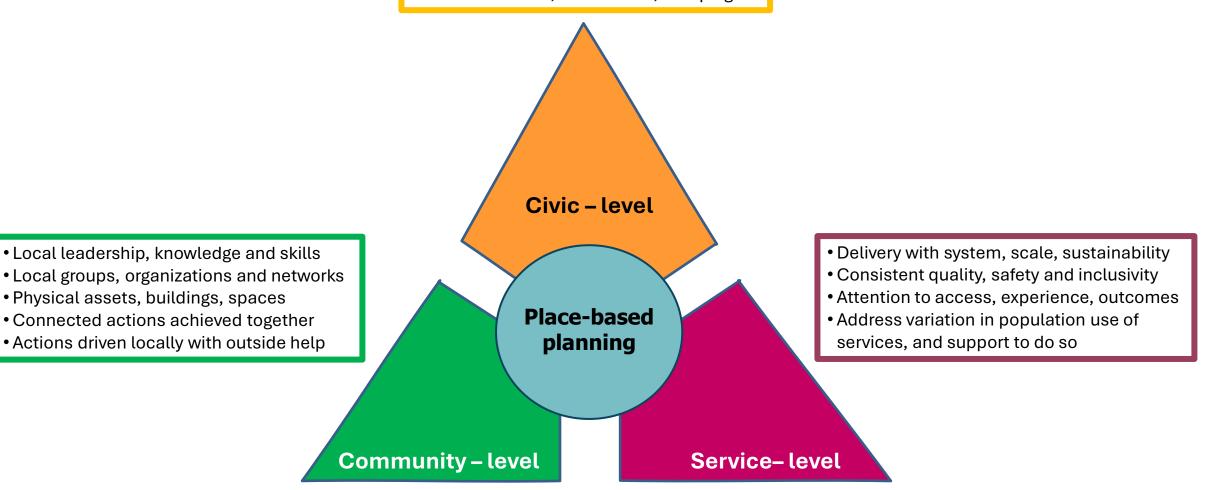
**UCL Institute of Health Equity** 





#### Population Intervention Triangle: 3 effective segments - better working together

- Legislation, regulation, licencing
- Fiscal measures, incentives, disincentives
- Welfare and social care
- Housing and environment
- Communication, information, campaigns



### Child Best Start interventions across the Population Intervention Triangle



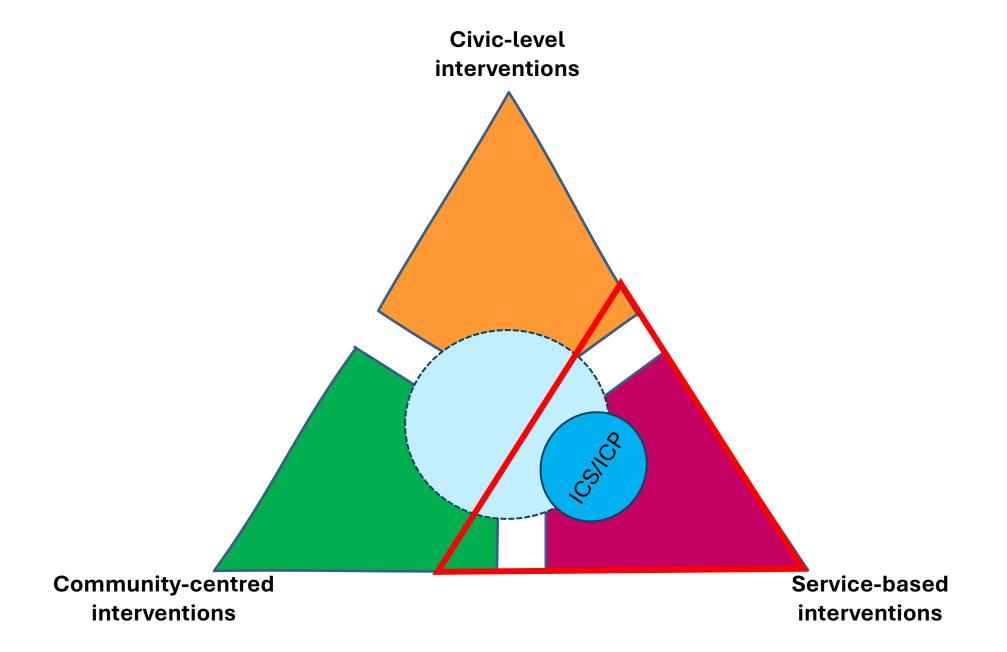
- Increase the proportion of overall expenditure allocated to early years
- Partners agree focus is progressive across the social gradient based on joint needs assessment
- Programme to integrate and pool resources for early years support across health, social care and education



- Provision of quality pre-school early education and childcare across the gradient
- Increase in well-qualified staff into early years workforce, including increase in early years settings with staff having graduate qualifications
- Community-based social and behavioural support e.g. through Children's Centres
- Combined community outreach to increase uptake of early years education and childcare by disadvantaged families
- Partners collaborate to identify and support women at risk across the social gradient e.g. for early ante-natal booking
- Give priority to pre- and postnatal interventions that reduce adverse outcomes of pregnancy and infancy (e.g. smoking in pregnancy; breast feeding; vaccination)
- Quantity, reach and quality of health visiting in years 1 3, especially universal plus support
- Good co-ordination of Healthy Child and Early Care type services with shared assessments and key worker approaches for those at risk



