



South Yorkshire
Integrated Care Board

Understanding health inequalities in South Yorkshire

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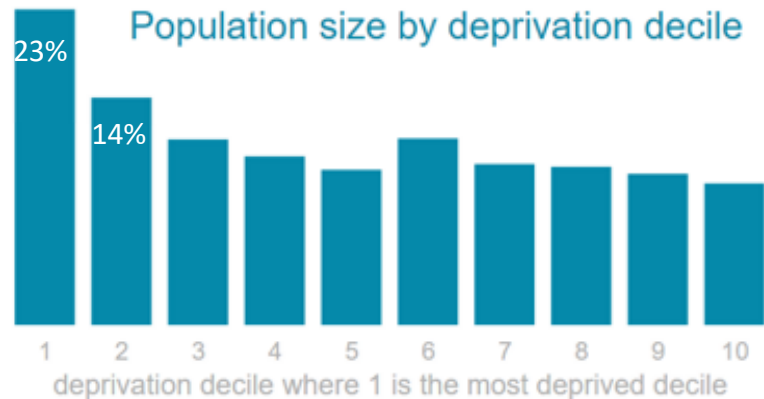
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Inequalities cost lives

...are avoidable and unfair differences in health status between groups of people or communities.

37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas.



IMD 2019 and 2020 population estimates

Men and women living in the most deprived parts of South Yorkshire die around **9** years earlier than those living in the most affluent parts of South Yorkshire.

Inequality in life expectancy at birth by deprivation:
Life expectancy gap in years (slope index of inequality)
| 2018 - 20

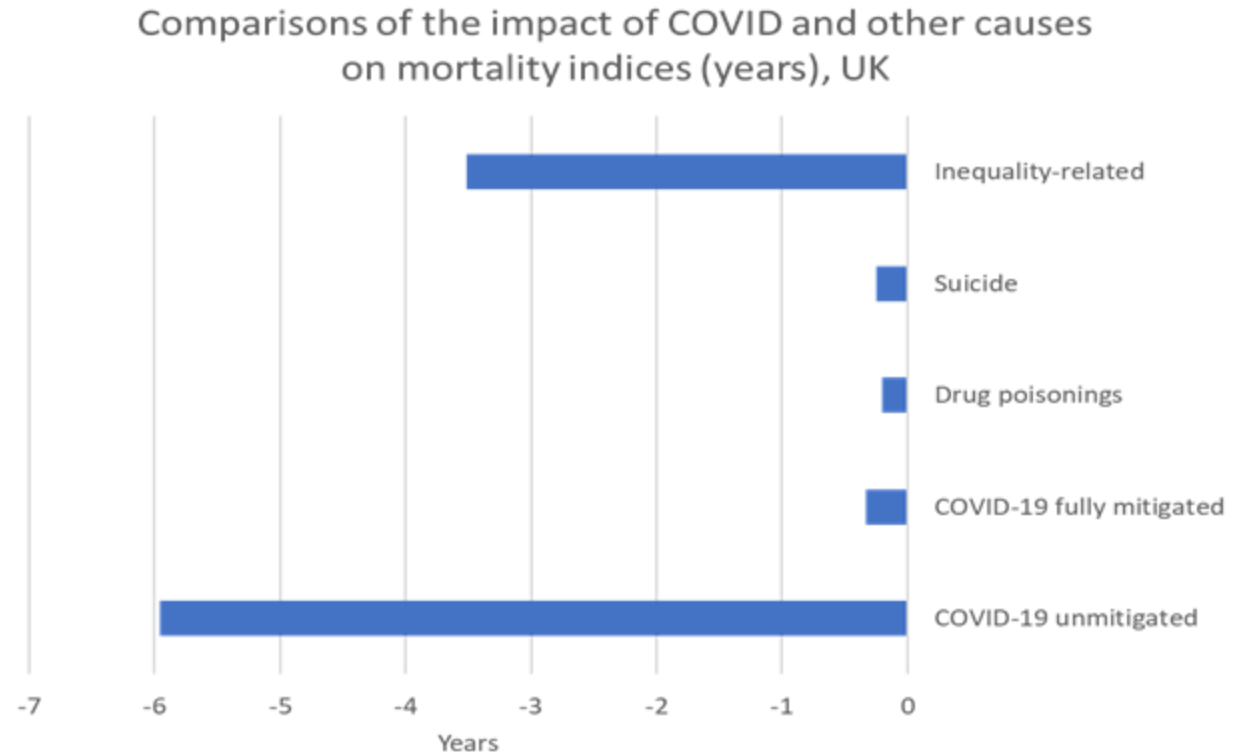


Those who live in the most deprived areas are also more likely to spend longer in poorer health - up to **19** years in poorer health compared to those in the most affluent areas.

People living in the most deprived areas will experience the onset of multiple conditions **10-15** years earlier than those in the most affluent areas.

Focussing on what matters...

“10 years of health inequalities costs us the same amount of years of life lost as 6 unmitigated Covid-19 pandemics”



