HWBB REFRESH - tackling health inequalities

Health Select

3rd September

Background

- Published in 2010, The Marmot Review was a landmark study of health inequalities in England.
- The ground-breaking review confirmed governments policies focusing on the health care system and individual behaviour change approaches are not hugely effective at reducing health inequalities.
- To improve health for everyone and reduce inequalities action needs to be taken on the social determinants – the circumstances in which we are born, grow, live, work and age (causes of the causes of ill health).
- Yet a decade of austerity has seen drastic cuts to local government funding, which is tasked with funding the wider determinants.

Marmot Principles

The report outlined six policy objectives, known as the Marmot principles:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximize their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- Strengthening the role and impact of ill-health prevention.

The new report, Health Equity in England: The Marmot Review 10 Years On, was published in February 2020. The key findings were:

People can expect to spend more of their lives in poor health.

Improvements to life expectancy have stalled and declined for the poorest 10% of women.

Only the 20-30% least deprived will receive a state pension before they develop a lifelong disability.

The health gap has grown between wealthy and deprived areas.

There are marked regional differences and widening health inequalities between the North and the South.

The slowdown in life expectancy increase cannot for the most part be attributed to severe winters. More than 80 percent of the slowdown, between 2011 and 2019, results from influences other than winter-associated mortality.

Two thirds of those with lifelong disabilities in the most deprived areas have disabilities before they reach pension age.

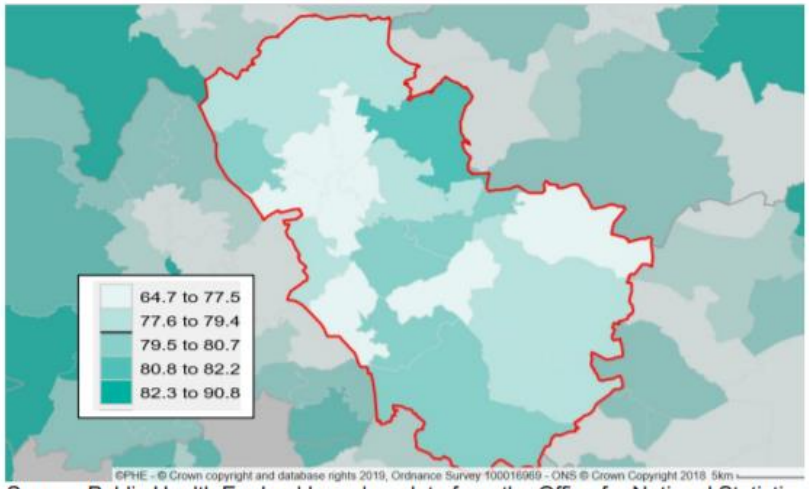
For males, years in poor health has increased from 15.8 to 16.2 since 2009, for females from 18.7 to 19.4.

It is likely that public sector cuts have harmed health and contributed to widening health inequalities in the short term and are likely to continue to do so over the longer term. Cuts over the period shown have been regressive and inequitable – they have been greatest in areas where need is highest and conditions are generally worse.

Locally ……

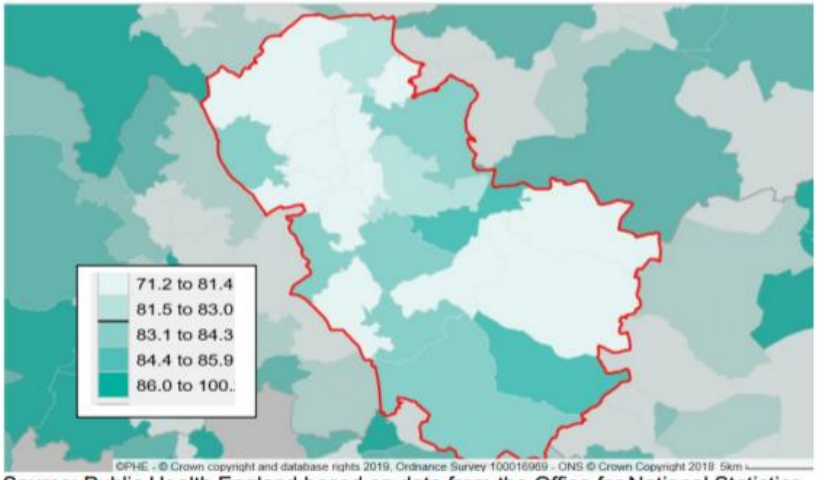
- The Marmot review findings reflect the local picture.
- Life expectancy has stalled in Rotherham and remains below the national average.
- Inequalities are widening between the most and least deprived communities within Rotherham, particularly for women.
- Life expectancy is 9.9 years lower for men and 9.5 years lower for women in the most deprived areas of Rotherham than in the least deprived areas.
- Comparatively, in 2010, life expectancy was 9.3 years lower for men and 6.6 years lower for women in the most deprived areas of Rotherham than in the least deprived areas.