### Whole System?

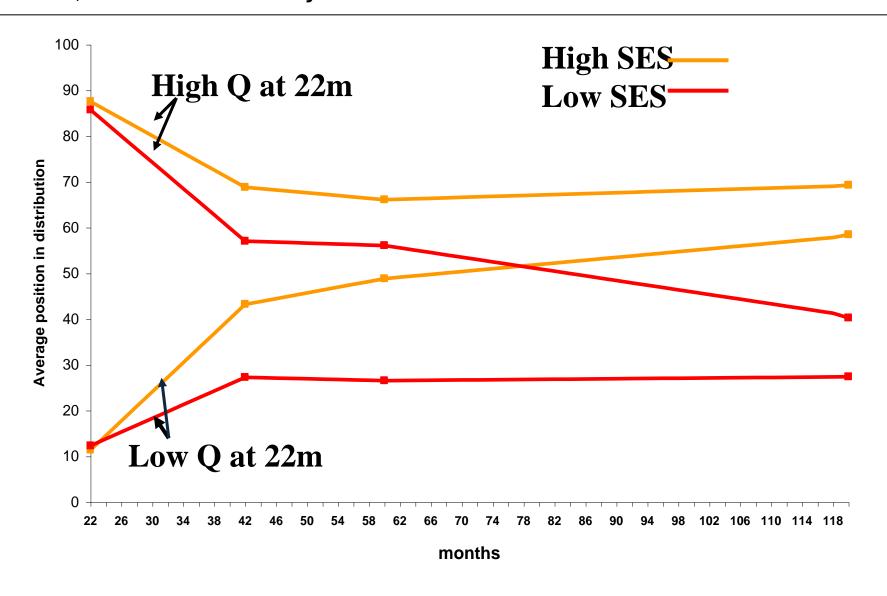


### Marmot 'Plus' policy Objectives

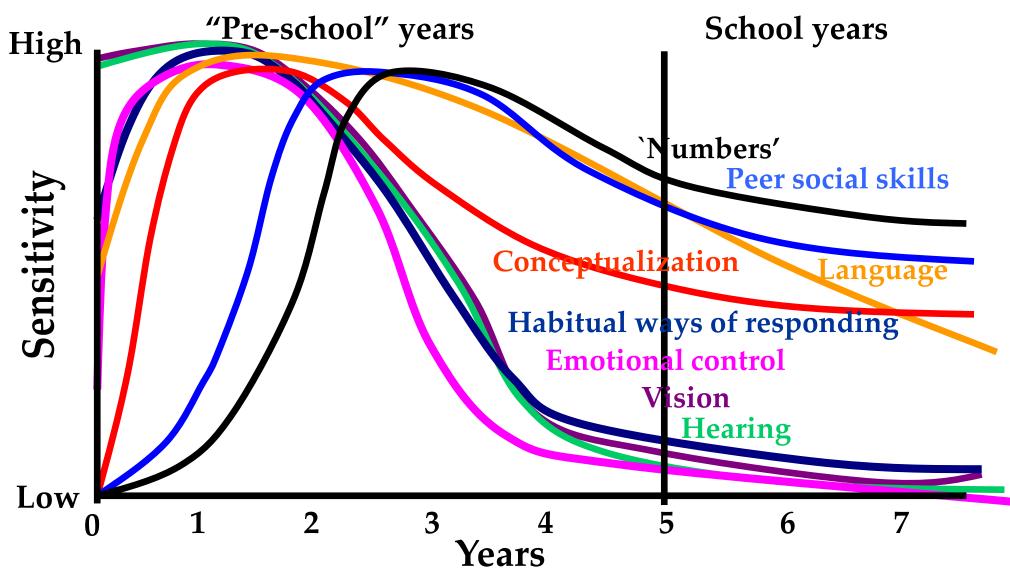
Healthcare Public Health

Give Create Strengthen **Create and Ensure** Enable all every fair develop the role and healthy children, child employm healthy and impact of illstandard young the ent & environmenthealth of living people & best decent prevention. ally for all. adults to start in work for sustainable maximise life. all. places & their communities capabilities & control their lives.

Inequality in Early Cognitive Development of British Children in the 1970 Cohort, 22 months to 10 years



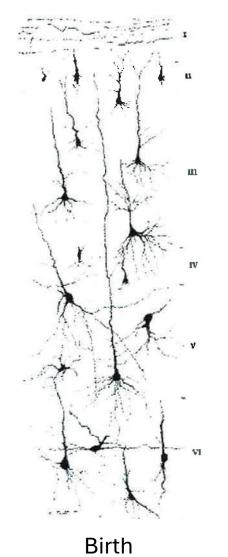
### Sensitive periods' in early brain development

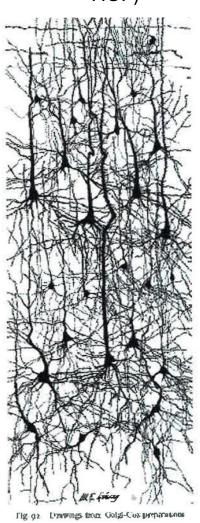


Graph developed by **Council for Early Child Development** (ref: Nash, 1997; *Early Years Study*, 1999; Shonkoff, 2000.)

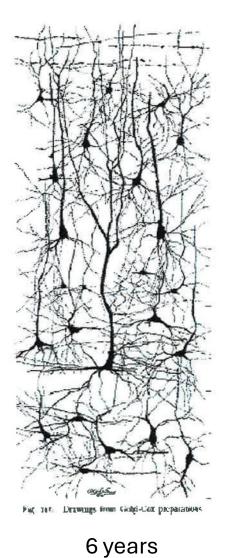
## Synaptic Development:

(J.Conel (1939-1967) Postnatal development of the human cerebral cortex. Cambridge, MA; HUP)



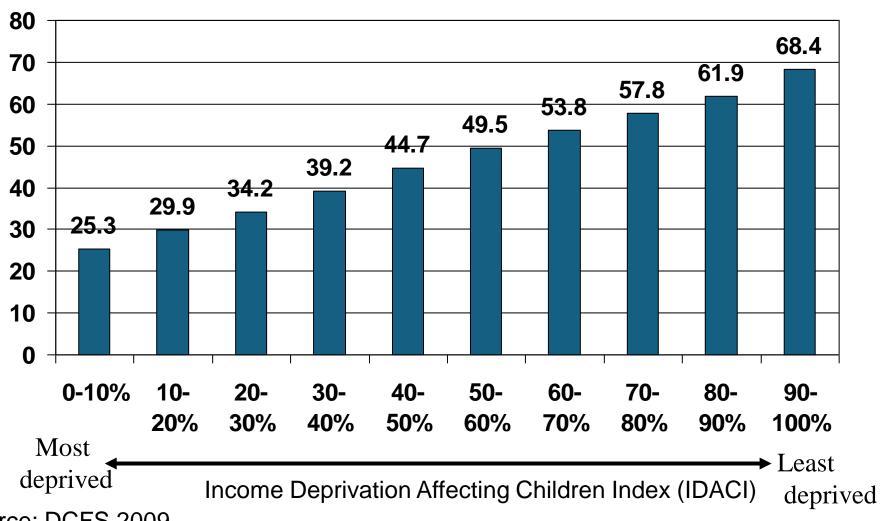


2 years



Per cent achieving 5+ A\* - C grades inc Maths and English at GCSE by IDACI decile of pupil residence: England 2007

