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# Health Inequalities in Northern Devon


Simon Chant

Consultant in Public Health


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# Introduction

**Health inequalities** are the unjust and avoidable differences in people's health across the population and between specific population groups

This presentation includes:

- Overview of health inequalities
- Picture of current inequalities in Northern Devon
- Emerging Population Health Management applications
- Consideration of One Northern Devon Priorities in this context

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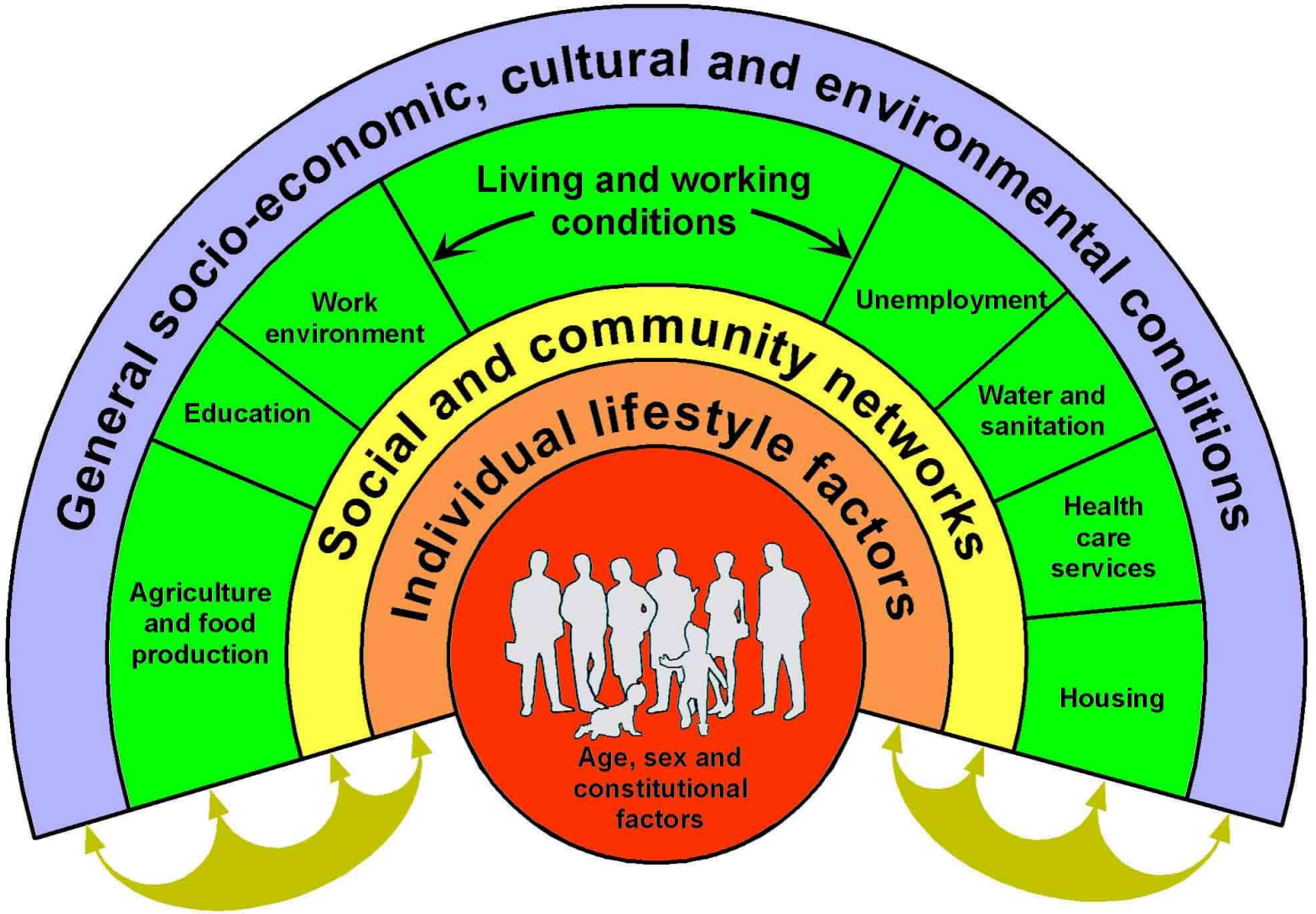
# What influences our health




Source: Dahlgren and Whitehead, 1993

## Contributors to premature death

- Behavioural patterns (40%)
- Genetic predisposition (30%)
- Social and environmental factors (20%)
- Access to healthcare (10%)

# Aspects of inequalities

- Geographic variation (hotspots of need, coastal communities)
- Deprivation and socio-economic factors
- Rurality and access to services
- Age
- Gender, identity and sexual orientation
- Ethnicity
- **Other groups:** homeless, migrants / asylum seekers, gypsies and travellers, mental illness, physical and learning disabilities

**Core 20 Plus Five** – NHS approach for ICSs to target most deprived 20% and specific ICS-chosen higher risk groups, and focusing on five areas of maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension case. Useful concept but require local nuance in use and interpretation (rural deprivation and sub-neighbourhood hotspots).

# REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

**CORE20**
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation


## Target population

# CORE20 PLUS 5

**PLUS**
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

## Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

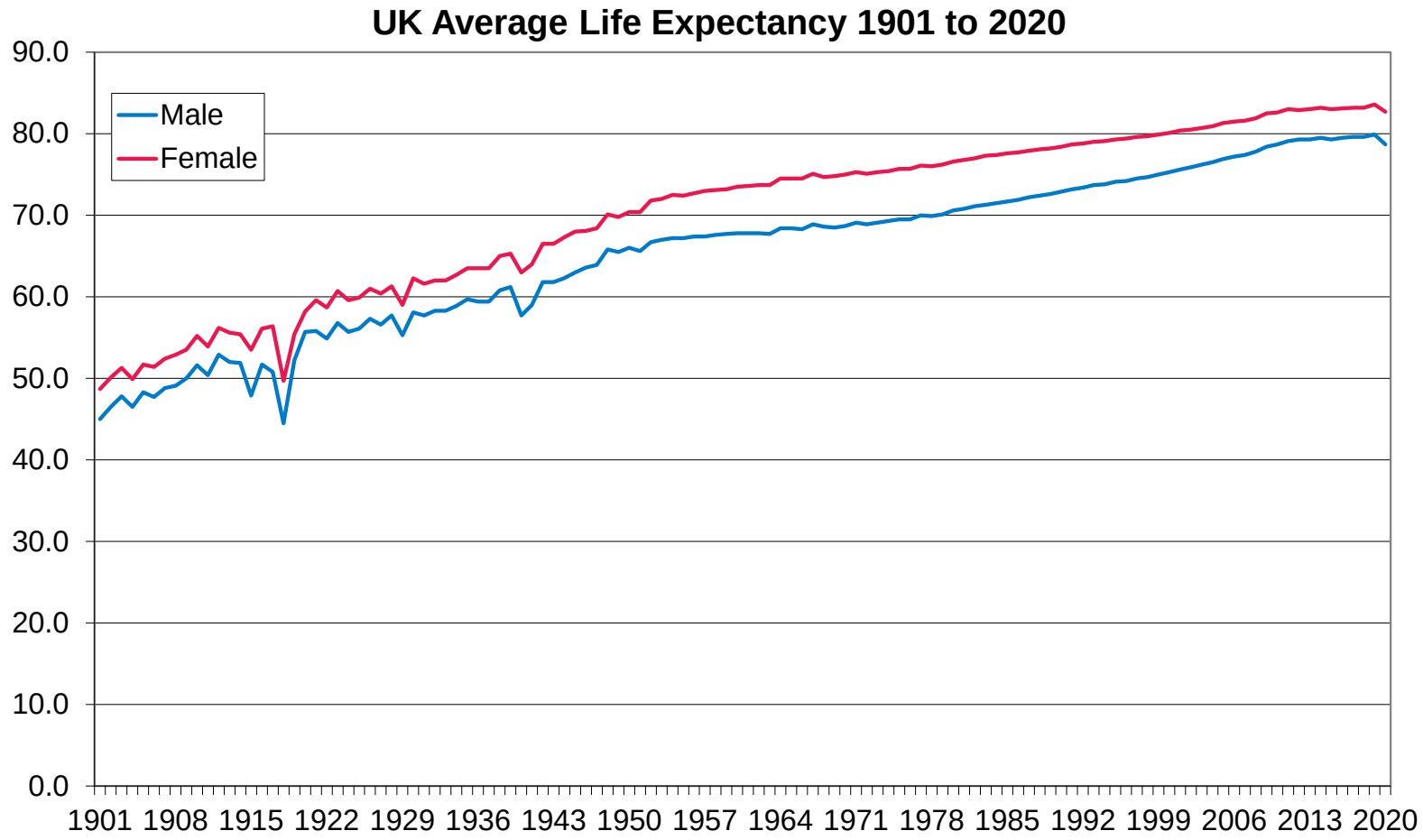
2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
**75%** of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

