



# Havering

LONDON BOROUGH

[www.havering.gov.uk](http://www.havering.gov.uk)

# **Health inequalities in Havering**

## **People Overview and Scrutiny Sub-Committee (Health Scrutiny)**

**21<sup>st</sup> September 2022**

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Director of Public Health**

# Overview

- What are health inequalities ?
- Examples of health inequalities
- How might we tackle health inequalities?

# What are health inequalities ?

**Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.**

**The differences in health can be**

- **Differences in direct measures of health status, e.g. life expectancy, healthy LE, incidence of disease such as cancer or SMI etc**
- **Or differences in factors that contribute to health status e.g.**
  - the wider determinants of health, e.g. income
  - behavioural risks to health, e.g. smoking rates
  - the community and places we live in e.g. rates of crime
  - access to, quality and experience of health and care services

# What are health inequalities ?

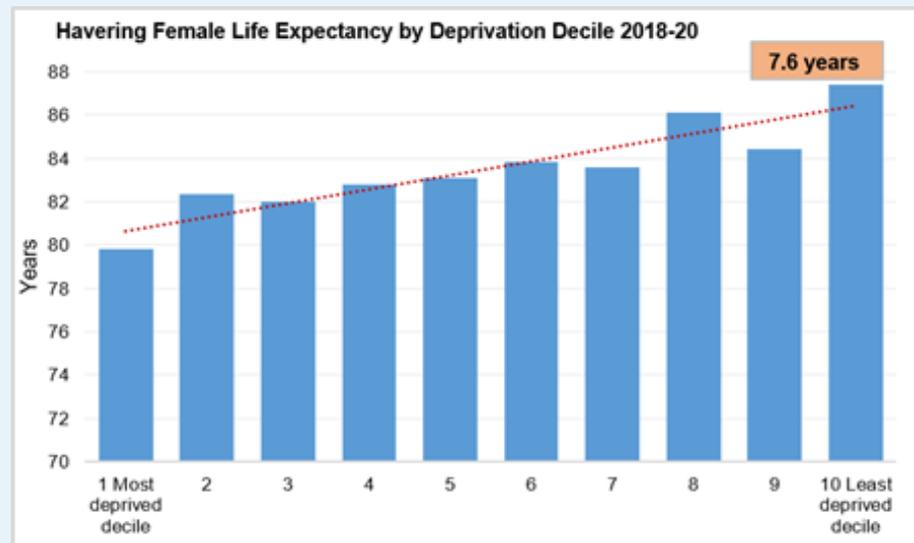
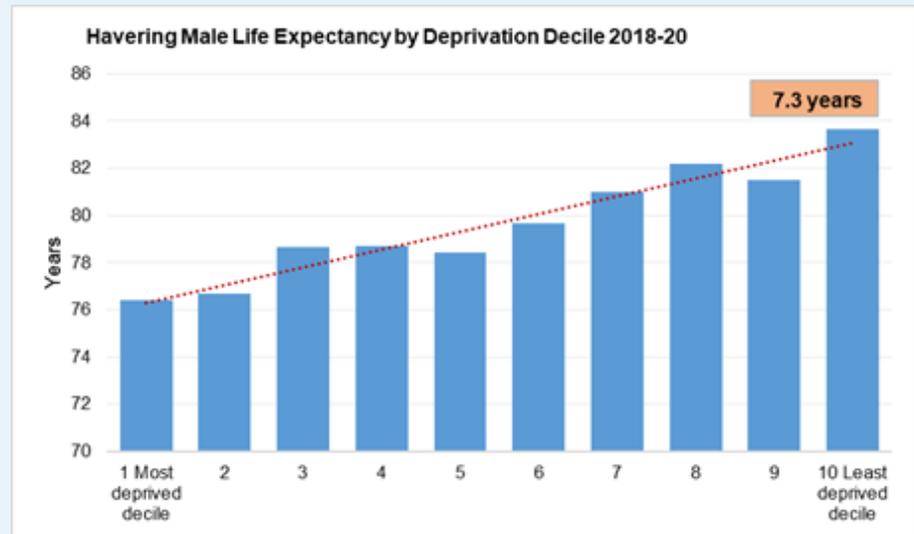
Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