[1] Life expectancy at birth for males, 2013-2017 (years)



Source: Public Health England based on data from the Office for National Statistics.

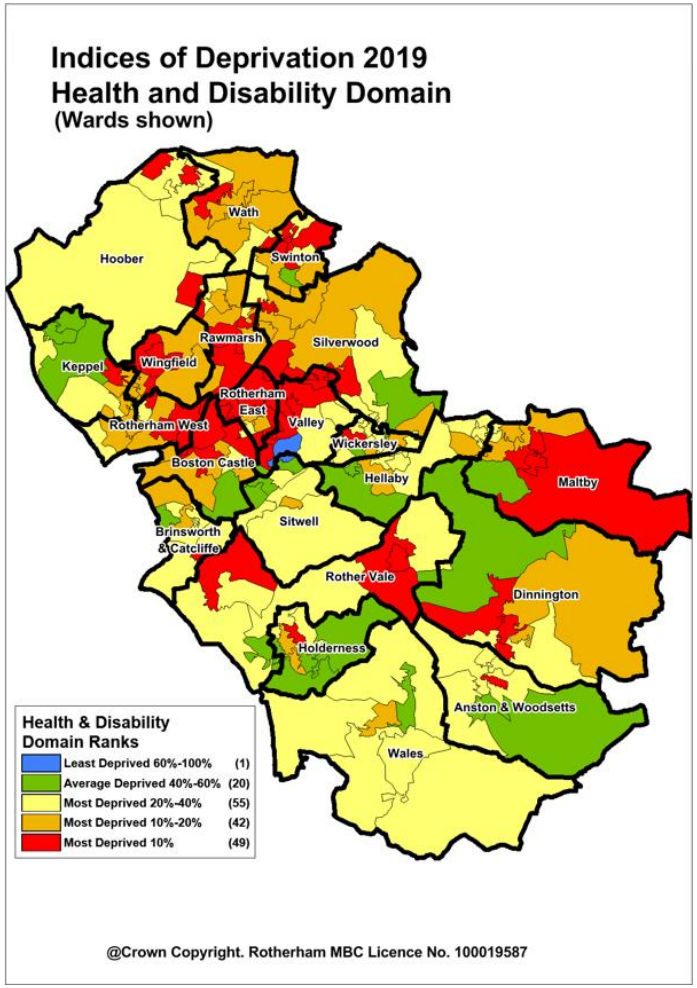
[1] Life expectancy at birth for females, 2013-2017 (years)



Source: Public Health England based on data from the Office for National Statistics.

Locally ……

- Rotherham is one of the 20% most deprived districts/unitary authorities in England and has moved up the rankings in terms of deprivation according to the 2019 Indices of Deprivation findings.
- The results within the health and disability domain were a key driver in this increase.
- Men in Rotherham can expect to have a disability free life expectancy of 57.9 years and women 56.3 years, compared to a national average of 62.9 years and 61.9 years respectively.



COVID-19

- Research also indicates that COVID-19 is having a significant impact upon health inequalities.
- At a national level, Public Health England has completed a report into “Disparities in the risk and outcomes of COVID-19”. The review is a descriptive look at surveillance data on the impact of COVID-19 on risk and outcomes.
- Key findings from the report are detailed on the next slide, however, note that some data is provisional and further analysis is needed.
- Also, note that much of the analysis covers the time frame up to 8th May, when most testing was being offered in hospital to those with a medical need. Thus any disparities may reflect differences in the need to present to hospital or the likelihood of being testing in addition to any differences in the risk of contracting the infection.

The key findings of this report were:

Age

COVID diagnosis rates increased with age for both sexes.

Those over 80 years old with a positive test were 70x more likely to die when compared with those under 40.

Sex

Working age males diagnosed with COVID were twice as likely to die as females.

Geography

Local authorities with the highest diagnoses and deaths were mostly urban.

Death rates in the highest region (London) were 3x higher than in the lowest region (South West).

Deprivation

Those who live in deprived areas have higher diagnosis and death rates than those in less deprived areas.

Mortality rates from the most deprived areas were double those of the least deprived areas (both sexes).

Ethnicity

Death rates highest among people of Black and Asian ethnic groups.

Effect of comorbidities is significant – when included, the ethnicity difference in risk of death amongst hospitalised patients is greatly reduced.

