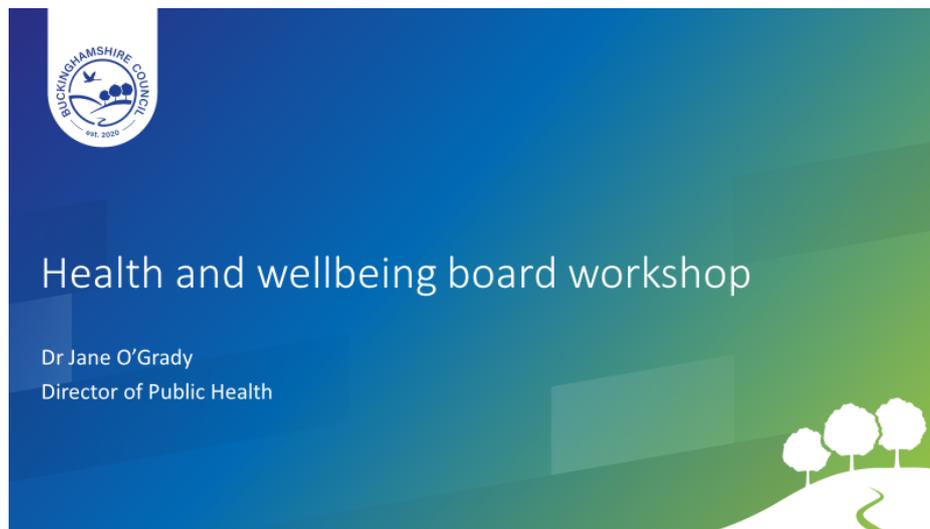
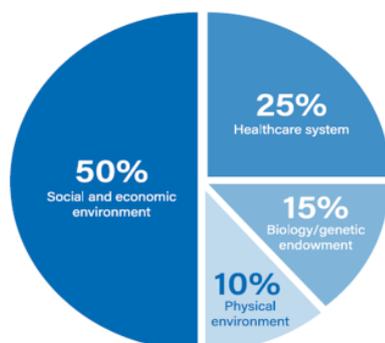


Appendix 4: Director of Public Health presentation to Health and Wellbeing Board workshop, March 2022



The determinants of health



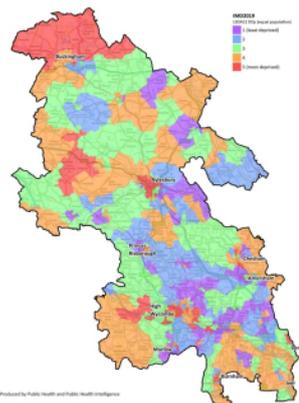
- Money can't buy you happiness but.....
- A good start in life and education
- A good job, a friend, a home,
- The places we live, the air we breathe, the community around us
- Health behaviours account for about 40% but strongly influenced by social commercial & environmental determinants
- Health literacy

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Relative Deprivation and Outcomes in Bucks

Those in the most deprived quintile

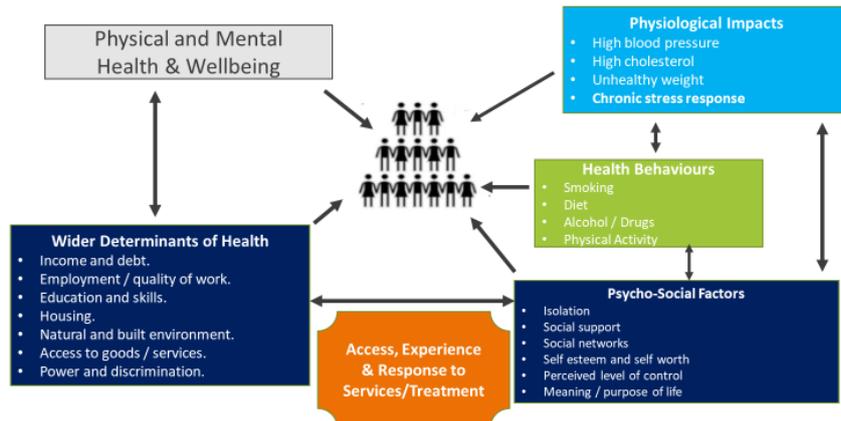
- Almost **2x** as likely to be born low birthweight
- More than **2x** as likely not to reach school readiness milestone (35% vs 16%)
- Almost **2x** as likely to be obese by end of primary school (26% vs 14%)
- More than **5x** as likely to be "looked after"
- Adults more likely to have multiple long term conditions & develop them 10 years earlier
- More than **2.5x** more likely to smoke
- More likely to be admitted as emergency for range of conditions
- Premature death rates **2x** as high
- More likely to die from COVID
- **Nationally** - incrementally increasing costs for both men & women at every year of life as each deprivation decile increases - especially between 45-80 years
- In Kent health and social care costs 35% higher in most deprived areas, increases across each quintile, eliminating gradient would save 15% costs



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Factors driving health inequalities