And those differences in health can be between

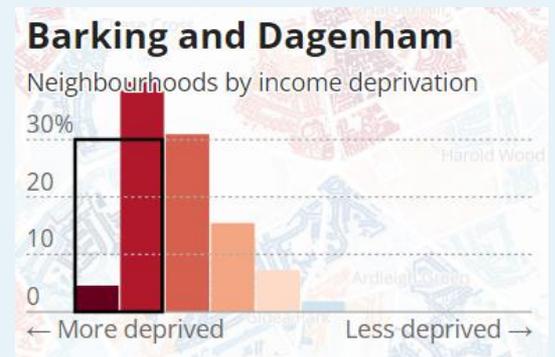
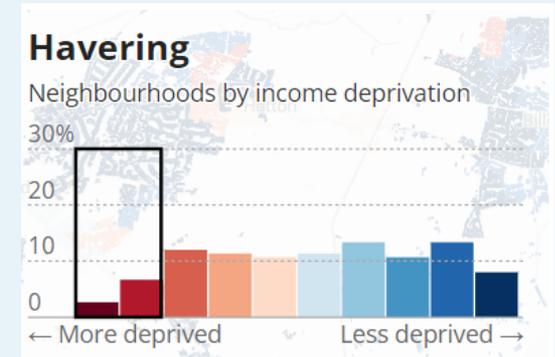
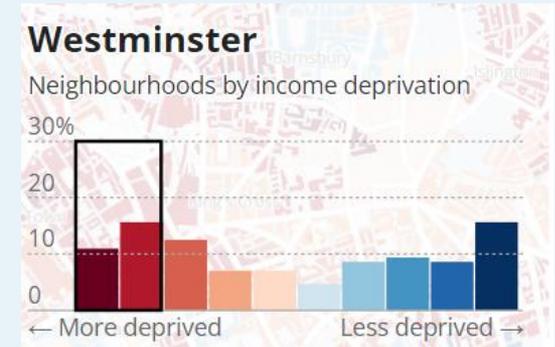
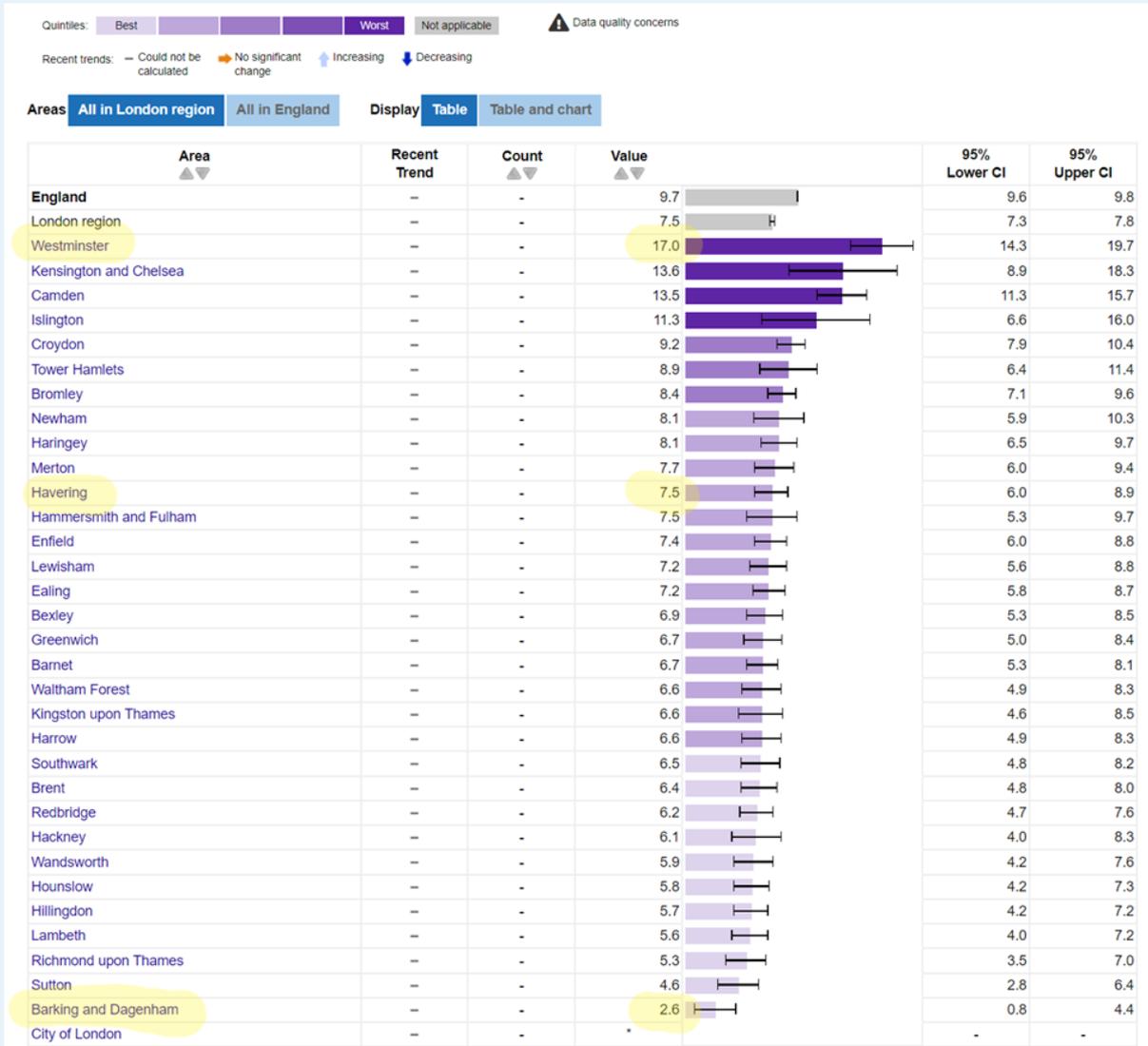
- **People of differing ethnicity, sexual orientation, gender identity; disability, health condition**
- **Residents in different areas e.g. north / south of England; urban or rural areas; coastal communities etc**
- **socially excluded groups, e.g. street homeless; sex workers**
- **People with common socio-economic factors, e.g. income**