Care Homes

Deaths in care homes accounted for 27% of deaths up to 8th May.

There have been 2.3x the number of expected deaths in care homes (20,000 extra deaths).

Inclusion Health Groups

Comparatively larger increase in deaths among people born outside the UK and Ireland.

Potential that much higher diagnosis rate amongst rough sleepers compared to general population (poor quality data).

Occupation

Increase in deaths for those working in health and social care, plus men working as taxi drivers or in public transport, sales assistants and low skilled workers in construction/processing plants.

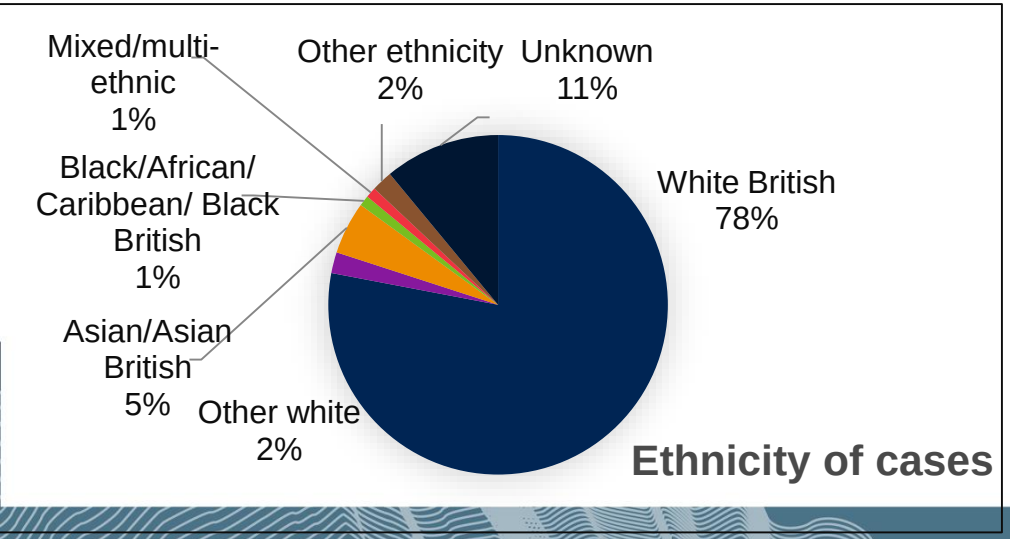
Further analysis needed due to small number of deaths for many occupations.

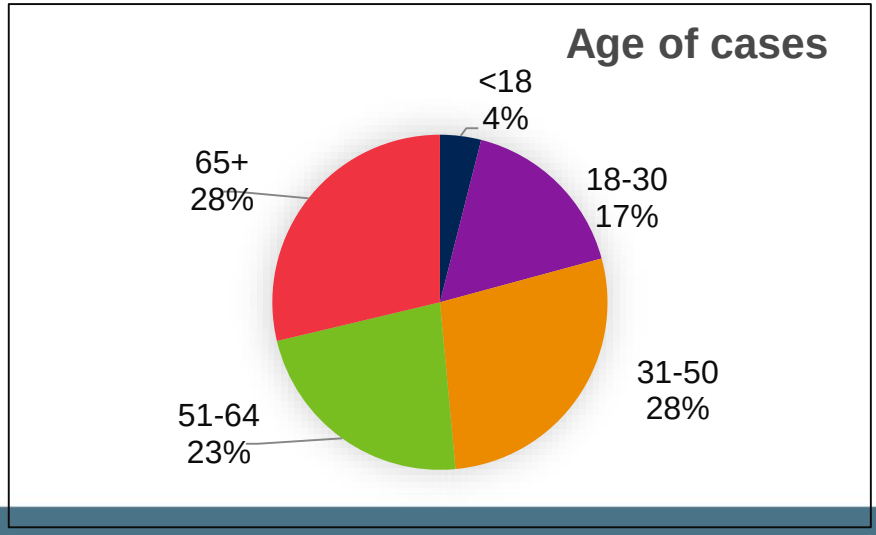
Comorbidities

Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.