Addressing life expectancy gap

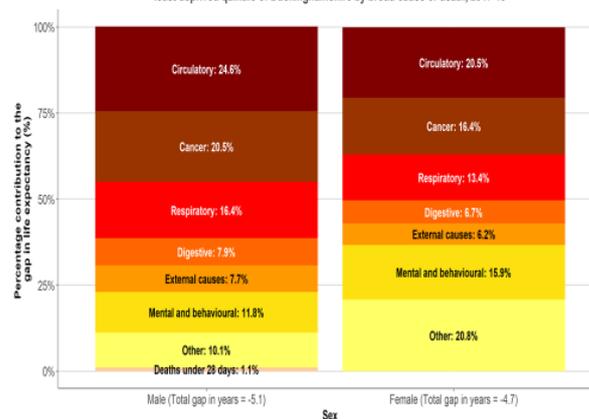
Is there just one thing ?

- **CIRCULATORY DISEASE**

> Smoking

- Fry & Fry prevention
- Whole system approach to obesity
- Healthy eating & food poverty
- Physical activity
- Deprived and ethnic groups
- Men and women
- Community engagement
- Equitable access to detection & management of risk factors & treatment
- Equity audits & better data & monitoring including ethnic monitoring

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Buckinghamshire by broad cause of death, 2017-19



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Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2019

Inequalities in Mental Health

- Children from the most deprived 20% households are 4x more likely to have serious mental health difficulties by the age of 11 than those in the least deprived 20%
- Emergency mental health admissions are 2x as high in most deprived quintile in Bucks
- Ethnic minority groups were less likely to refer themselves to IAPT and less likely to be referred by their GPs, compared with White British people, ethnic minority people with psychosis less likely to be referred for CBT, and less likely to attend as many sessions as their White counterparts
- Nationally Black people less likely to have involvement of GP leading up to 1st episode of psychosis, more likely to have police involvement in 1st contact with mental health services, more likely to have community treatment order after being in hospital.
- The 2022 NHS Race and Health Observatory Report - suggests barriers to seeking help for mental health problems rooted in a distrust of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare
- Inequalities present for adult populations were replicated in younger populations e.g. Black children 10x more likely to be referred to CAMHS via social services (rather than through the GP) relative to White British children
- The review found few national datasets with sufficiently high quality ethnic monitoring data to allow for robust analysis to investigate ethnic inequalities

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Maternity, early years and young people

- Maternal mortality 2-4X higher in Asian and Black women, later presentation to maternity services in Bucks by some ethnic groups
- Improving perinatal mental health support delivers improved outcomes & quality of life, NHS savings and £1/2 billion net economic benefit over 10 years.
- positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy
- less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.
- Emerging evidence - early years development impacted by COVID and worse in more disadvantaged families
- Obesity increasing significantly especially post pandemic and highest prevalence in most deprived (**1 in 4 obese in year 6**, 40% overweight & obese) & some ethnic groups
- Nationally the proportion of 6 to 16-yr olds with a probable mental disorder increased from 11.6% in 2017 to 17.4% in 2021.
- 20% of secondary school respondents to Oxwell study in Bucks had more serious anxiety and depression scores based on RCADS scales
- In Bucks 1 in 5 (20%) primary school respondents indicated they were too worried to sleep; in secondary school respondents, approximately 1 in 3 (33%) were too worried to sleep – this data is similar to 2020
- Some minority ethnic groups have particularly high rates of child poverty. In 2017/18, 45 percent of minority ethnic children lived in families in poverty after housing costs, compared with 20 percent of children in White British families in the UK.

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Inverse care law

- General practice in areas of high socioeconomic deprivation is relatively underfunded and under-doctored.
- the formula used to distribute most funding to general practice does not sufficiently account for workload associated with the additional needs of people living in deprived areas.
- Practices in deprived areas on average have lower Care Quality Commission scores, lower QoF performance and lower patient satisfaction scores.
- People who live in areas of high deprivation have on average shorter GP consultations than those in wealthier areas, despite being likely to have more complex health needs.
- People living in deprived areas are more likely to be 'digitally excluded', and are also more likely to live with multiple health conditions than people living in wealthier areas.
- In 2020, practices serving more deprived populations received around 7% less funding per need adjusted registered patient than those serving less deprived populations.
- After accounting for different levels of need, a GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas.
- Asian patients report poorer experiences making appointments and more difficulty getting through to their GP practice by phone. Black patients are the least likely to have used any online services.
- Need to apply proportionate universalism to the resourcing of general practice
- Provide culturally competent interventions and care across all areas including primary & secondary care, mental health, maternity, childrens services, public health and.....

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A robust strategy would...

- Use preventive approach & equity audits to tackle inequalities on high impact areas
- support the building blocks of good health in deprived areas & key communities
- co-design and co-produce interventions with communities affected
- target
 - cardiovascular disease
 - mental health
 - maternity & early years
 - behavioural risk factors, smoking , obesity,
 - address inverse care law
- Measure & monitor outcomes
- Evaluate with the people affected



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