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NHS England and Improvement

# Health Inequalities



# Promoting Equality and Reducing Health Inequalities

Support implementation of 'CORE 20 plus 5' review system plans

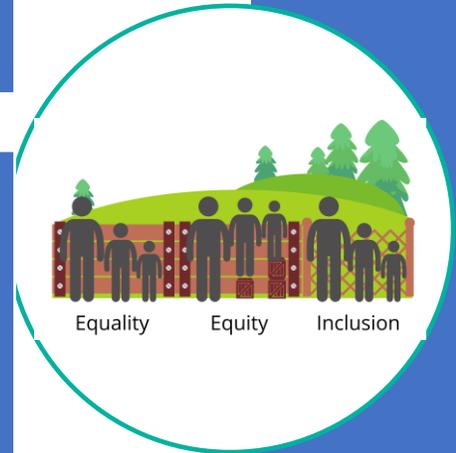
Quartely meetings with SROs

Regional health inequalities working group

Identify and share best practice and facilitate networking and collaboration

ICSs development and operational plans

Communities of Improvement



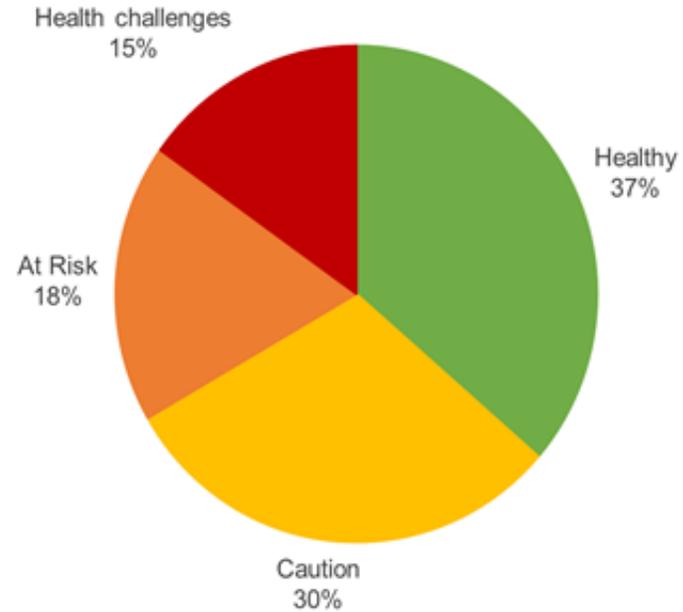
Stocktakes and progress reports five priority actions, CORE20Plus5 and others

Funding opportunities  
Complete Care Communities Project, Core20plus Connectors and others



# Health Challenges in the East of England

Acorn Classification of Wellbeing



Approx 6.5 million people living in the East of England modelled estimates suggest that

- 2.4 million people are in healthy category
  - 2 million are in caution category
  - 1.2 million are at risk of poor health
- 1 million classified as having health challenges

## EoE Integrated Care Systems

Hertfordshire and West Essex  
Suffolk and North East Essex  
Cambridge and Peterborough

Mid and South Essex  
Norfolk and Waveney  
Bedfordshire, Luton and Milton Keynes



## Core20plus5

112,000 people within Cambridgeshire and Peterborough live within the bottom IMD quintile

95% (107,000) reside within the North of the system - Peterborough, Huntingdonshire and Fenland, while 5% (5,000) live in Cambridgeshire and Ely