COVID-19 infection in Rotherham

- 2,180 cases in Rotherham (cumulative rate: 821 per 100,000 to 27th August)
- Since NHS Test and Trace (open access testing launched 28th May):
  - Total tests: 82,755 (4,242 positive, 74,567 negative, 3,966 void)
  - 38% male, 58% female, 3% unknown
  - 50% cases from postcodes in IMD deciles ranked 1-3 (most deprived)





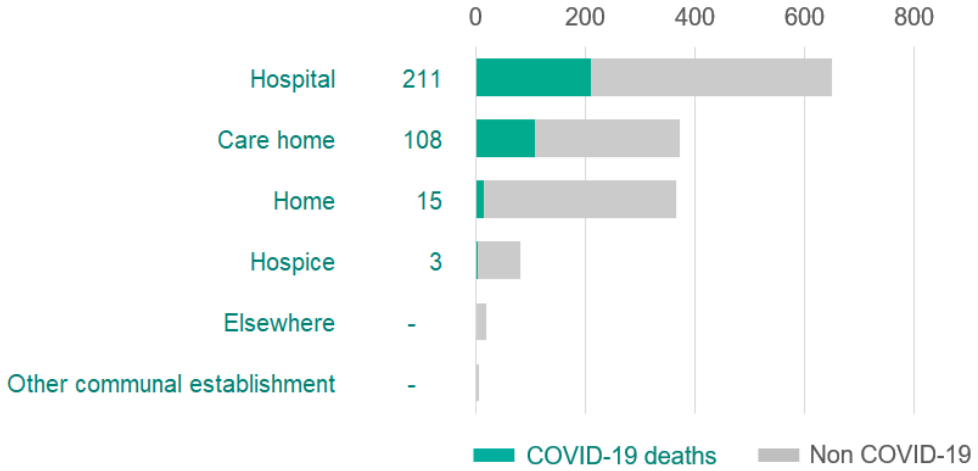
COVID-19 deaths in Rotherham

- 337 COVID deaths up to 17th August
- 33% of deaths occurring in hospitals mentioned COVID, compared to 29% of those in care homes, 4% at home and 4% of those in hospices.
- 63% of COVID deaths occurred in hospital, 32% in care homes.

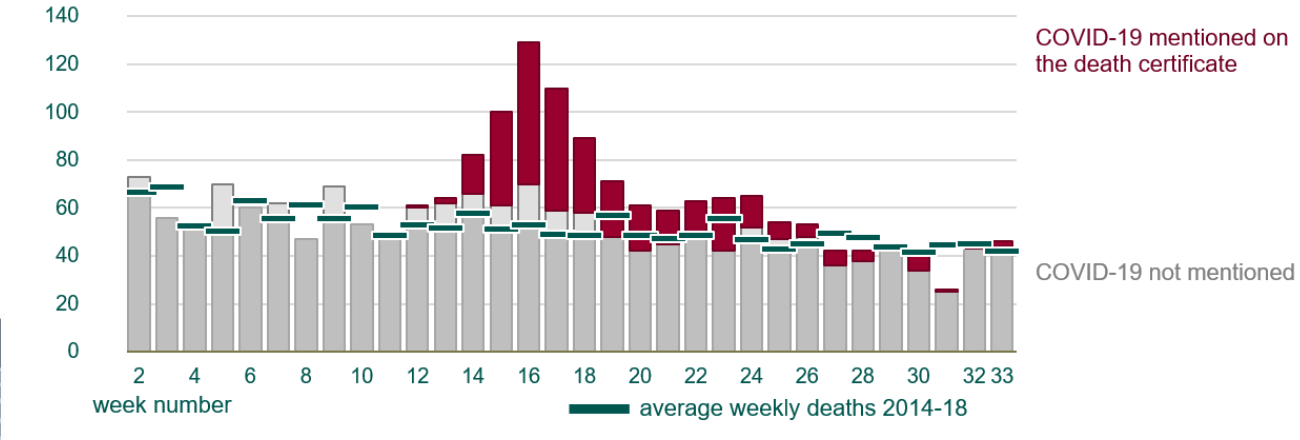
Registered deaths for Rotherham from 20 March 2020 up to 14 August 2020

2020 Deaths by place of death (cumulative numbers) for deaths registered from the week ending 20 March 2020 up to 14 August 2020, Rotherham

Place of death - count where COVID-19 mentioned on the death certificate



All deaths in 2020 by week, with proportion where COVID-19 is mentioned



ONS - Deaths registered weekly in England and Wales, provisional

Social determinants context

Impact of lockdown on health behaviours – e.g. mental health

School closures, loss of education, issues with exam results, changes to university provision/availability