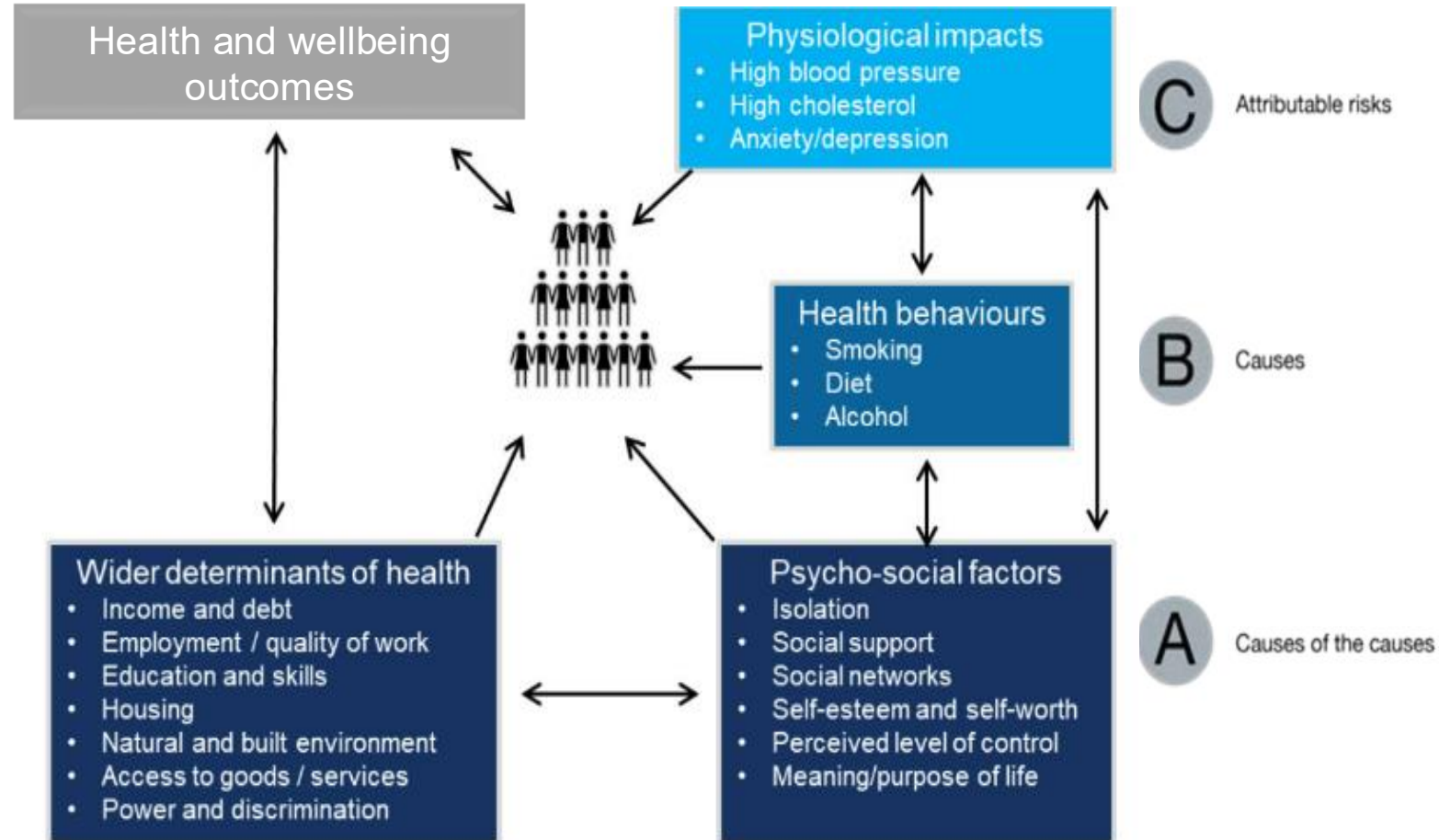
Source: McCartney G, Leyland A, Walsh D, *et al* Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? *J Epidemiology Community Health* Published Online First: 03 November 2020. doi: 10.1136/jech-2020-214373

With our combined efforts we managed to mitigate against the most harmful effects of Covid – what are we doing to mitigate against inequalities?

What drives our health

Factors associated with poorer health outcomes are complex, overlapping, and interact with one another.

This graphic shows the complex interplay between the determinants of health (for example, income and housing), psycho-social factors (for example, isolation and social support), health behaviours (for example, smoking and drinking) and physiological impacts (for example, high blood pressure and anxiety and depression)



What it looks like for South Yorkshire

Outcomes

LE = 9 year gap between most and least deprived.
HLE = 19 year gap between most and least deprived
5,000 premature deaths each year

On GP registers:

- 15.5% with hypertension
- 14% with depression
- 7% with asthma

Access

13% of adults smoke
18% binge drink
67% overweight or obese



SY

- 34% not achieving a good level of development at end of reception
- 6.5% of NEETs
- 28% adults not in employment
- £520 average weekly earnings, £45 less than England average
- 17% households in fuel poverty

- 25% of adults have high anxiety
- 9% have low happiness
- 46% of adult social carers have as much social contact as they would like