# Health improvement has slowed recently



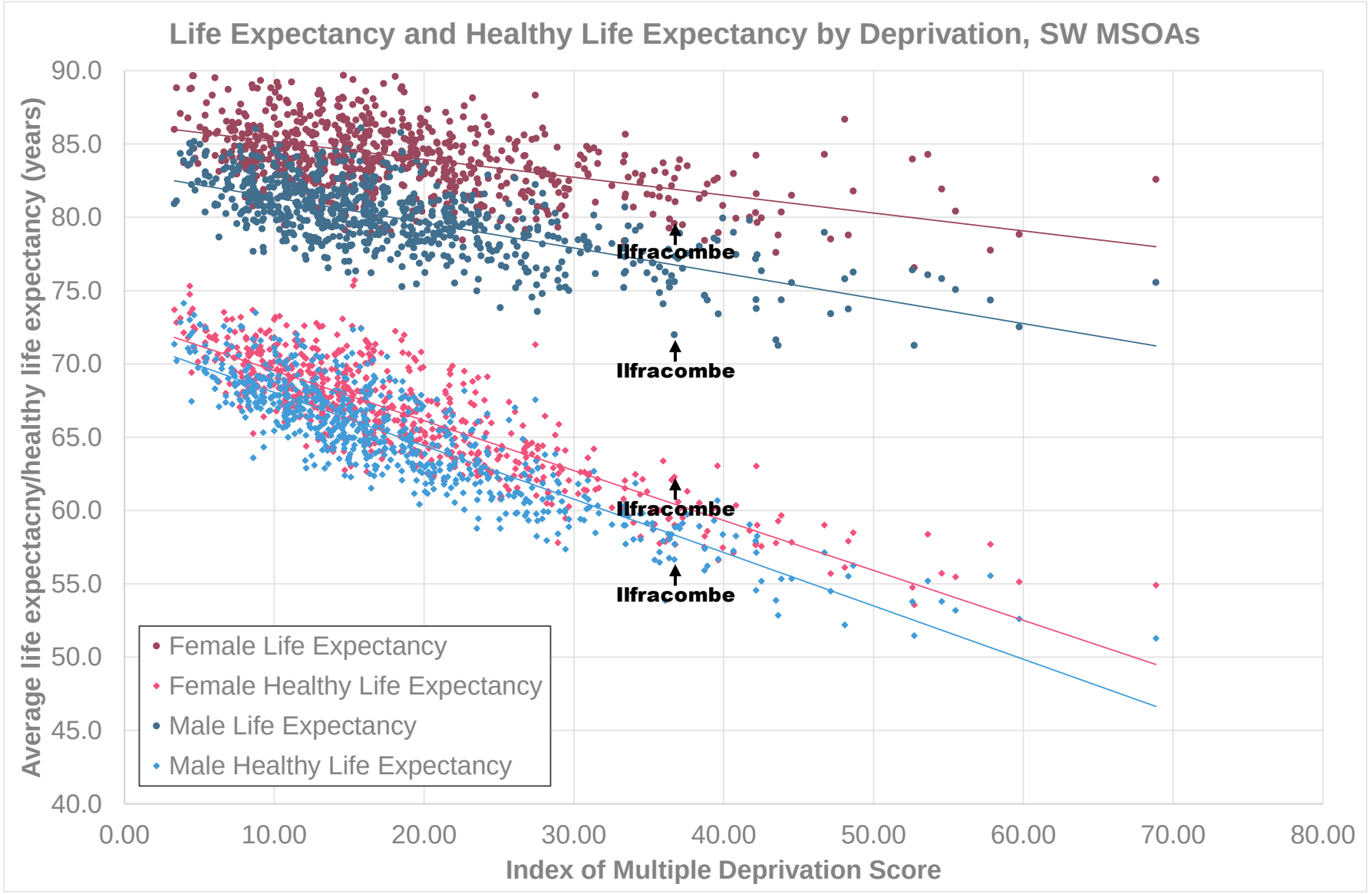

**Causes** of this stabilisation are multiple and complex including:

- **Cohort effects**: pre-2010 improvements due to health of 'golden generation'
- **Economic**: Economic downturn and 'austerity' from 2010, plus lockdown impacts
- **Changing disease patterns**: Covid-19, influenza, infections and 'deaths of despair'
- **Climate emergency (heat, pollution, ecosystem)**: likely to increase in years to come

# Health/Life Expectancies vs Deprivation SW

This chart compares deprivation (horizontal axis) with average life expectancy and healthy life expectancy by South West neighbourhood (MSOA).

More deprived communities experience much shorter life and health 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.



# Life expectancy gap/causes (SW picture of health)

Regional summary

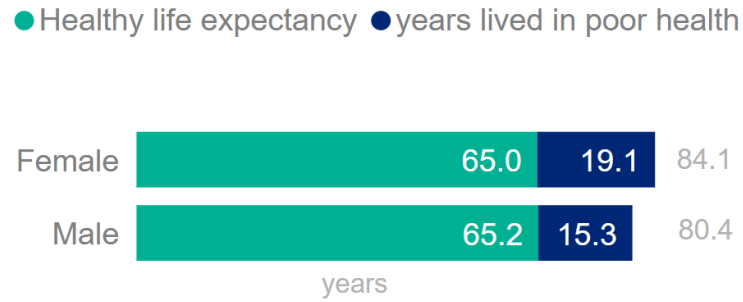
The upward trend in life expectancy in England has stalled in the recent years, and this applies to the South West. Life expectancy in women continues to be higher than men, but healthy life expectancy - years lived in good health - is not significantly different.

Inequalities: There are large inequalities in life expectancy between different geographical areas with deprivation associated as a key factor. Within the South West the gap in life expectancy at birth between the least and most deprived areas is 7.5 years for males and 5.6 years for females (as measured by the slope index of inequality).