% achieving 5+ A\*-C GCSEs inc Maths and English

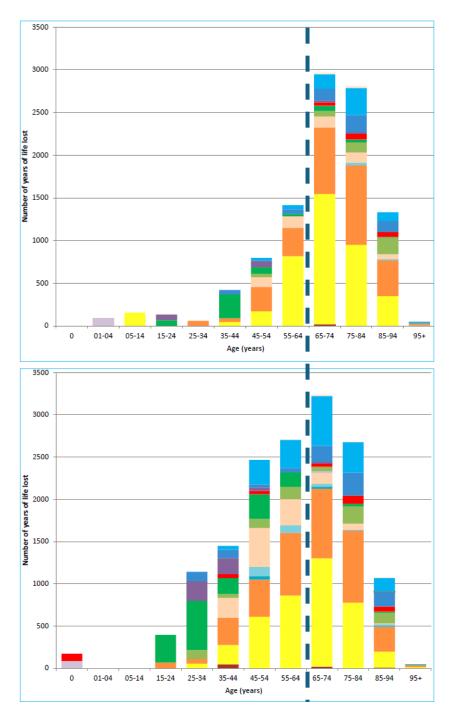


Source: DCFS 2009

# Health inequalities in Scotland

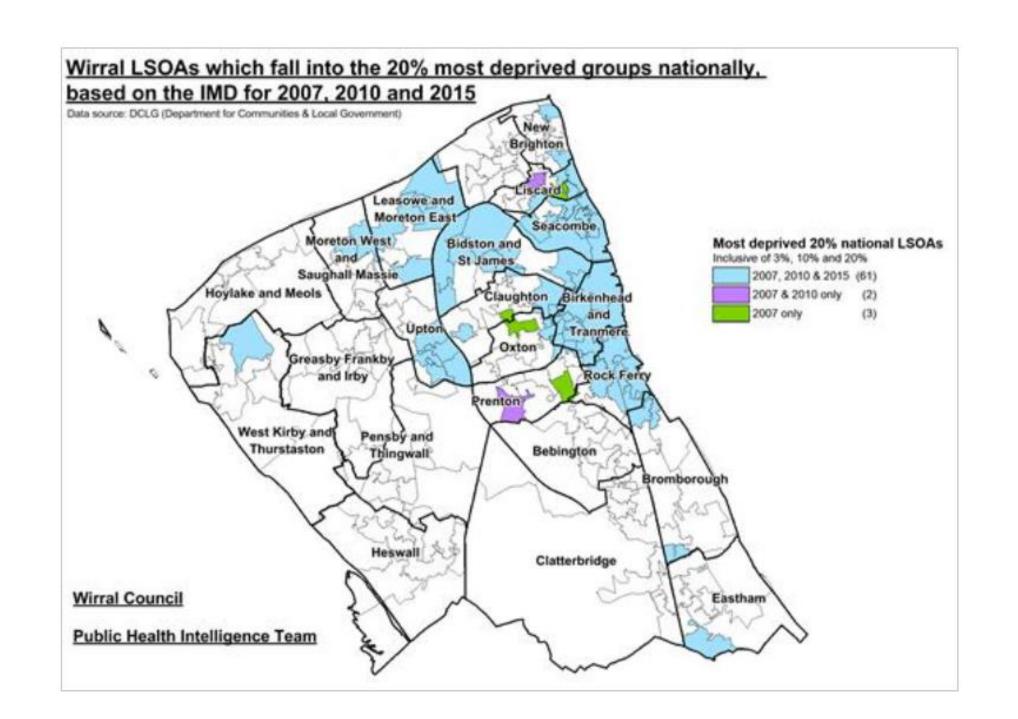
Outco	me	Most deprived	Least deprived	
Smoking during pregnancy <sup>1</sup>		38%	13%	
Stillbii	th	5.9/1000 live births	3.8/1000 live births	
	anguage development oncerns²	26%	12%	
В	ehaviour to other children	24%	10%	
To	otal difficulties (on SDQ)	20%	7%	
Denta	l caries age 5 years³ (odds)	4.6	1	
Teena	ge pregnancy⁴	3 x higher		
Death	in 15-44 year-olds <sup>5</sup>	5 x higher		
45-74	Death due to CHD	3.8 x more likely		
year olds	Death due to cancer	2.3 x more likely		
otab	Alcohol deaths	12.3 x more likely		
	-75 year-old deaths	3.6 x more likely	amont Growing IIn in Scotland	

Sources: 1. Gray R, Bonellie SR, Chalmers J, Greer I, Jarvis S, Kurinczuk JJ, et al. 2009. 2. Scottish Government. Growing Up in Scotland: Health inequalities in the early years. 2010. 3. Levin KA, Davies CA, Topping GV, Assaf AV, Pitts NB. 2009. 4. Scottish Government 2003. 5. Scottish Government Health Analytical Services Division 2008.