Experience

About South Yorkshire

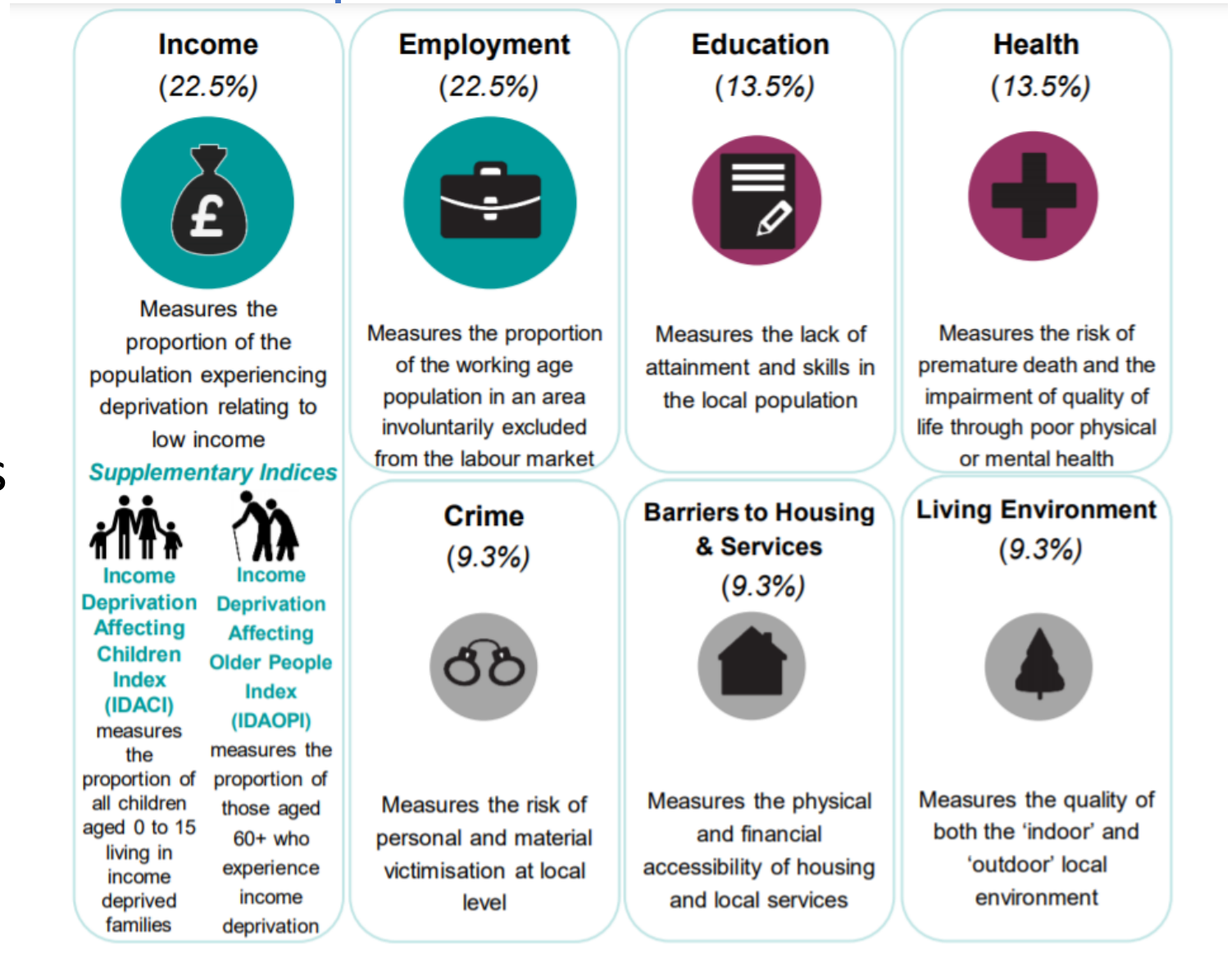
- Resident population of 1.407 million
- 19% of people aged 65+, 30% aged under 25.
- Ethnic minority population estimated at 17% but varies (7% in Barnsley, 12% Rotherham, 14% Doncaster and 25% Sheffield)
- 82% of the population live in urban/minor conurbations
- Proportion of population by Place: Sheffield 41%, Doncaster 22%, Rotherham 19%, Barnsley 18%



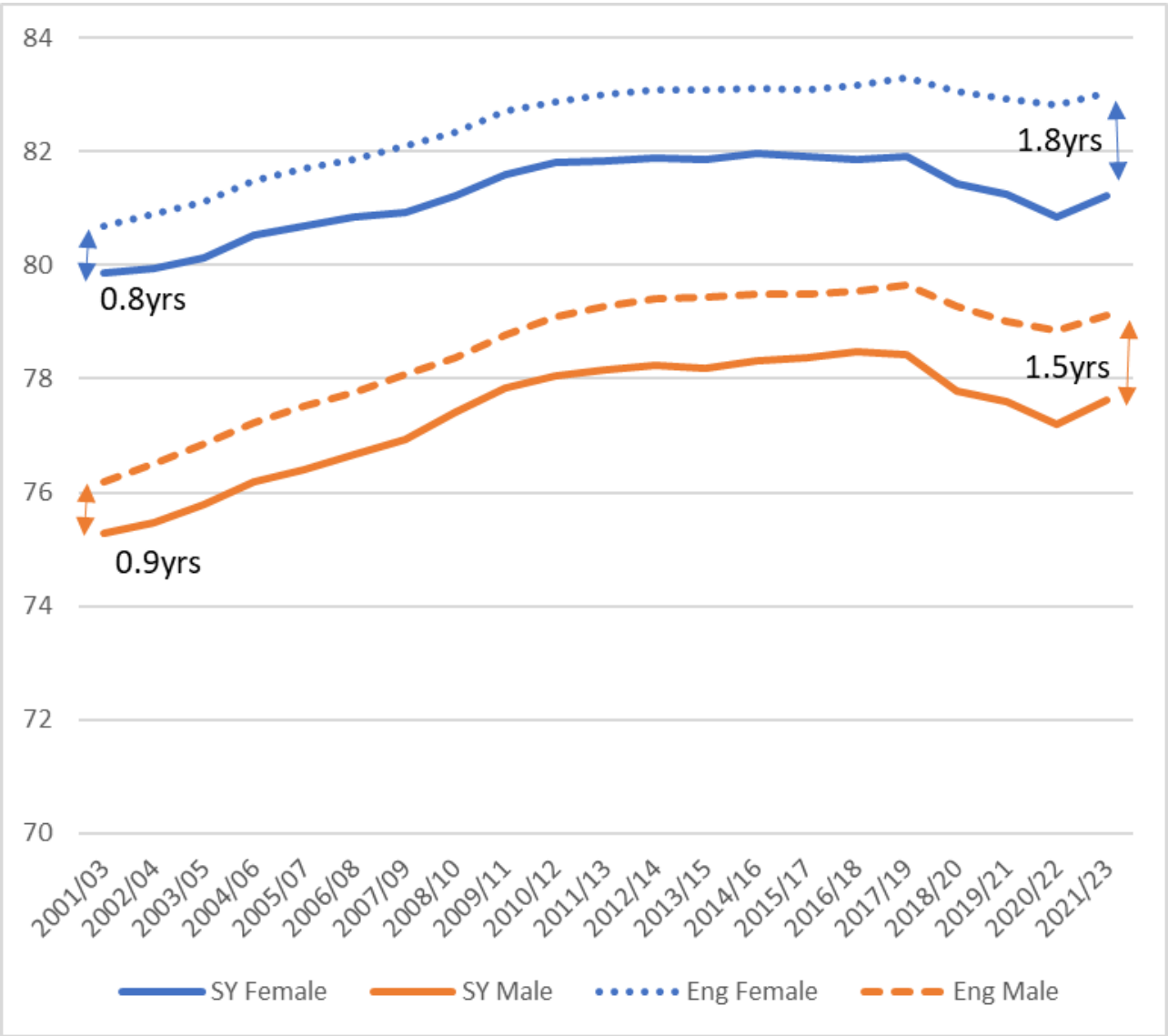
A quick side-note about deprivation...