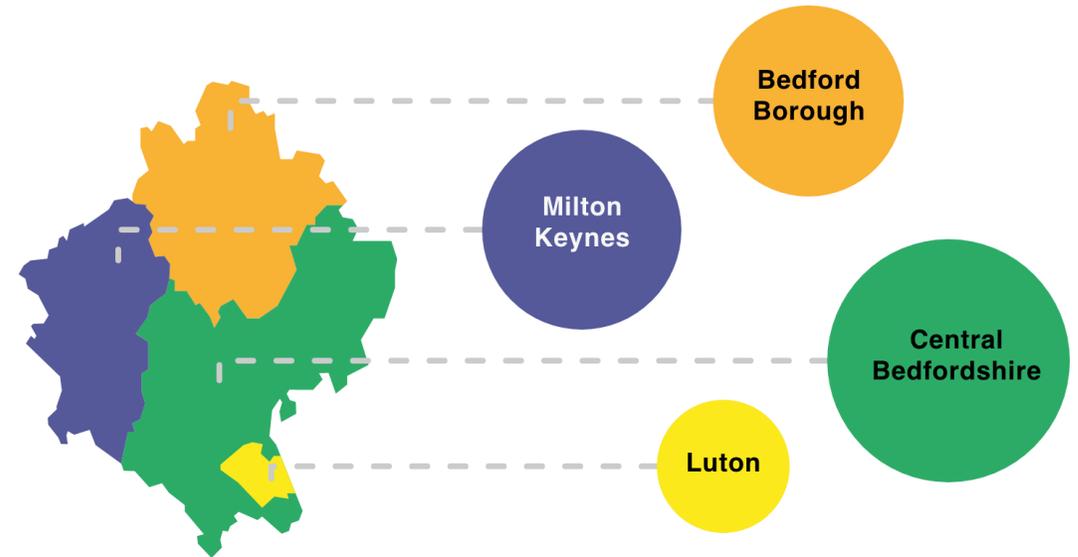
10-year life expectancy gap exists between those living in least deprived areas in Cambridge compared and most deprived areas of Peterborough.

This inequality is driven by three main disease categories - cancer, cardiovascular, and respiratory

Gypsy, Roma, Travellers (GRT) are the largest ethnic minority group within Cambridgeshire and Peterborough

## Core20plus5

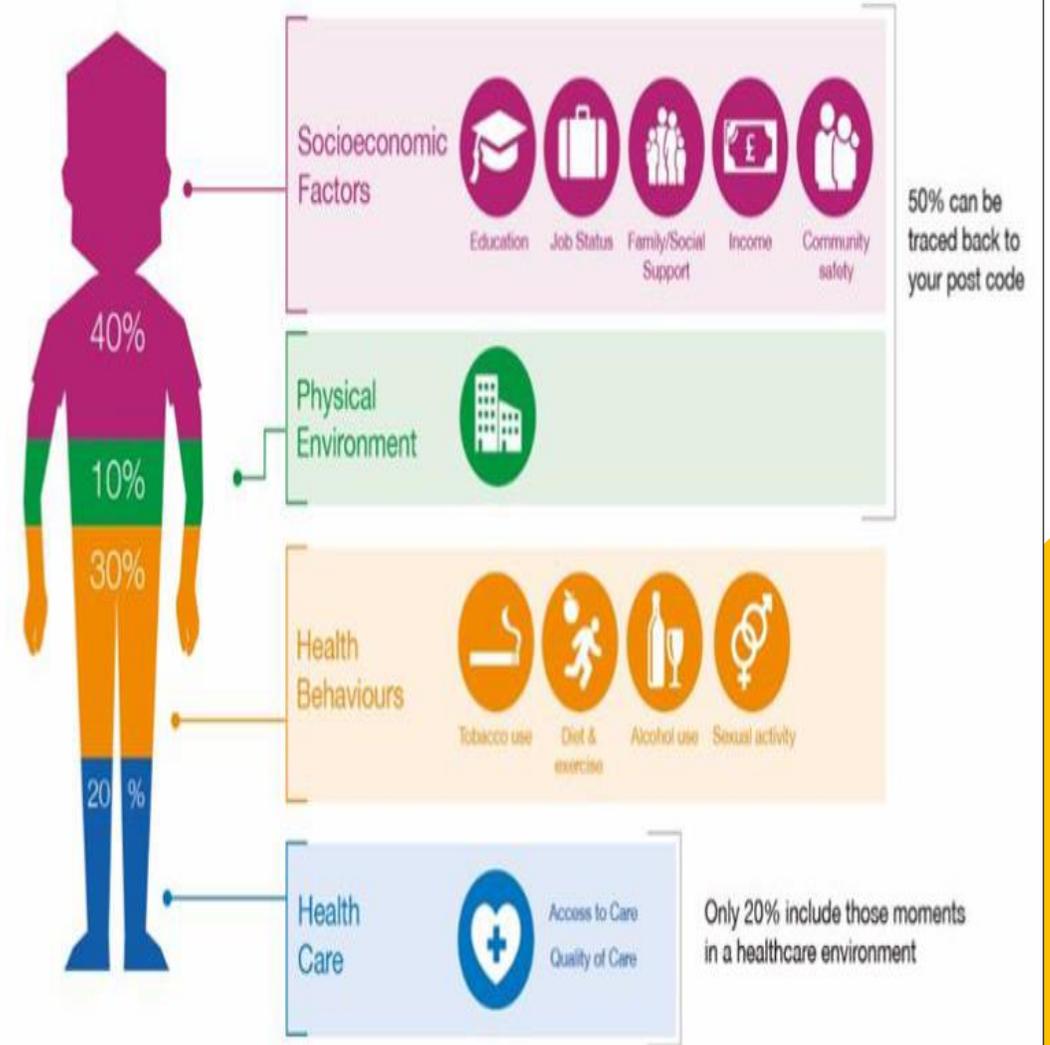
- Almost 150,000 (13%) people within BLMK live within the bottom IMD quintile nationally.
- 53% (65K) of CORE20 live within the Luton, 24% in MK, 18% in Bedford, while 5% (5,762) live in Central Bedfordshire.
- 10.3- year life expectancy gap exists between men living in least deprived areas in Bedford compared to the most deprived areas.
- This inequality is driven by three main disease categories (cardiovascular, cancer and respiratory)
- Ethnically diverse population within BLMK compared with England with large BAME communities