# MALE Years of Life Lost 20% LEAST DEPRIVED (2011-2015)

MALE Years of Life Lost 20% MOST DEPRIVED (2011-2015)



# HOSPITAL ADMISSION RATES RELATIVE TO 20% MOST AFFLUENT NATIONAL LSOAs

#### Elective admissions

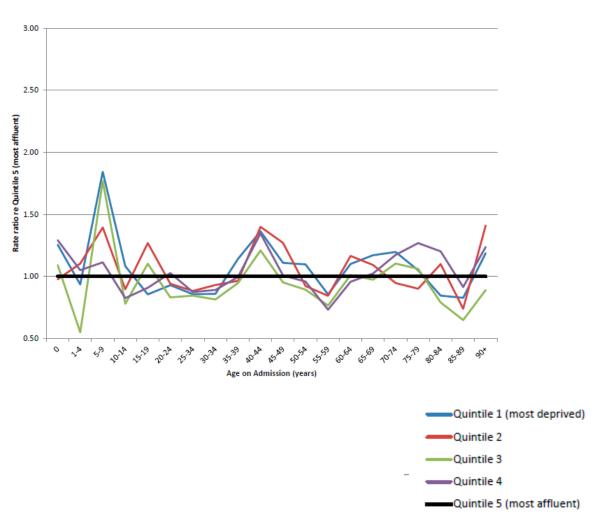
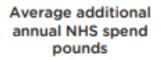
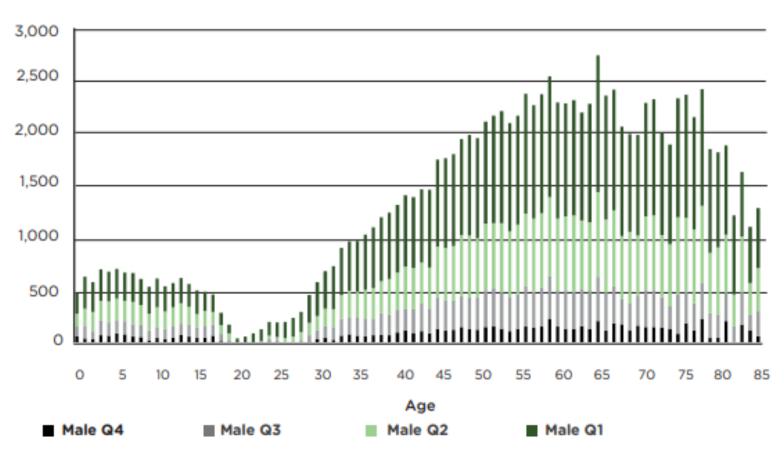


Figure 4.2. Average annual NHS spend, by age and neighbourhood deprivation quintile group, England, 2011/12

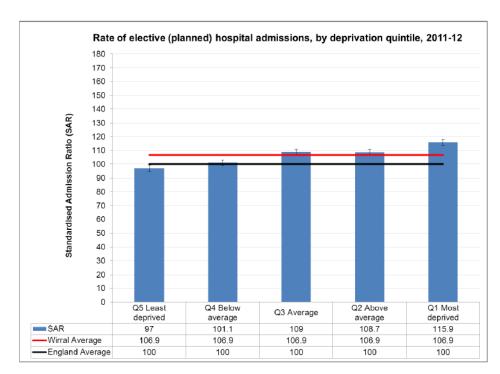
#### a) Males

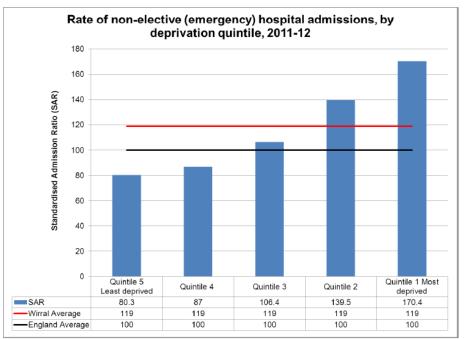




Note: Q1 is the most deprived and Q5 (not featured in the graph), is the least deprived and the reference quintile

# Impact of deprivation score on hospital admissions Wirral

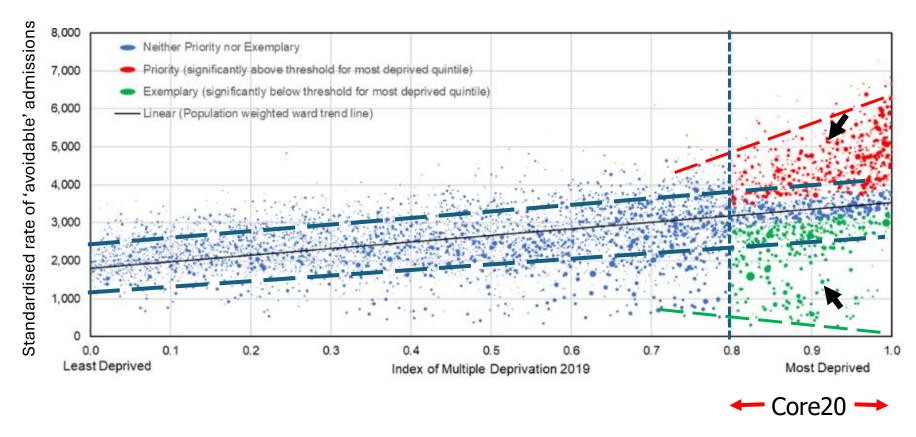




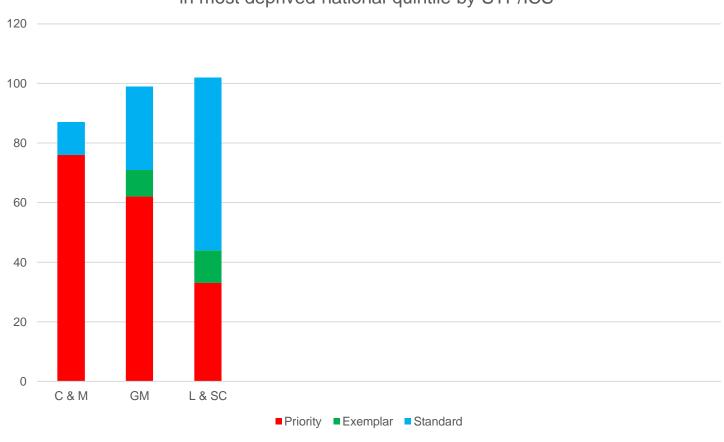
Source: Dr Foster Data Analysis tools, 2011