Covid-19 Impact: In the first 6 months of 2020, life expectancy was lower in all regions compared to the same period in 2019. The South West, however, saw the smallest drop for both sexes - for females average life expectancy decreased from 84.1 to 83.2 and from 80.4 to 79.3 in males. Decreases in life expectancy were observed across all deprivation deciles (WICH tool, Feb 2021).

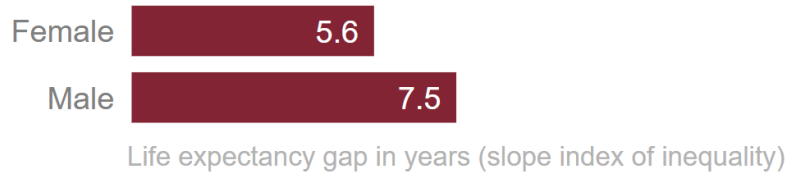
## Healthy life expectancy and years lived in poor health

2017 - 19




## Life expectancy gap widens with deprivation

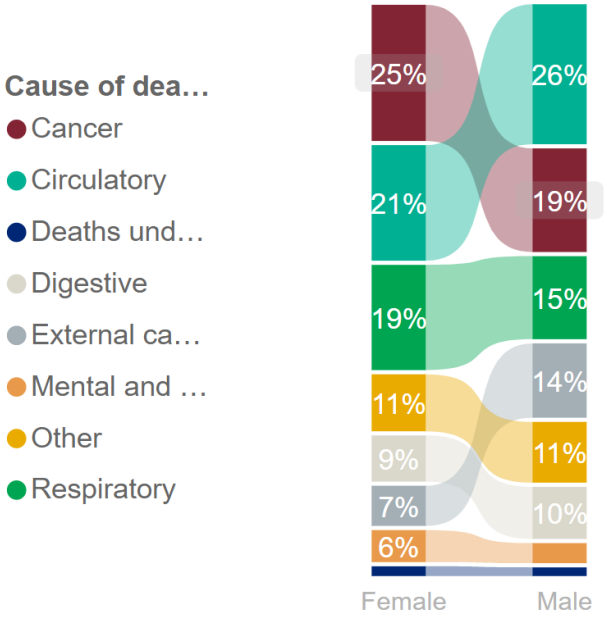
2017 - 19




Source: Public Health England. Public Health Profiles. 2020 https://fingertips.phe.org.uk © Crown copyright 2020

## Cancer in women and circulatory disease in men contributes most to the gap in life expectancy between the least and most deprived areas

2015-17




Source: PHE. Segment tool © Crown copyright 2020
breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of England, by broad cause of death, 2015-17

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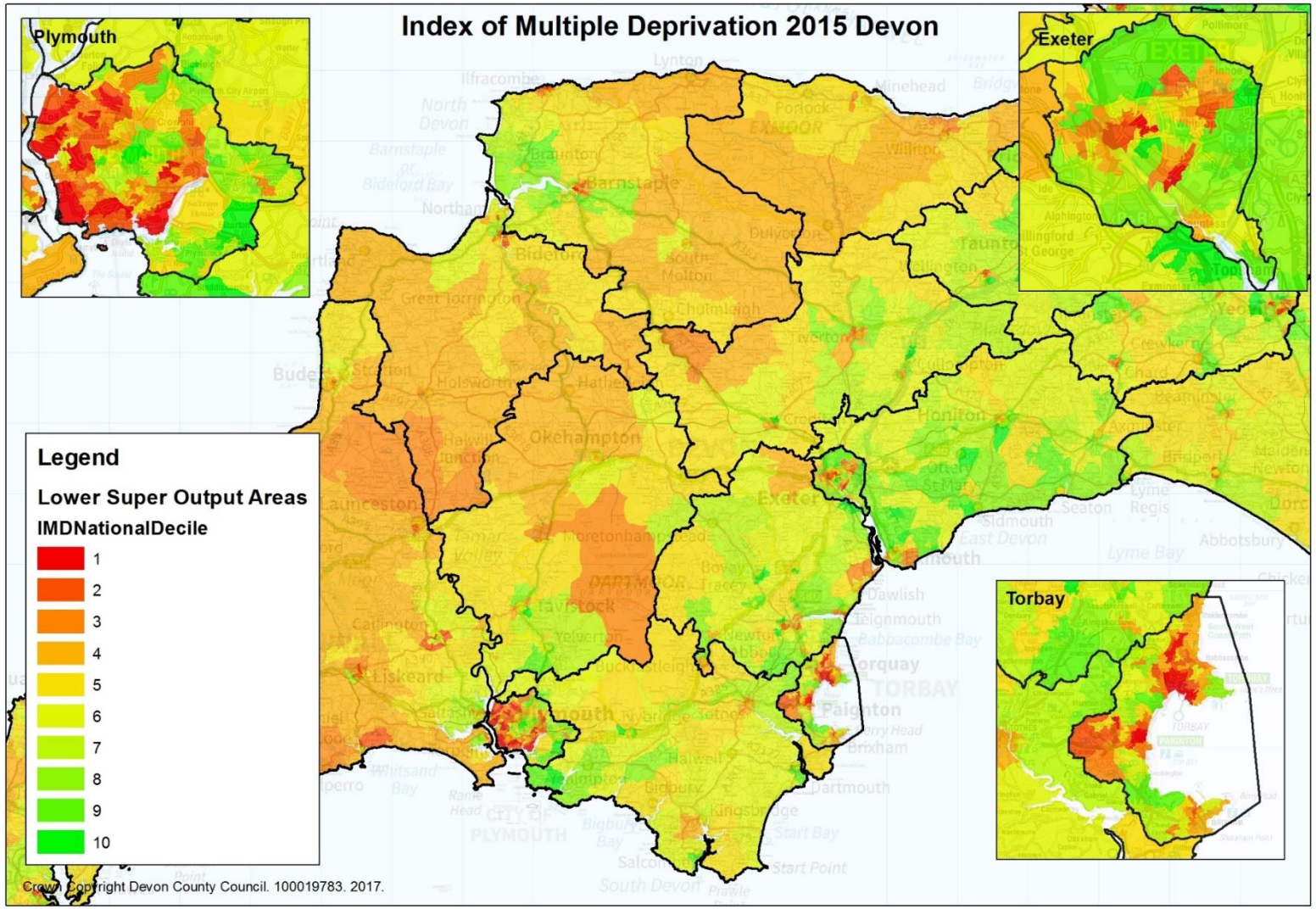
# Deprivation Profile