# ✓ Suffolk & North East Essex Integrated Care System

- 257,698 people Essex live within the bottom IMD quintile nationally
  - 41.5% - Ipswich 30% - Tendring 21% - Colchester
  - 14.8 -year gap in life expectancy between males in the most and the least deprived MSOAs
  - 89% of people in SNEE are White British
  - Ipswich most ethnically diverse area
  - In the most deprived MSOA  
43.1% of people live in fuel poverty  
11.9% of working age are unemployed  
1 in 3 has a long-term illness or disability
- Highest deprivation level in ENGLAND**





- **Inclusion Health** work programme including health roadshow roving model

- **Community Voices** foundation for Core20 Connectors model, developing trusted communicators

- **Vaccine Inequalities Oversight Group**

- Roving vaccination model, evolving to provide access to wider healthcare



### **Core20Plus Connectors**

- Voices, insight and lived experience to influence improvements in access and quality in health and social care.

### **Cancer screening**

Prevention link between cancer and obesity

Early detection of breast and gynaecological cancers. Webinar for women from ethnic minorities. First webinar delivered in Urdu and Hindu.



•**Smoking in Pregnancy** – whole population but will feature addressing inequalities in Black, Asian and Minority Ethnic groups

•**Building Healthier Neighbourhoods** workstream – link between housing and health

### **Luton - Marmot Town**

Working with the Institute of Health Equity to assess health inequalities, key social determinants of health and health system.



### **Gypsy, Roma and Travellers**

Collaboration with Healthwatch and GRT project manager. Cultural awareness training for frontline staff.

### **SMI physical health checks**

Specialist health care assistant (SHCA) commissioned by GP Federations

### **Health Inequalities Prize Challenge**

Tackling digital exclusion and promoting innovation



Mid and South Essex  
Health and Care  
Partnership

### **BP@Home**

Deprivation and ethnic minority groups.

40,958 patients

### **Thurrock Lung Health Checks**

Completed in all practices. Findings from this are 22 Lung cancers of which 12 were stage one or two. Nine other cancers were found.

### **Southend Homeless Initiative**

Shortlisted for the 2021 HSJ awards



Suffolk & North East Essex Integrated Care System

### **CORE20PLUS5 Connectors**

African Families in the UK – mental health and maternity

### **Community Ambition**

Bangladeshi community - Training and employment

Mental health initiatives

### **Health Walks**

Physical activity and social interaction

Refugee Support – Syrian Men's Group

# What can we do differently?

*What's the point of treating people and then sending them back to the conditions that made them sick in the first place?*

Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London. Director of The UCL Institute of Health Equity. Former President of the World Medical Association.