Source: Dr Foster Data Analysis Tools, 2012

#### Inequality in Ward level 'Avoidable' Emergency Hospital Admissions by Deprivation Scale



North West Region: number of Priority, Exemplar and Standard wards in most deprived national quintile by STP/ICS



### Wirral CCG Priority Wards

Priority	Bidston and St James	E05000955
Priority	Birkenhead and Tranmere	E05000956
Priority	Bromborough	E05000957
Priority	Claughton	E05000959
Priority	Leasowe and Moreton East	E05000964
Priority	Liscard	E05000965
Priority	Rock Ferry	E05000971
Priority	Seacombe	E05000972
Priority	Upton	E05000973

Knowsley
Wirral
St Helens
Cheshire East
(Liverpool
11
9
6
4
(Liverpool
19)

# Top 10 causes of avoidable emergency admissions in Wirral (priority wards)

### Unplanned hospitalisations by condition

Abdominal and pelvic pain

Pain in throat and chest

Other disorders of urinary system

Other chronic obstructive pulmonary disease

Mental and behavioural disorders due to use of alcohol

Atrial fibrillation and flutter

Cellulitis

Asthma

Heart failure

Superficial injury of head

Other

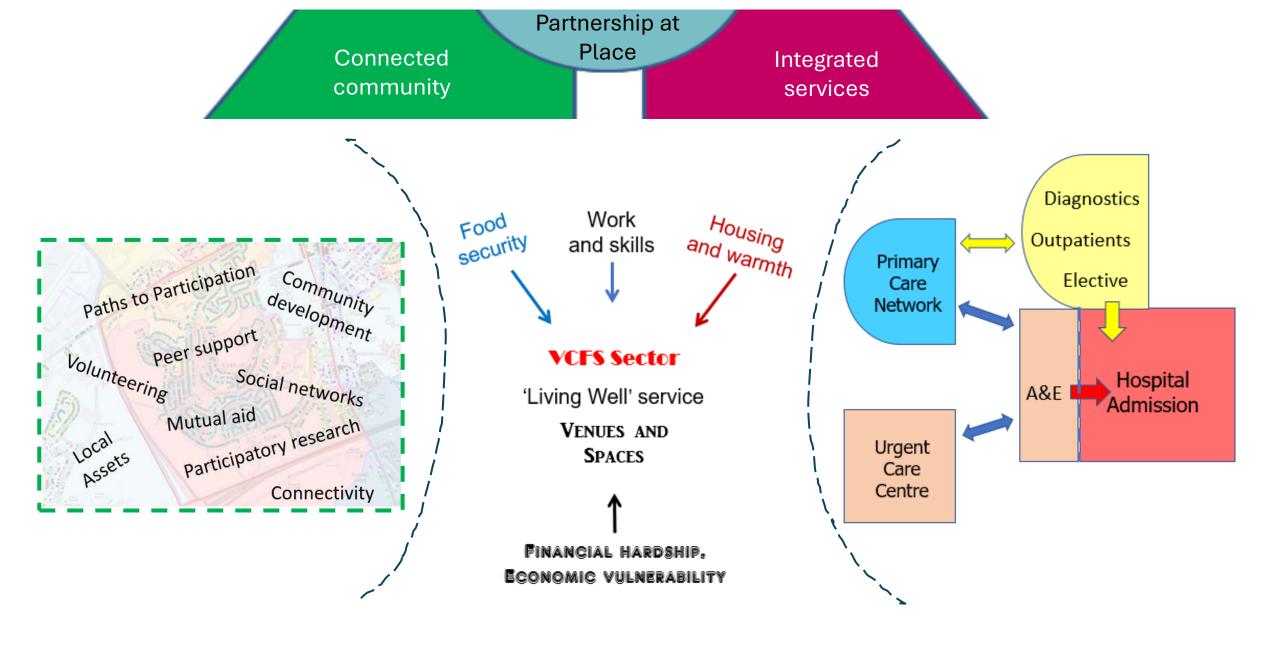
#### Excess numbers of 10 leading causes of 'Avoidable Emergency Admissions' in Wirral Priority Wards

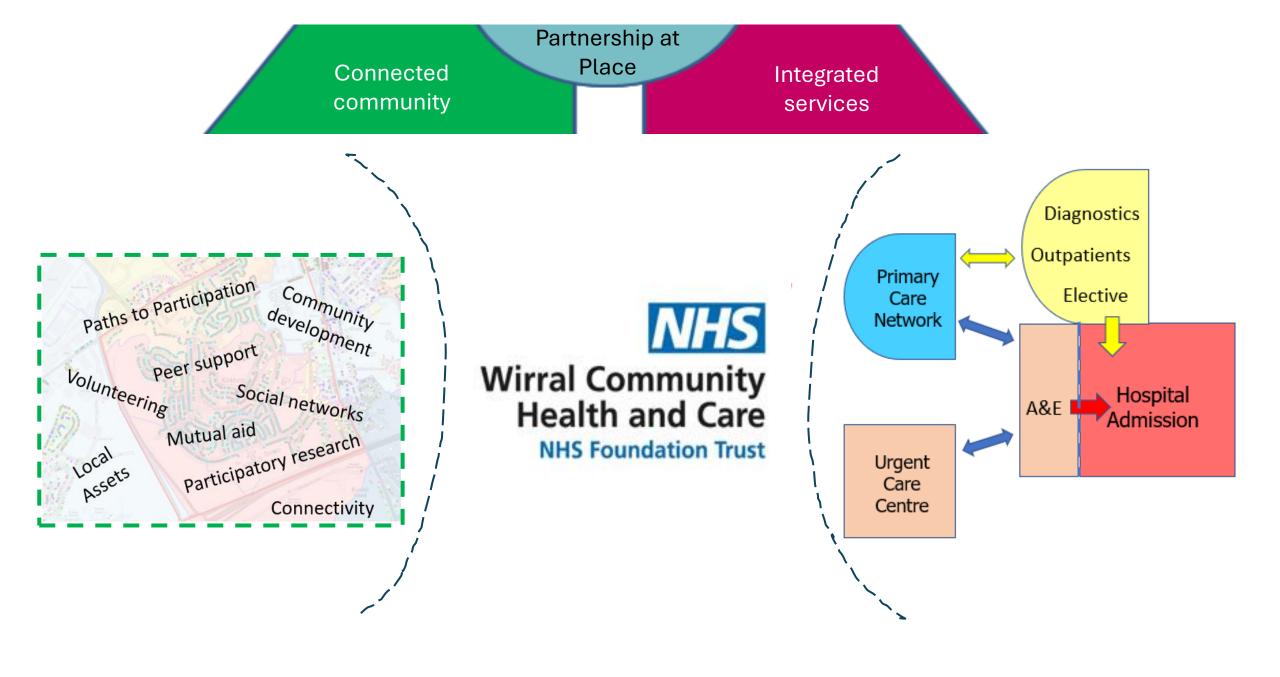
Priority Wards		Unplanned hospitalisations by condition												
	Abdominal and pelvic pain	Pain in throat and chest	Other disorders of uninary system	Other chronic obstructive pulmonary disease	Mental and behavioural disorders due to use of alcohol	Atrial fibrillation and flutter	Cellulits	Asthma	Heart failure	Superficial injury of head	Officer	Total (where 1 to 5 suppressed)	Total (where 1 to 5 replaced with 3)	Opportunity for saved hospitalisations, if your CCG had no inequality
Upton	146	79	79	73	45	35 25	38	44	23	25	272	859	859	94
Birkenhead and Tranmere	130	96	55	75	122	25	34	33	14	28	232	844	844	227
Rock Ferry	116	107	71	67	41	19	24	27	28	19	271	790	790	192
Bidston and St James	133	93	72	85	45	26	27	45	18	16	211	771	771	192
Claughton	77	101	77	70	44	22	24	31	18	28	266	758	758	98
Liscard	80	69	88	69	34	26	20	39	26	24	230	705	705	105
					181						181			