Northern Devon has both hotspots of urban deprivation (Ilfracombe, Barnstaple and Bideford) and extensive rural deprivation, amongst the highest in the country for rurally and sparsely populated areas. Whilst less intense than the urban hotspots, this is more widespread.

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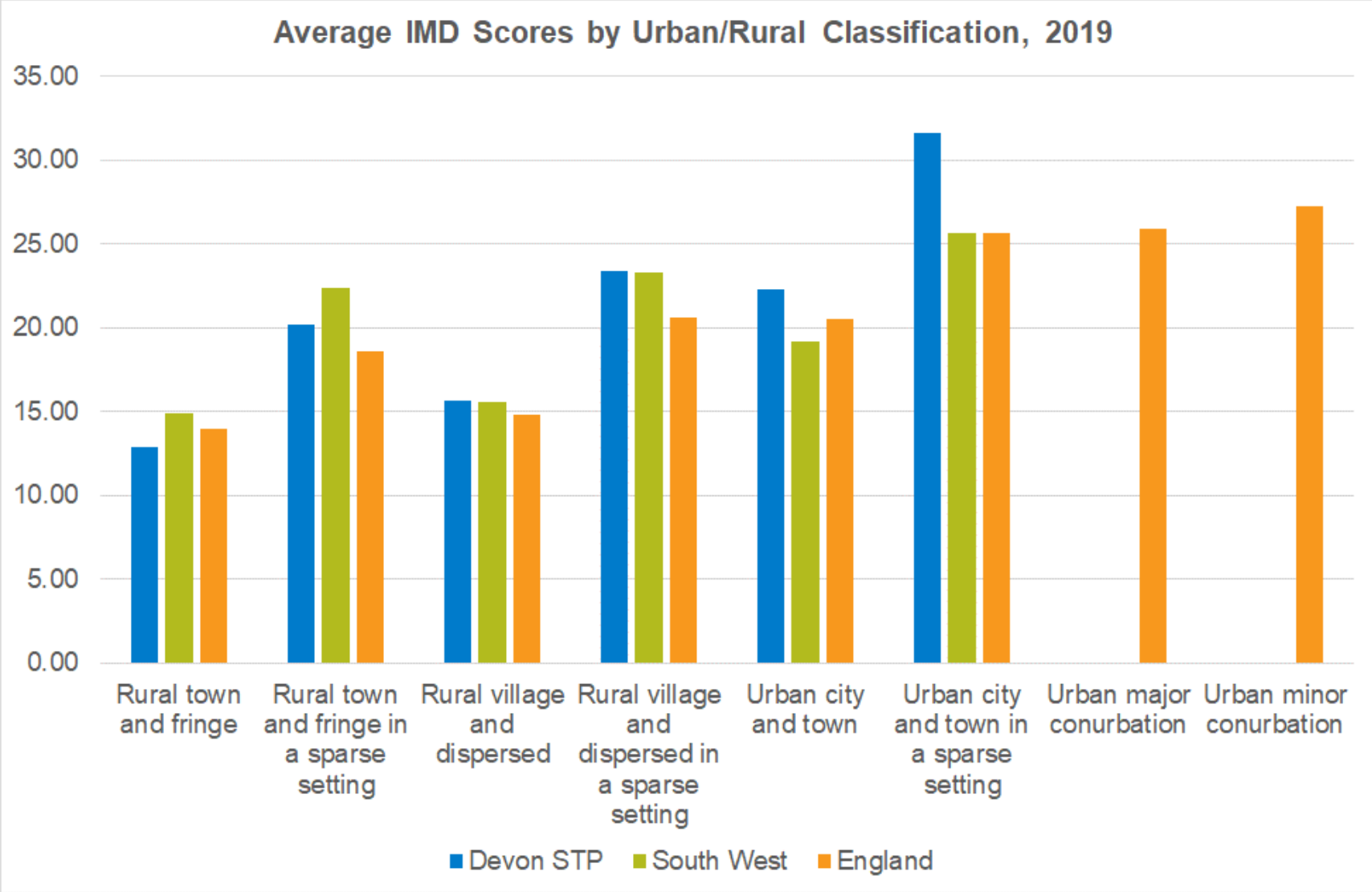
# Deprivation by Urban/Rural Classification