Index of Multiple Deprivation

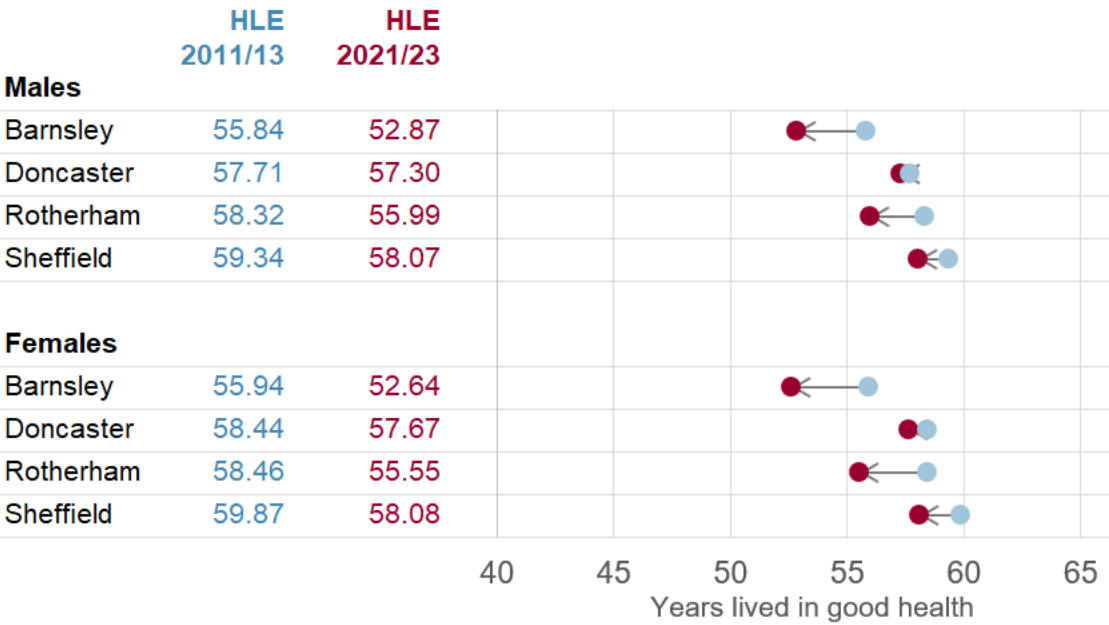
“Neighbourhoods lacking in the resources and conditions that shape our lives such as income, education, employment, housing and health”



Summary health outcomes



Life expectancy started to stall around 2010 and more recently due to the impact of covid we have seen a recent decrease. The gap between South Yorkshire and England has widened.