#### In each priority ward:

- A. What are the quality, accessibility and service outcomes of frontline healthcare?
- B. What level of assets, infrastructures and supports are there in the 'priority' community?
- C. How does the population access and use services and how is it supported to do so?



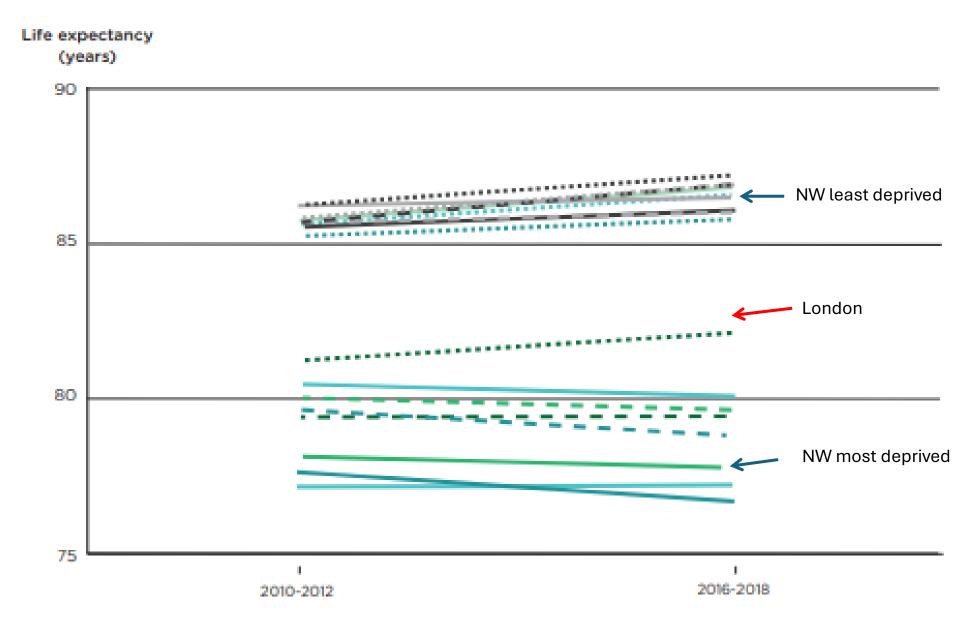




To address healthcare inequalities, we need to integrate personalised care planning for individuals with commissioning for populations

It will only achieve this if it is embedded in neighbourhood action plans, supported at Place and System level

### Trend in Life Expectancy by Region (female)



Marmot Review 10 Years On

# "Health Inequalities were entrenched before Covid-19 appeared, but now have never been clearer."

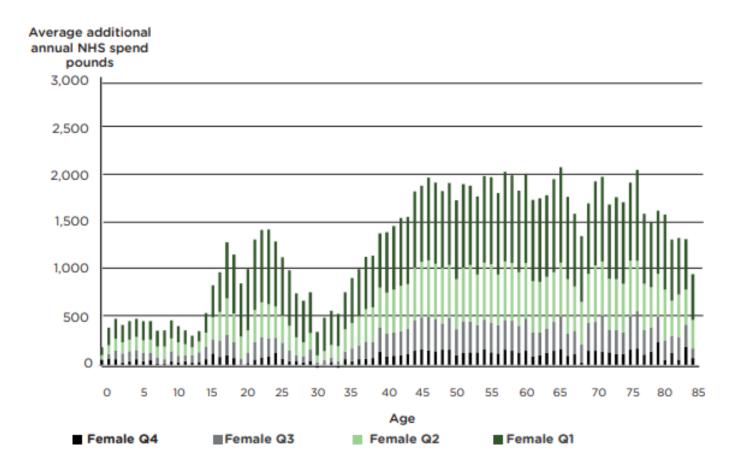
In relation to Covid, disadvantaged individuals and communities show:

- Background vulnerability
- Compromised ability to respond
- Widening disadvantage going forward