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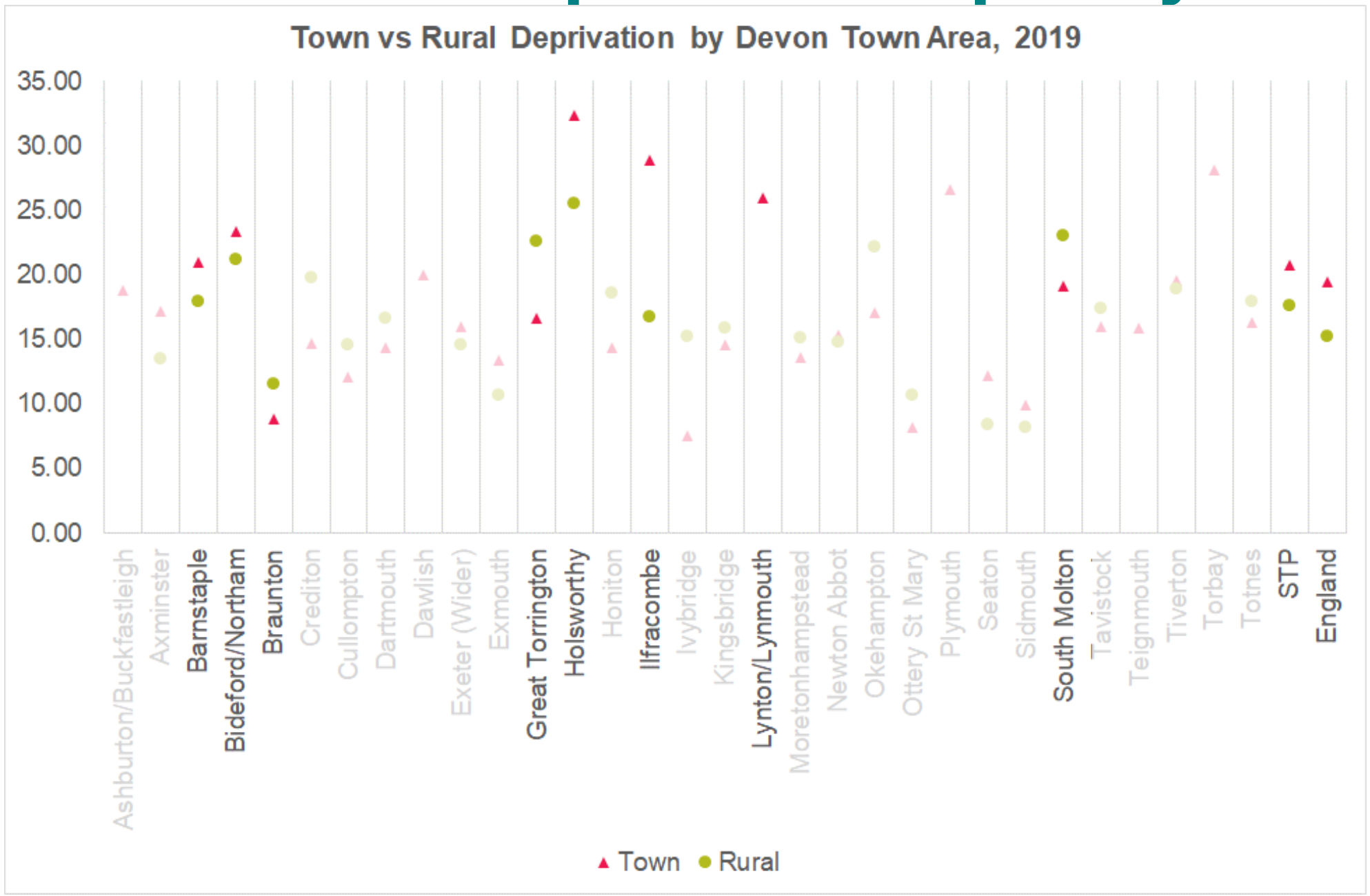
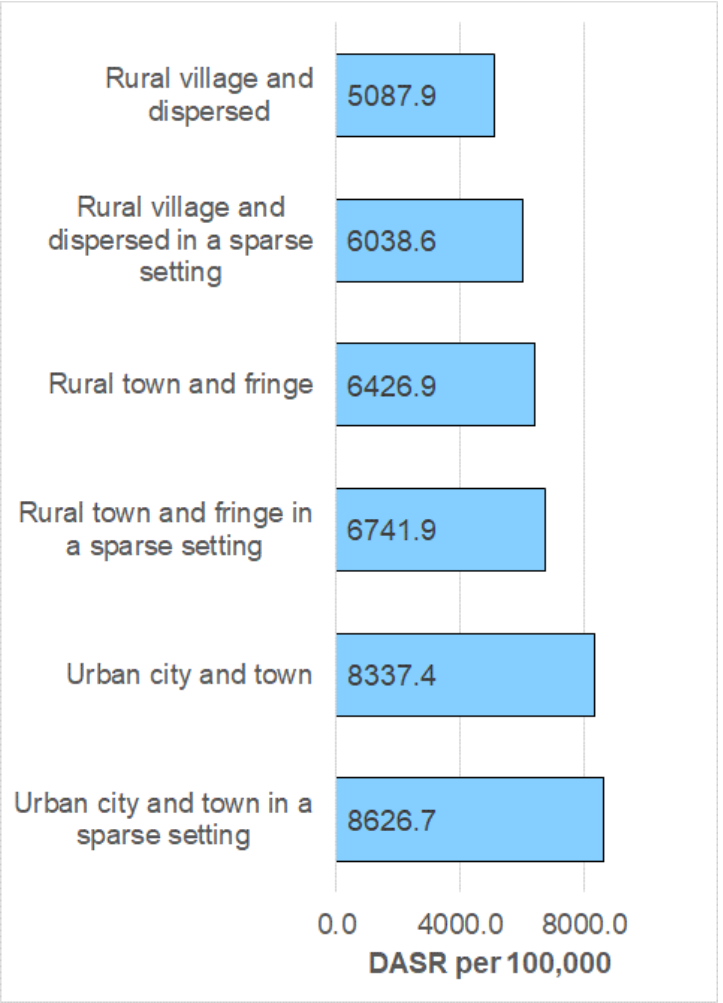
# Urban / Rural Deprivation Split by Town