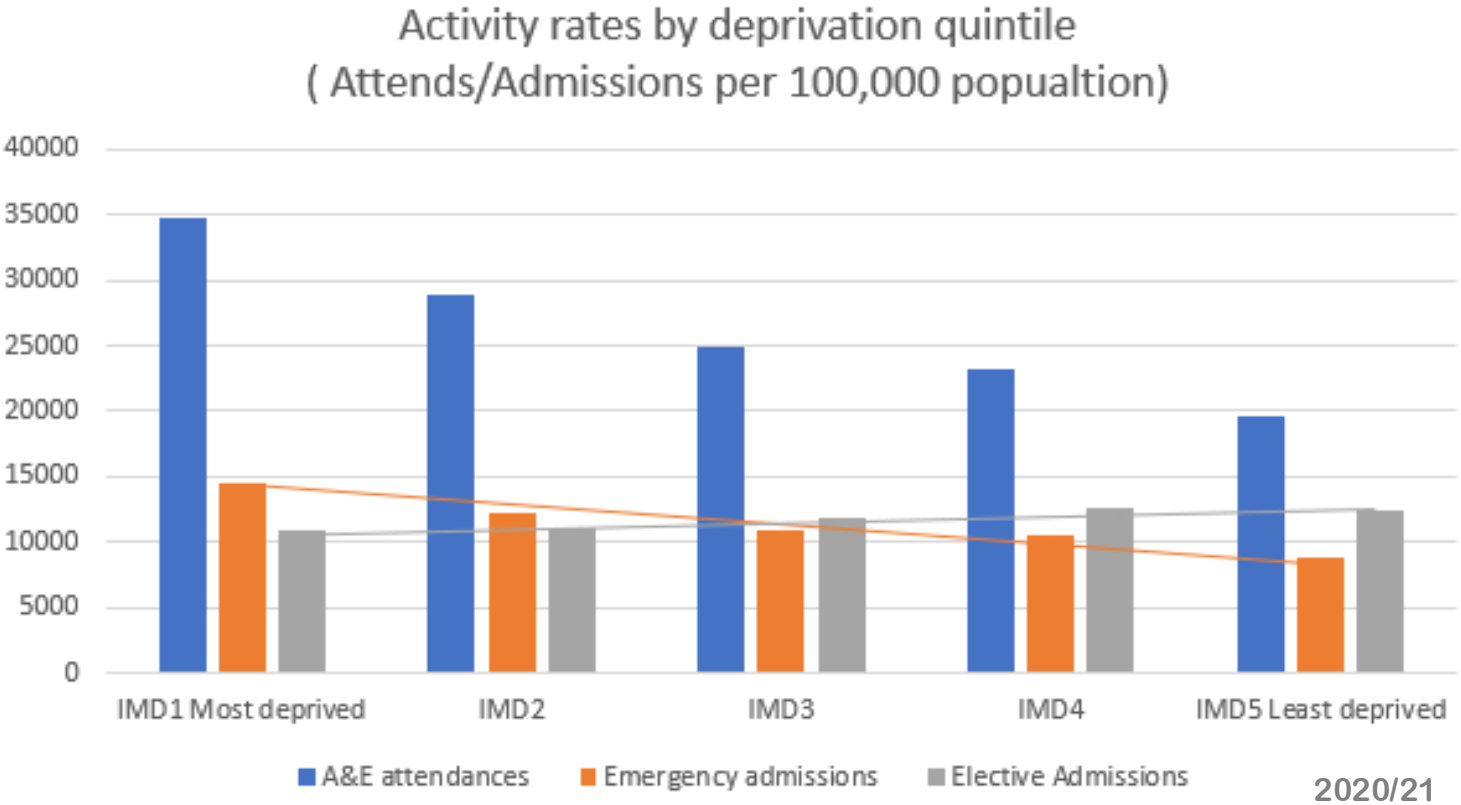
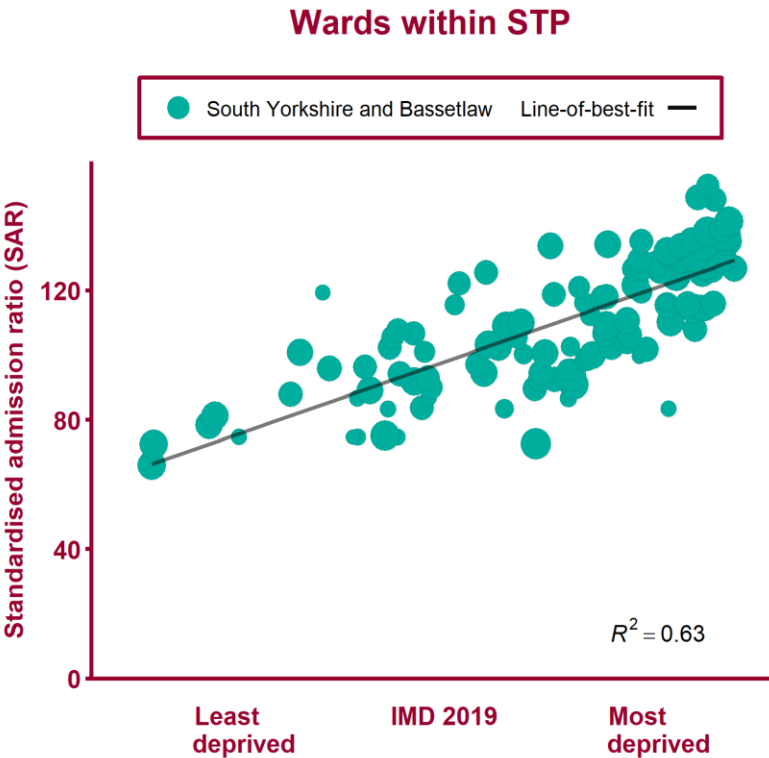


Deprivation is a driver for healthcare service demand but our response is not proportionate

Those from most deprived areas are more likely to require emergency treatment than those in the least deprived.

However, the health care system further widens inequalities as elective care does not follow the same pattern and in fact there are more elective admissions in the least deprived areas.

Emergency hospital admissions for all causes



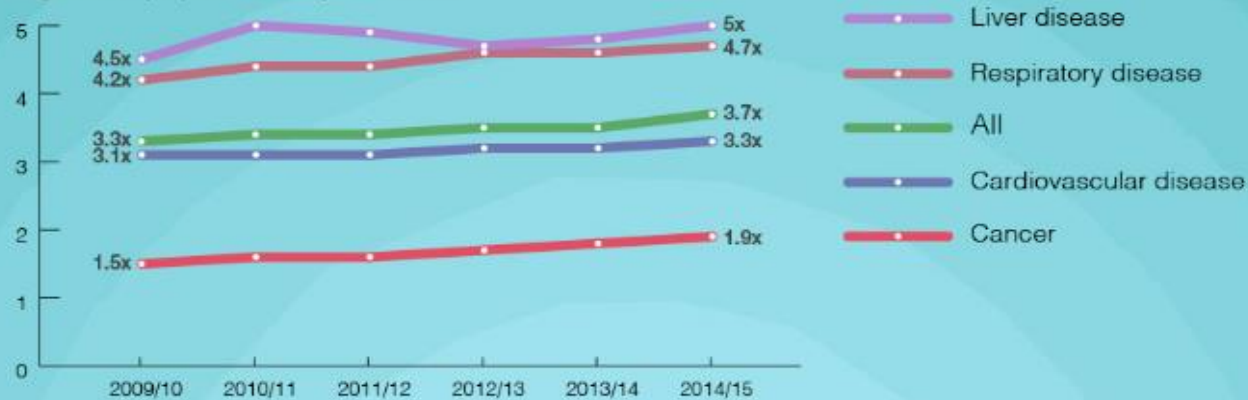
...especially for socially excluded groups

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as racism, violence and complex trauma.