#### And now:

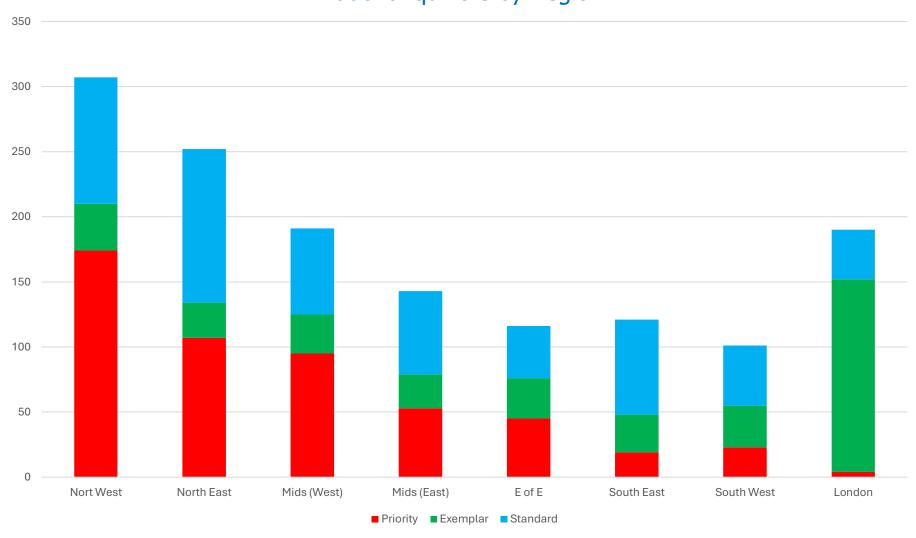
Cost of living crisis (has amplified, deepened and widened impact)

#### b) Females



Note: Q1 is the most deprived and Q5 (not featured in the graph), is the least deprived and the reference quintile

# Number of Priority, Exemplar and Standard wards in most deprived national quintile by Region

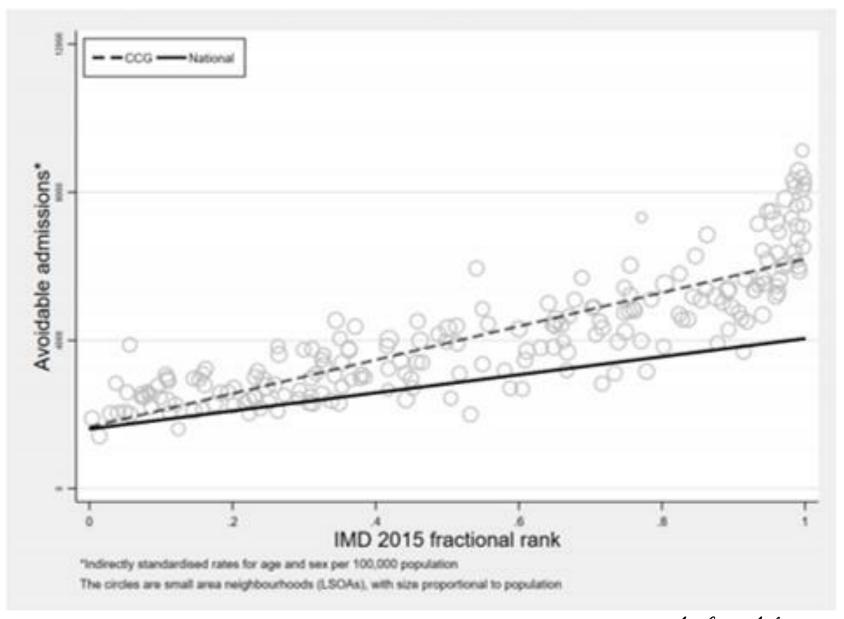


### Cheshire and Merseyside: Priority and Exemplar Wards by CCG

100 CDS code	2018 CCS name	Status	2000 ward same	2000 ward code
OIF		Priority	Appleton	B08001877
	Halton COG	Priority	fires diseath	80,60015.80
		Priority	Ditton	80,8001818
		Priority	Stonge	EGRODIA II A
		Priority	Halton Lea	80.8001588
		Priority	Haragh Green	E0.6001881
		Priority	Kingova p	E6.80018.83
		Priority	Merseji	80,8001818
		Priority	Nortan South	BORCOLERA
		Priority	Riverside	80,8001894
		Priority	Windowill Hill	E0.80018 F7
51J		Priority	Cherryfield	E0.601081A
	Knowsley CCG	Priority	Halewood flooth	808010897
		Priority	Northwead	E0.0010838
		Priority	Page Moss	808010888
		Priority	Prespot Mortk	E0.80108.60
		Priority	Prespot South	808010841
		Friority	Shwington	808010848
		Priority	St finbriek	805010848
		Priority	St Michaels	005010845
		Priority	Stockbridge	E08010846
		Friority	Whitefield	008010848
dR		Priority	Crewe Central	80 R0088 30
	South Cheshire CCG	Priority	Crewe South	80,800,883.4
		Priority	Crewe St Barnabac	103008831
d.T		Priority	Clenth	80.8000834
	South Sefton CCG	Priority	berby	RORODON 17
		Priority	Food	00 R00000 8 8
		Priority	Linacre	808000849
		Priority	Litherland	10 R0000841
		Priority	Sytherton and Omeli	808000847
		Priority	St Oswalid	BORODONEL
0.00		Priority	itoid	80 800008 18
	St Helens CCG	Friority	farlections	80,8000838
		Priority	Parr	80,8000834
		Priority	Thatto Heath	80,80008,28
		Priority	Town Centre	80,8000828
		Priority	West Park	EQ ROCCOS SO