# Inequality in Life expectancy at birth in Havering

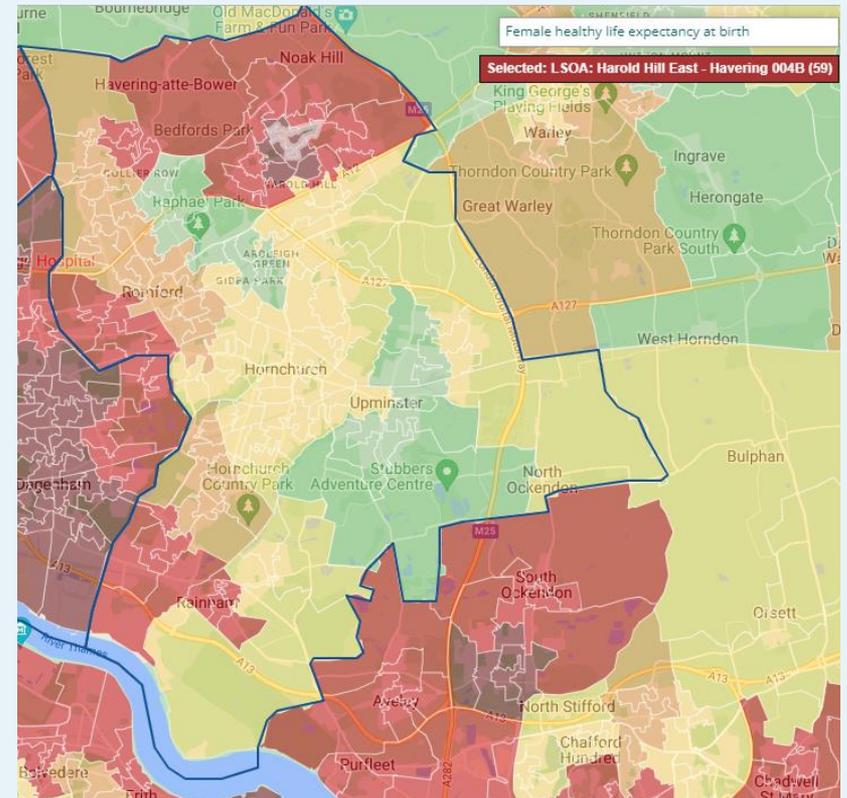
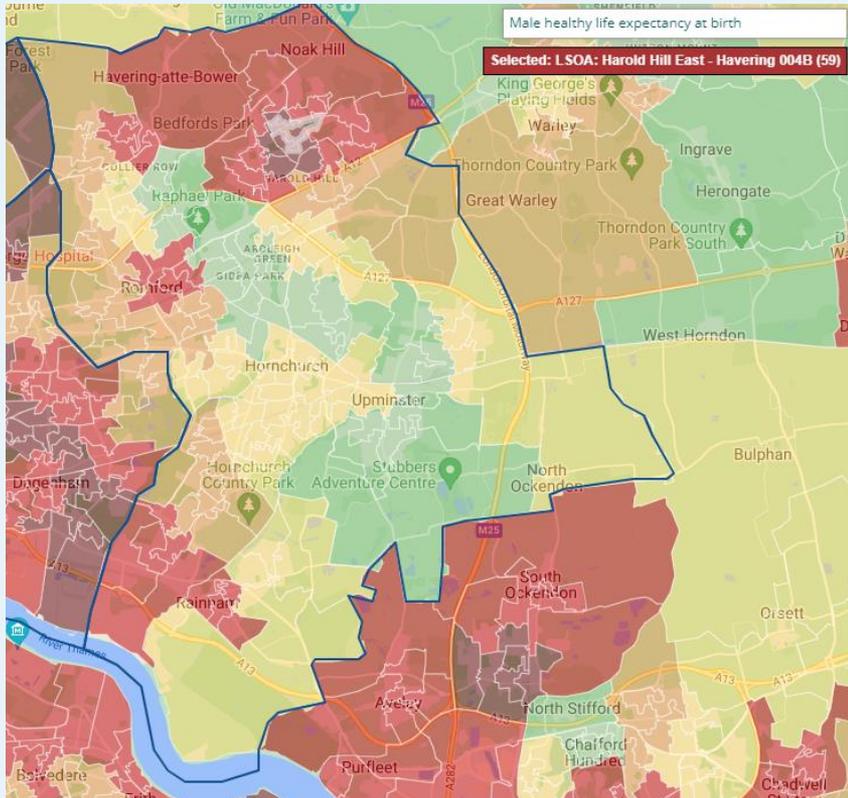
	male	female
LBH	79.7	83.5
Eng	79.4	83.1
best	84.7	87.9
worst	74.1	79.0



# Inequality in life expectancy at birth – male 2018-20 Slope index of inequality - yrs



# Inequality in Health Life expectancy at birth in Havering



# Inequalities in childhood

Health inequalities regarding disadvantage and ethnicity are evident at birth and accumulate through life e.g.

- rates of still birth and low birth weight
- childhood obesity at YrR and Yr 6
- school readiness

Indicator	Period	Havering			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2018/19	➔	176	49.7%	64.1%	56.5%	41.4%		75.0%

# Health inequalities regarding life style and behaviours

Smoking prevalence in priority populations				
Indicator	Age	Sex	Period	Local value
Smoking Prevalence in adults (18+) - current smokers (APS)	18-64 yrs	Persons	2019	15.40%
routine and manual occupations	18-64 yrs	Persons	2019	20.70%
long term mental health condition (18+)	18+ yrs	Persons	2019/20	18.30%
admitted to treatment for substance misuse (NDTMS) - all opiates	18+ yrs	Persons	2019/20	69.70%
admitted to treatment for substance misuse (NDTMS) - alcohol	18+ yrs	Persons	2019/20	33.70%