Disruption to community/social interaction

Public transport impact
Cycling opportunities

Reduction in commuting, less air pollution

Job losses, furlough, zero hours contracts, changes to work availability

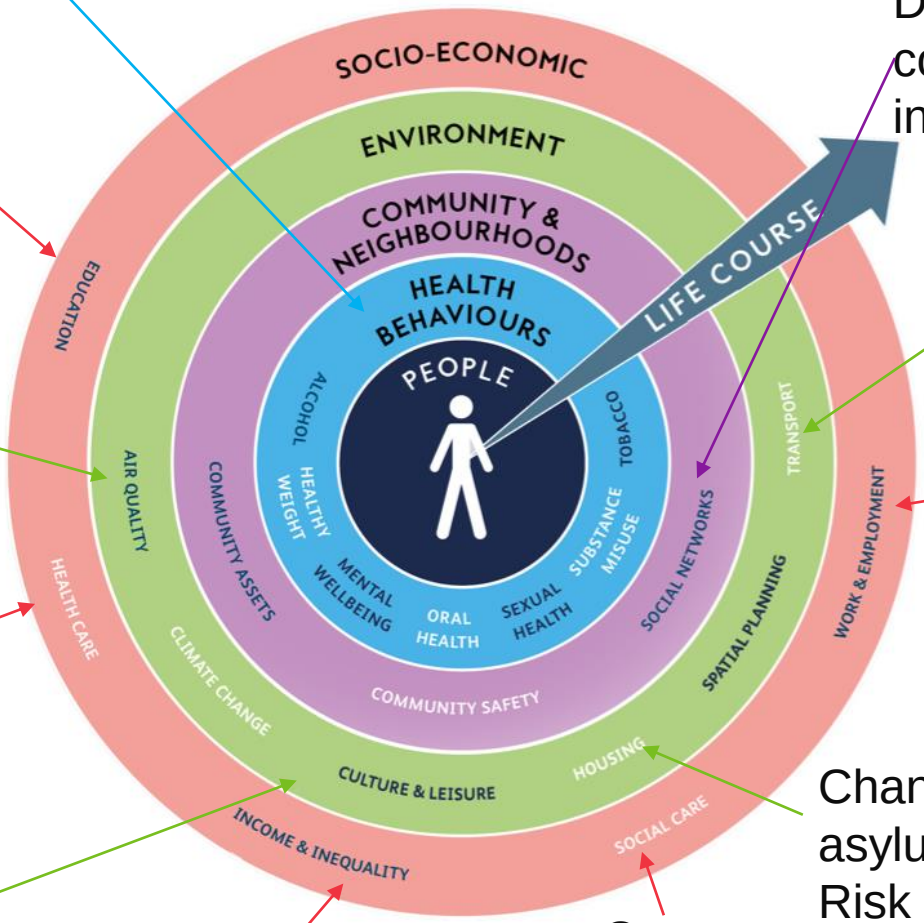
Disruptions to health care provision, delays to care, avoidance of care

Changes to homeless, asylum seeker provision
Risk of rent/mortgage problems due to loss of earnings

Disruption to/loss of culture and leisure activities. Increased use of outdoor space

Unequal covid impact

Care home impacts



Recommendations of the Marmot Review: 10 Years On Report

- The report makes recommendations with regards to tackling health inequalities, structured around the Marmot principles and an additional category: ‘Taking Action’
- The existing Health and Wellbeing Strategy draws from the Marmot principles. Examples of alignment include:
  - Aim 1: All children get the best start in life and go on to achieve their potential – focus on the early years, skills
  - Aim 4: All Rotherham people live in healthy, safe and resilient communities – focus on the wider determinants of health including skills and employment, climate change, culture, housing
  - Developing the ‘social determinants of health workforce’ – Making Every Contact Count Training
  - Early intervention
  - Public engagement, particularly in terms of what drives health
  - Whole systems monitoring and accountability for health inequalities

HWBB

The Health and Wellbeing Board agreed for a development session to be held on 16th September 2020. The focus of this session will be on reviewing the priorities of the board considering the impact of COVID-19 as well as consideration of local health inequalities and the findings of the Marmot report. The Local Government Association will be facilitating this session.

The proposed outcomes for the development session are as follows:

- To review current priorities and consider what priorities may need to change for the Health and Wellbeing Board, when considering the long-term consequences of COVID-19.
- To confirm the key actions for the Health and Wellbeing Board to meet these priorities.
- To discuss how we prioritise health inequalities and the Marmot principles as part of our ongoing response and recovery.

Following the development session, a refreshed set of priorities will be presented at the Health and Wellbeing Board in November for approval.

Recommendations to Health Select

To ensure that the Health Select Commission is able to contribute towards the refresh of Health and Wellbeing Board priorities, it is proposed that members consider and respond to the following questions:

- What are your biggest concerns regarding health inequalities in Rotherham?
- Are there any emerging priorities that need to feature more highly on the agenda?
- Is there anything that we are doing differently as a result of our COVID-19 response that we would want to maintain?