# Rurality, Deprivation and Health Outcomes

- Strong relationship between sparsity and poorer outcomes
- More deprived rural areas experience higher needs and worse outcomes
- Worse health outcomes in urban deprived areas can be linked with migration to be closer to services
- Devon Health Inequalities Tool in development including rurality / deprivation groupings

**Limiting long-term health problem by rurality, DASR per 100k**

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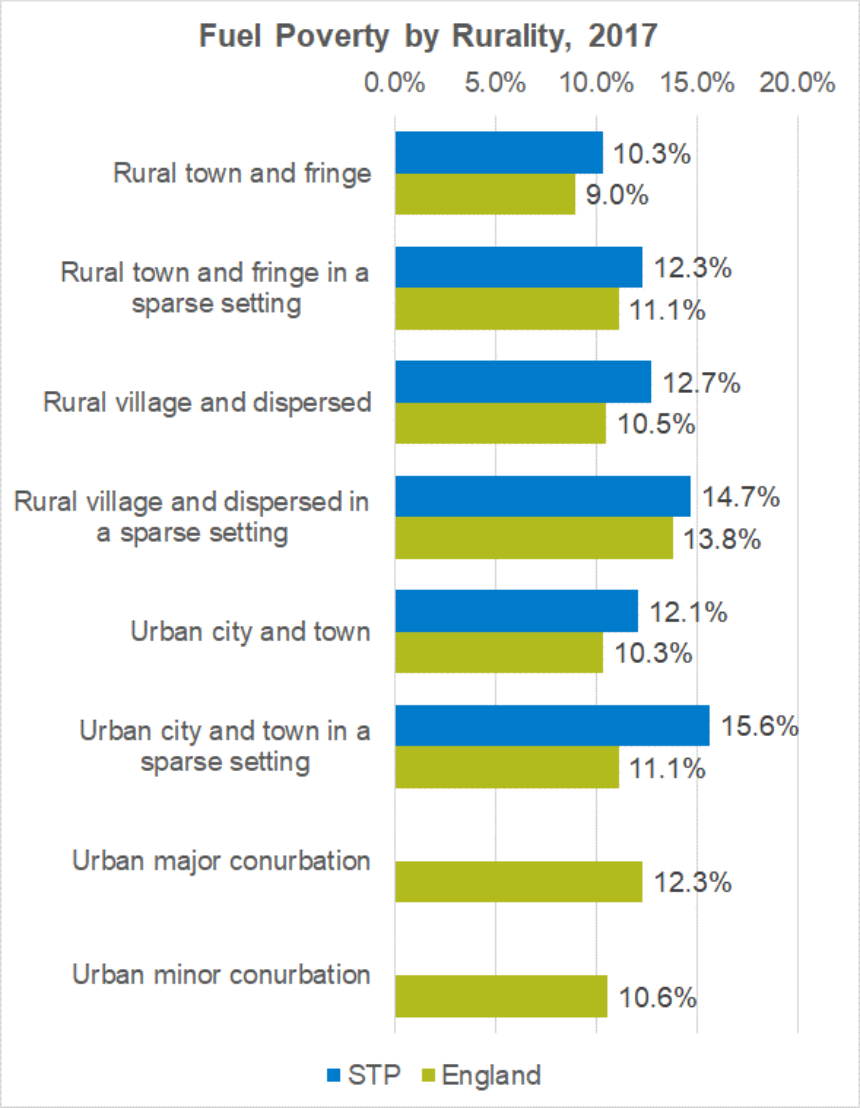
# Housing