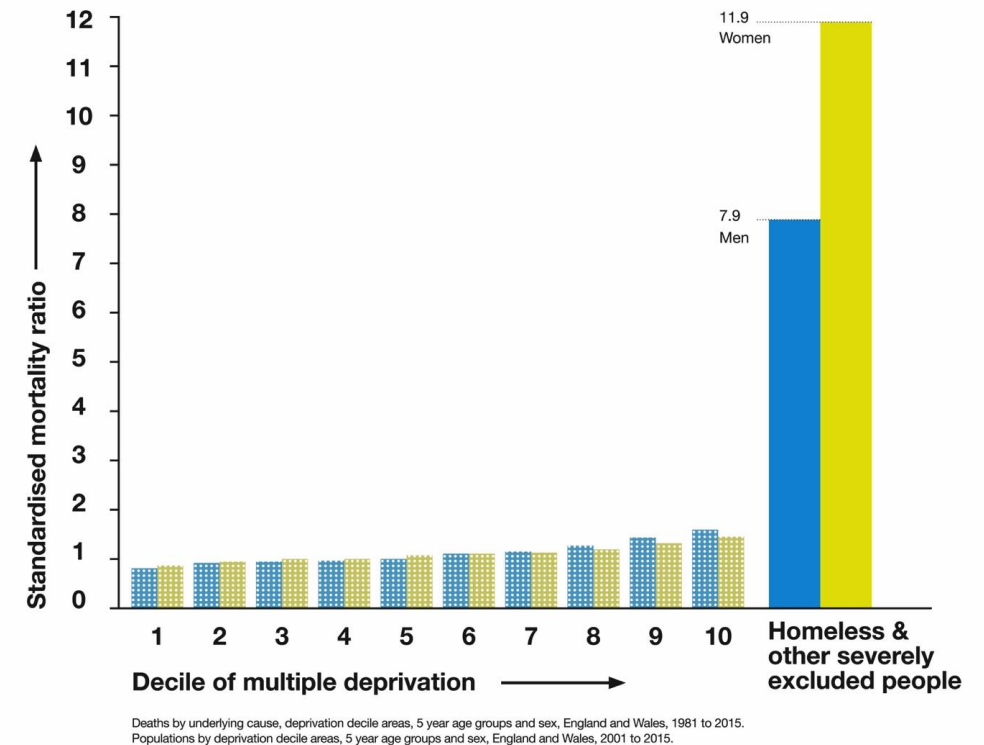
Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered....

Adults with severe mental illness (SMI) die younger, from a range of conditions, than adults in the general population

A measure of the extent to which adults with SMI die younger than adults in the general population, by condition



*People with SMI are defined as people in contact with secondary mental health services



"Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta analysis", Nov 2017

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)

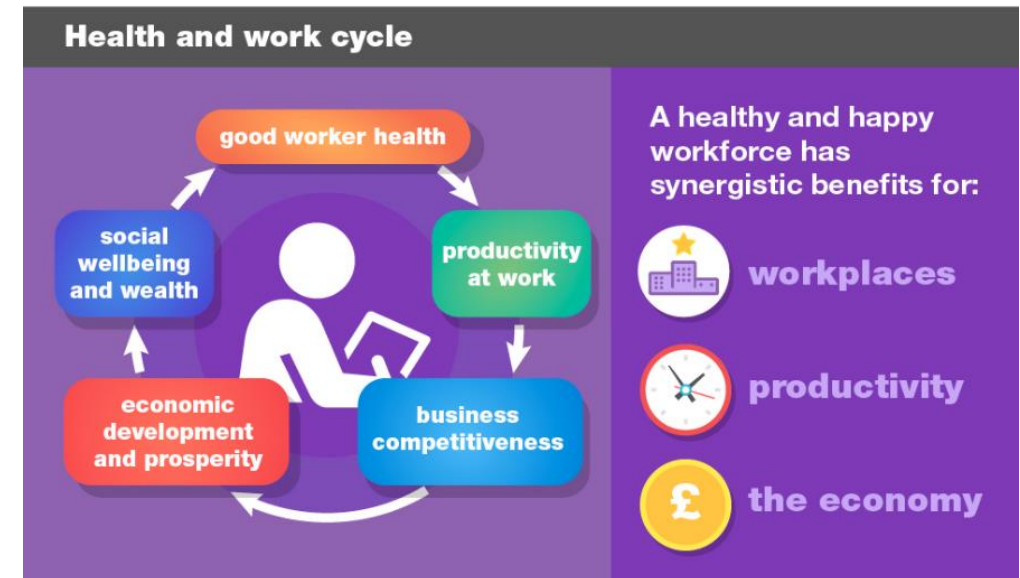
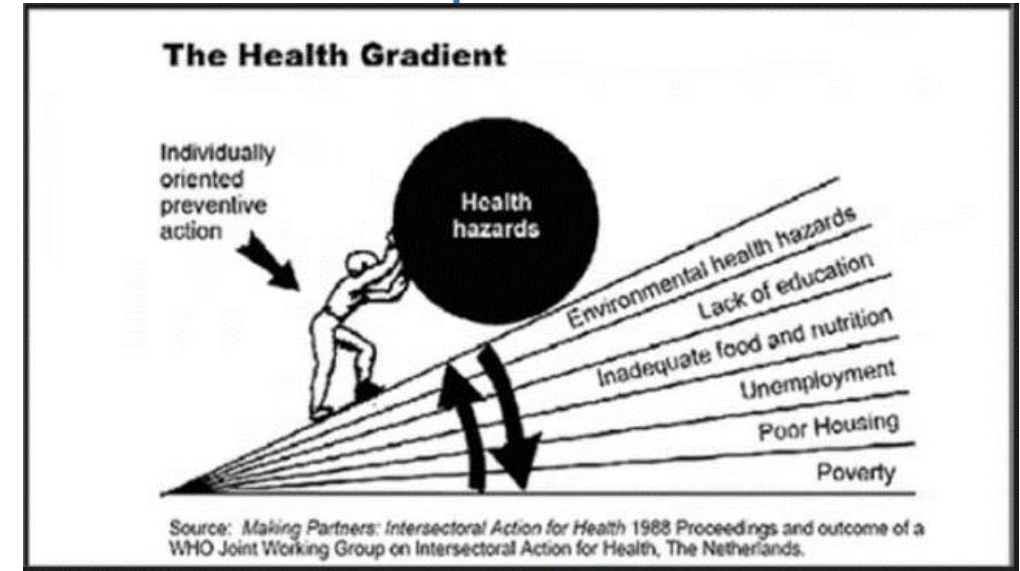
Risks and harms to health are compounded for certain groups which makes health and inequalities worse