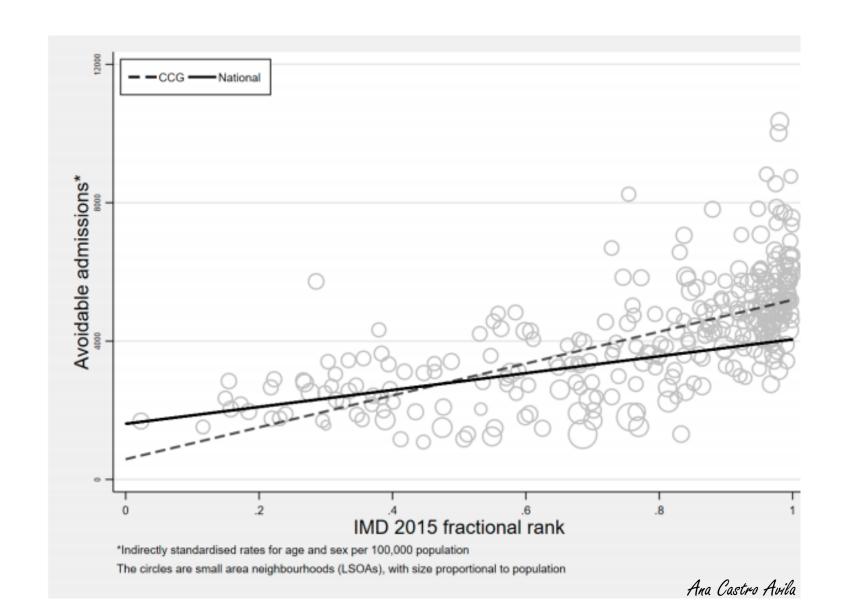
		718488	70.004 (2015)	DOMESTIC BY
ÓUD	Vale Royal CCG	Friority	Redfivelish Witton	B0.80133311
		Friority	Winstand Dene	80.80133.48
OUTE		Enterity	Bewsey and Whitecross	80.8011825
	Warrington	Eriority	Fairfield and Howley	868011886
	•	Eriority	Orfined	808011888
		Friority:	Poplars and Haline	80.801.1840
OUF		Frierity	Macan	808013388
	West Cheshire CCG	Friority	Recton	808013334
		Priority	Westminster	808013344
		Friority	Wolvedians	808013388
135		Priority	Bidcton and St. James	BO RODON S.S.
	Wirral OCG	Priority	Birtenhead and Transvere	BO RODDON SA
		Priority	Brombaraugh	BORCOON FF
		Priority	Claughton	BO RODGER RR
		Priority	Leasure and Moneton East	BO RODDON 6-1
		Priority	Liscard	BORCOONER
		Frierity	Book Feery	EGRODOW 71.
		Frierity	Seacombe	EG RODG# 73
		Friority:	Upton	80.80000 78
99A		Frierity	Antield	BOACCOS F7
	Liverpool CCG	Priority	Bete Yale	BOACCOR BR
		Frierity	Clubrager	BO RODGE NO
		Priority	County	BORCOOR RIL
		Priority	Crowteth	BORODOBAN
		Priority	Destron	EQ.RCD08.86
		Frierity	Excelentes	EGRODOS VP
		Frierity	Kessington and Fairfield	EG RODGE NA
		Priority	Kirkol alle	BO RODDER BO
		Frierity	Snotta Ash	BORODOWIL.
		Priority	Sunds Green	BO RODGE ER
		Friority	Old Savan	EGRODON SA
		Priority	Princes Fads	EQ RODON DE
		Friority	Niverside	EGROCONT?
		Friority	Speke-Spratne	EG RODON DR
		Eriority	Resbrook and Stone you'lt	808000830
		Frierity	Warkresk	BORODON 11.
		Frierity	Watertree	E0.8000812
		Friority	Year Time	E0.6000015

### Wirral CCG

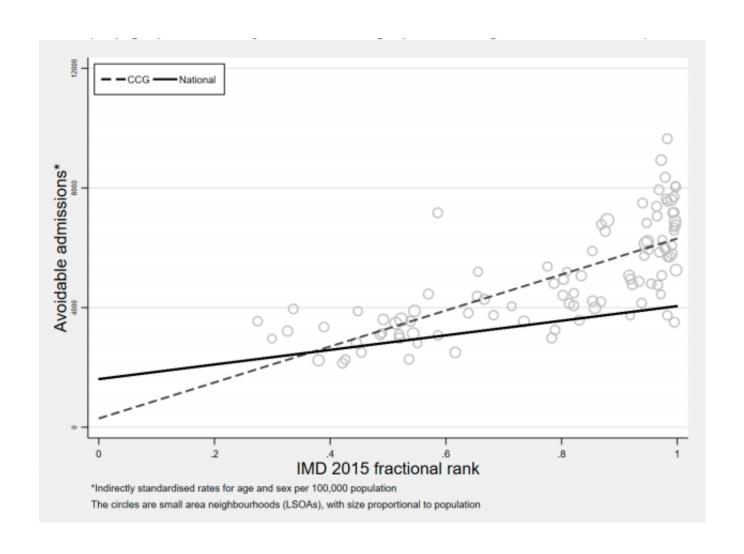


Ana Castro Avila

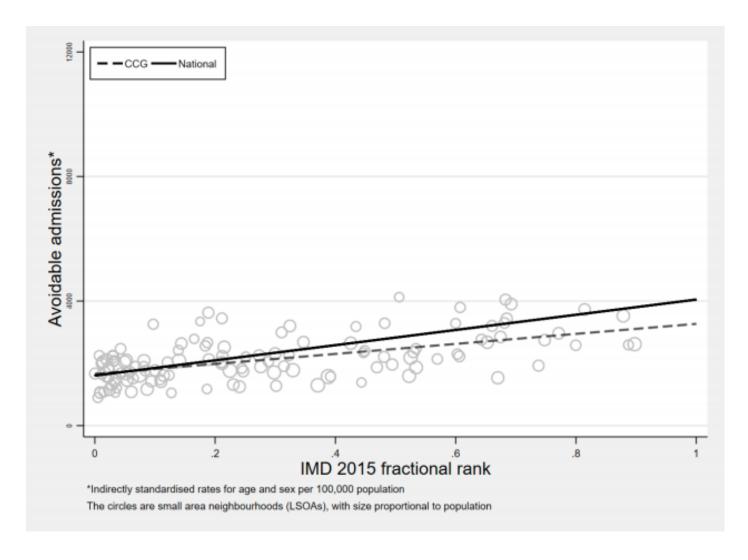
# Liverpool CCG



## **Knowsley CCG**



### Eastern Cheshire CCG



### St Helens CCG