- Poorer housing conditions in deprived rural areas
- Housing affordability (low wages, high house prices)
- Second homes, internal migration and impact on rural working population
- Park homes and private sector renting
- Fuel poverty
- Impact on health



# Mental Health and Loneliness

- Significantly higher self-harm admission rates seen in North Devon and Torridge
- Mood and anxiety disorders measure from Indices of Deprivation 2019 reveal rural pockets of high need
- Lower levels of referrals to IAPT services seen in rural areas (reluctance to seek help)
- Loneliness risk higher than national average in sparsely populated areas and deprived rural areas
- Interaction of social and physical isolation can make rural experience of loneliness more severe

# Access to Services and Proximity

- Distance from services and access to primary and secondary care facilities is an issue in rural areas
- Lower levels of use of preventive and treatment services are seen
- Analysis of proximity-based demand in Devon reveals areas closer to services use them more
- Pattern of migration from rural areas and villages to larger towns and cities as health deteriorates
- Care needs to be taken when interpreting health outcome measures based on service usage (can underestimate rural health needs)

# Specific Coastal and Rural Health Risks

**Road traffic accidents** – higher rates of 'killed and seriously injured' seen in rural areas, highest in deprived rural areas, lowest in deprived urban areas

**Suicide** – higher levels seen across STP area, with rates typically above national average in rural areas. High risk rural occupations include farming and vets

**Occupational risks** – risk of workplace accidents and zoonotic infections higher in farming / fishing

**Alcohol use in coastal resorts** – Small coastal towns with a tourism focus have higher alcohol-related admission rates (independent of deprivation)

# The Devon inequalities gap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# Multiple Disadvantage

- Self-Harm Admissions
  - Rates three times higher in most deprived communities vs least deprived
  - Rates three times higher in females vs males
  - Rates 10 times higher in under 25s compared to over 60s
  - Consequently, females in most deprived areas almost ten times more likely to be admitted for self-harm than males in least deprived areas
- Covid-19 Vaccination
  - Uptake rates are lower in deprived areas, non White-British ethnic groups, younger age groups and males and lowest where these factors combine
  - Vulnerability to infection and serious disease will be higher

# Covid-19 Impacts and Recovery

‘Rising tide’ issues through the pandemic have been:

- Social and economic impact on coastal, tourism-oriented communities
- Cost of living: food insecurity, fuel costs, low pay
- Internal migration and its impact on housing availability
- Late presentation and diagnosis caused by interruptions to care, leading to great inequalities and preventable ill-health and death
- Lifestyle factors: diet and exercise
- Loneliness, mental health and ‘burnout’

# Population Health Management (PHM)

PHM **improves population health** by **data driven planning** and delivery of **preventive services** and **anticipatory care** to achieve maximum impact within collective resources. It uses **techniques** like segmentation, stratification and modelling **to identify local 'at risk' cohorts** to **target and evaluate interventions** and **spread good practice**.

- Development programme focused on five PCNs, including Barnstaple
- Approach being rolled out to all areas of Devon
- One Devon Dataset (single view of data around individuals and communities) established and use request process being formulated
- Sign-up of practices, with data packs, and wider package of support to identify cohorts and target interventions

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# One Northern Devon Priorities

| THEME | PRIORITY | LEAD PARTNER |
|---|---|---|
| Health & wellbeing | 1. Obesity/healthy weight (pg 2) | Devon CCG |
| | 2. Loneliness (pg 3) | NDVS & TTVS |
| | 3. Crisis prevention and support (pg 4 ) | D&C Police & Devon PH |
| | 4. Child poverty (pg 5) | Action for Children |
| Safe, clean sustainable places | 5. Fuel poverty (pg 6) | 361 Energy |
| | 6. Climate emergency (pg 7) | North Devon Biosphere |
| | 7. Strong and resilient communities (pg 8) | One Communities Group |
| Economy, employment & skills | 8. Supporting local employers (pg 9) | North Devon Plus |
| | 9. Local supply chain development (pg 10) | North Devon Biosphere |
| | 10. Increasing employment opportunities (pg 11) | Petroc |

These are still very relevant, but may be useful to reflect on priorities in light of recent trends / pandemic impacts and how housing, food insecurity, cost of living crisis, and economic and social factors associated with coastal areas can be bought to the fore. Your thoughts?

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