# Health inequalities regarding communities and place

Differential access to assets that promote / obstruct healthy choices

Poorer air quality

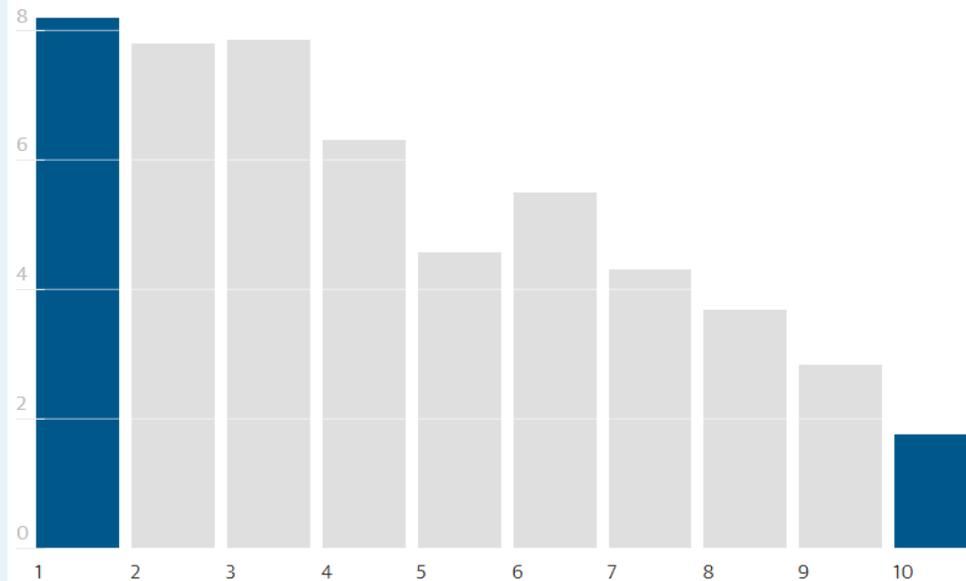
Road traffic accidents

Crime

**Children attending school in the most deprived areas of London have an average of eight takeaways within a 400-metre vicinity**