With the cost of living crisis, many more children, young people and adults in South Yorkshire will be living in poverty. While we can expect worsening health outcomes, the reality is that the crisis won't affect us all equally.

There is compound effect whereby those already living in the most deprived areas will feel the impact disproportionately more than others. It is the combined pressures of energy prices on top of falling wages on top of poor quality housing that will mean the worsening health outcomes will be felt within certain communities, which will widen inequalities.

Worsening health outcomes will prevent some from engaging in economic activity as they may be too ill to work – this creates a cycle of poor health, lack of income, which leads to further ill health and so on.

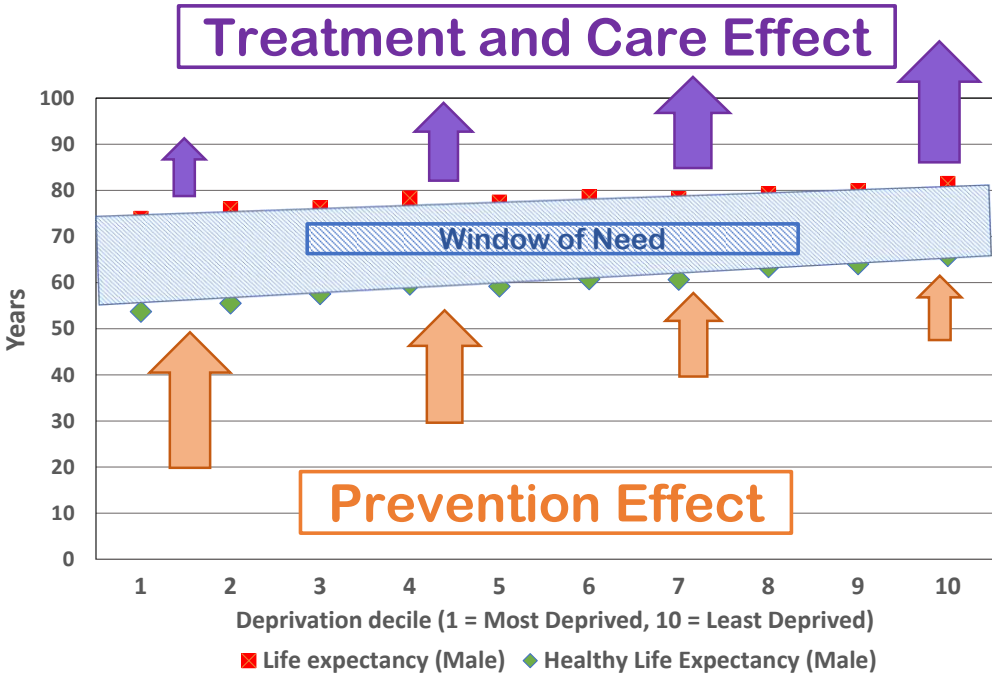
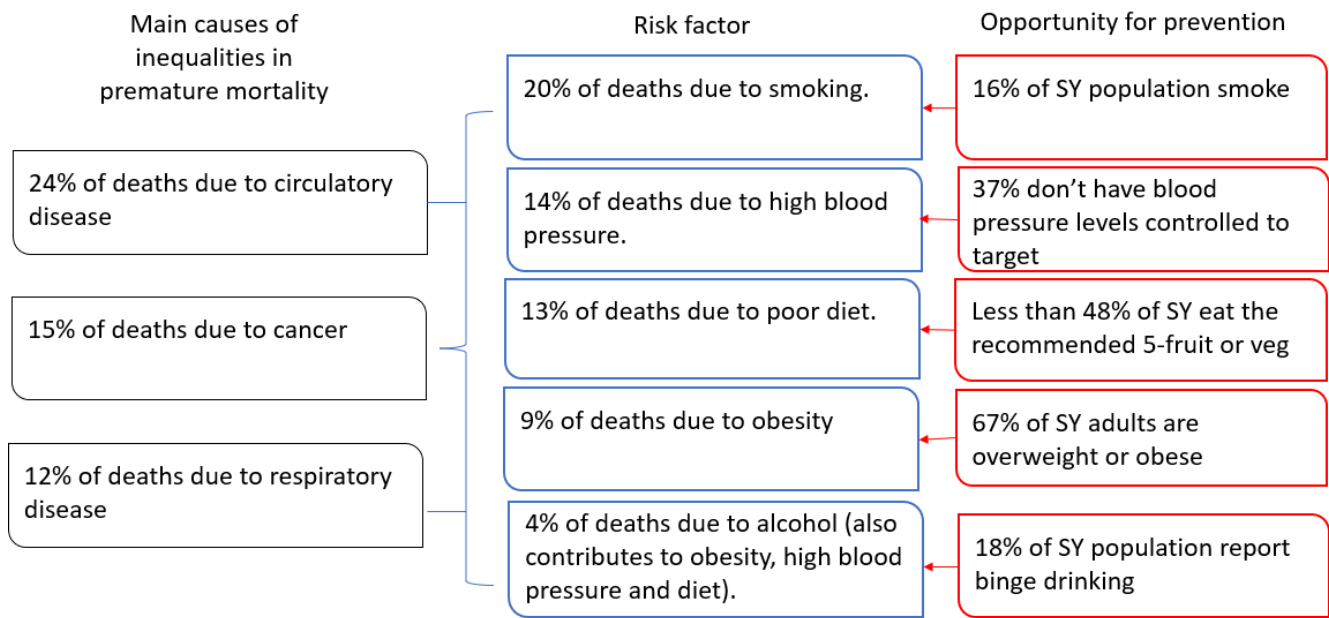
As well as impacting families and whole generations, this will impact the productivity and economic prosperity across South Yorkshire.