Average number of takeaways within 400 metres of schools per deprivation decile

1 = most deprived, 10 = least deprived



# Health inequalities and health care

Cancer screening

Immunisation

Heart attack

Elective surgery

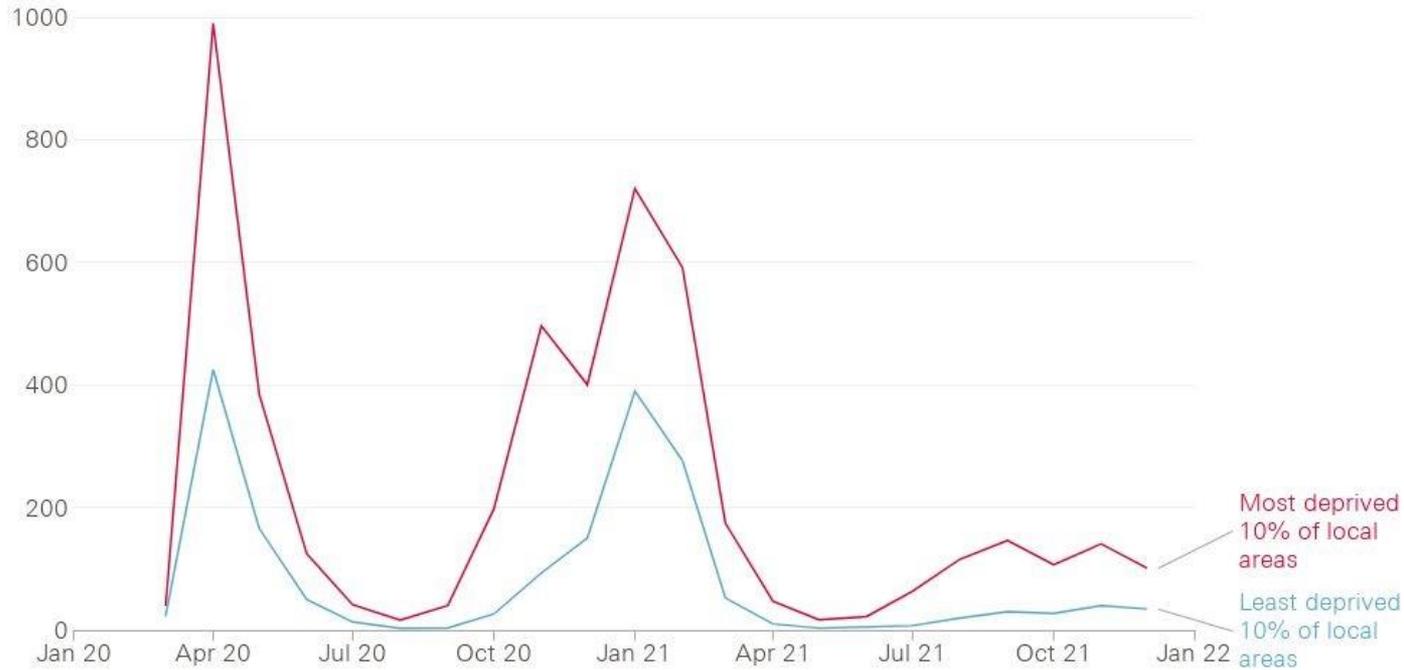
Childbirth



# Health inequalities and the pandemic

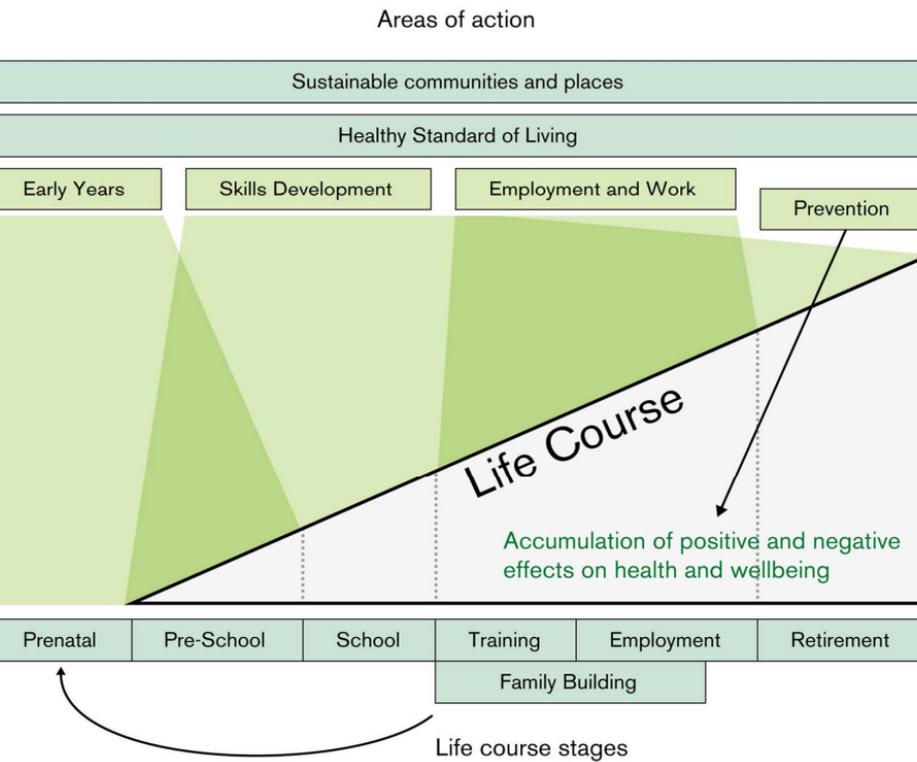
COVID-19 mortality rates in the most deprived areas remain higher than in the least deprived areas

Age-standardised COVID-19 mortality rate (per 100,000) by deprivation: England, 2020–2022



# Marmot review 2010

Figure 5 Action across the life course



Reducing health inequalities will require action on 6 policy objectives:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

# REDUCING HEALTHCARE INEQUALITIES

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

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



20%

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**  
and optimal management and lipid optimal management



**SMOKING CESSATION**  
positively impacts all 5 key clinical areas