To tackle inequalities we need to shift the paradigm from treating the presenting condition towards prevention of those presentations in the first place

The principal risk factors associated with the main causes of inequalities in deaths (cancer, CVD and respiratory disease) are smoking, high blood pressure and diet. Many of which are preventable.

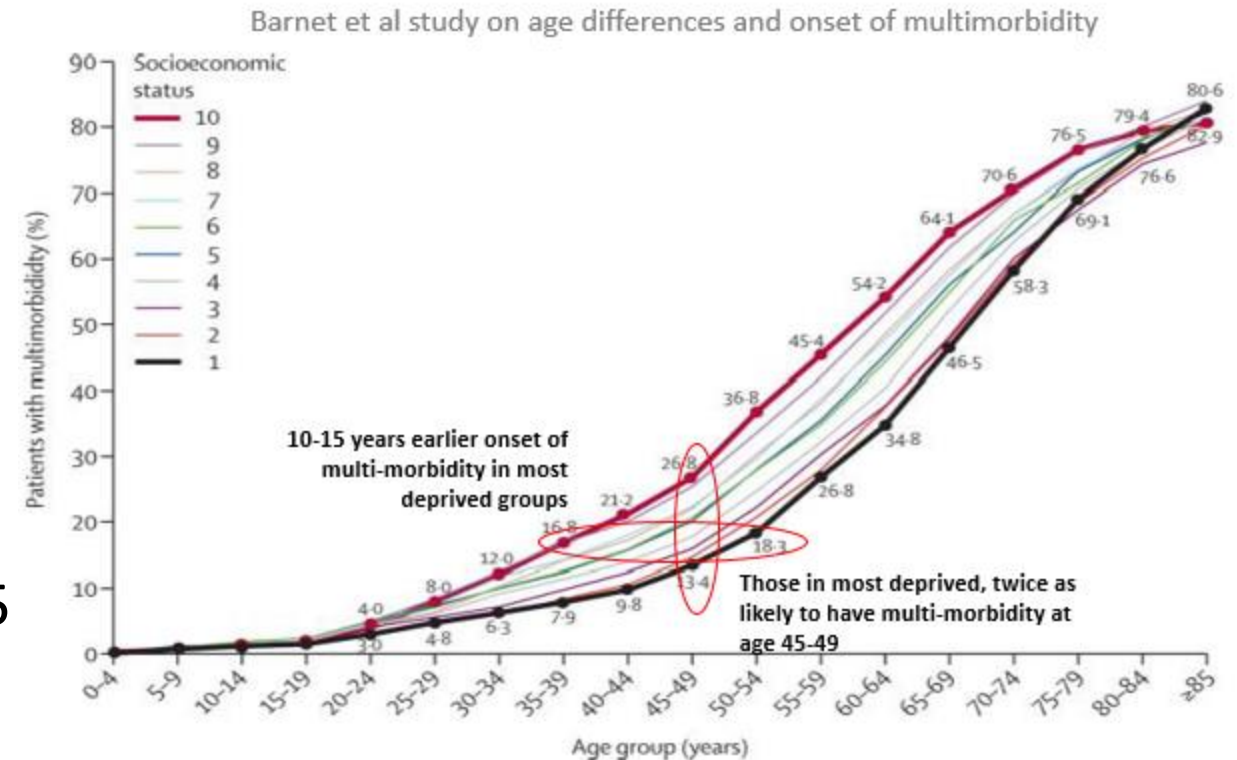
HLE is more strongly influenced by deprivation, therefore deprived communities have more to gain from prevention and the biggest gain for health can be achieved by addressing it.



The model for health service design should reflect the changing burden of disease

We are beginning to see both an increase in prevalence of multi morbidity (those with more than one long term condition) and earlier onset.

- the onset of multi-morbidity could be as much as 15 years earlier for those in the most deprived areas
- Most lifetime health care use is in the last 3 years of life, regardless of whether that is 55 or 85. Therefore it is not *age* that is driving demand but rather the presence of the morbidity, which is preventable.





Summary

- People in South Yorkshire are living shorter lives than they should.
- People in South Yorkshire are living in poorer health for longer than they should.
- Inequalities in access to the wide range of determinants (and protective factors) of health have led to inequalities in health outcomes. Inequalities are drivers of health care demand.
- Evidence from Marmot, the impact of wider determinants such as income, jobs and education are well known and understood. Inequalities are not inevitable, they are created. They are preventable.
- The negative health impacts are compounded in certain groups who are exposed to multiple harmful factors.
- However, many gains in health outcomes such as increasing life expectancy, years spent in good health and preventable mortality are stalling or in some cases getting worse. There has been an unprecedented decline in health status and a widening of inequalities nationally and in South Yorkshire.
- We should do this by working with the 'assets' in our communities and a joined-up place based approach so we can tackle the complex causal pathway of health inequalities.