Joint Adult's and Communities Overview and Scrutiny Committee

Coventry and Warwickshire Health Inequalities Strategic Plan

11 January 2022

Recommendation(s)

1. **Note** the requirements for a Coventry and Warwickshire Health Inequalities Strategic Plan.

2. **Support** the recommended local priority population groups for the strategic plan (covering transient communities; black and minority ethnic groups; people with disabilities; older people experiencing rural deprivation).

3. **Support** the implementation of the plan and ensure organisations are implementing the plan as single organisations and in partnership with others.

1. Executive Summary

1.1 The Coventry and Warwickshire Integrated Care System (ICS) is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities covering maternity care, early cancer diagnosis, severe mental illness, chronic respiratory disease and hypertension.

1.2 The plan must be led by the local Director of Public Health and owned by decision-making bodies within the developing ICS.

1.3 A programme of engagement is underway with partners and key NHS workstreams to develop the plan.

1.4 The plan must apply the national "Core20+5" model, with action to improve access and outcomes for people living in the most deprived areas (Core20: most deprived fifth of the population as defined by the Indices of Multiple Deprivation) and for locally determined priority population groups ("+" groups) across the "5" clinical areas.

1.5 Recommended local priority "+" groups for Warwickshire are: transient communities; Black and Minority Ethnic groups; people living with disabilities and older people experiencing rural deprivation.

1.6 Application of the Core20+5 model must be embedded within a wider approach to reduce inequalities in health outcomes and the determinants of health and wellbeing.

1.7 The local plan will build on the recommendations within the Director of Public Health's Annual Report 2020/21 - COVID-19 in Warwickshire[1] which aim to embed consideration of and action on health inequalities in all that we do and shift how we work with local communities.

2. Financial Implications

2.1 No direct costs or savings are directly associated with this report but partners within the ICS need to give consideration to prioritising action to address inequalities and how this will be reflected within future financial strategies and investment decisions.

3. Environmental Implications

3.1 No direct implications from this paper but consideration needs to be given to environmental risks, such as poor air quality, which disproportionally impact people living in areas of higher deprivation and increase risk of poor health outcomes.

4. Supporting Information

4.1 The Coventry and Warwickshire ICS is required to provide a draft 'Health Inequalities Strategic Plan' to NHS England/Improvement by 22nd March 2022. The plan must depict a locally agreed strategic approach for addressing health inequalities within 5 nationally determined clinical priorities, whilst also reflecting how this work is embedded within a broader approach to reducing health inequalities within Coventry and Warwickshire.

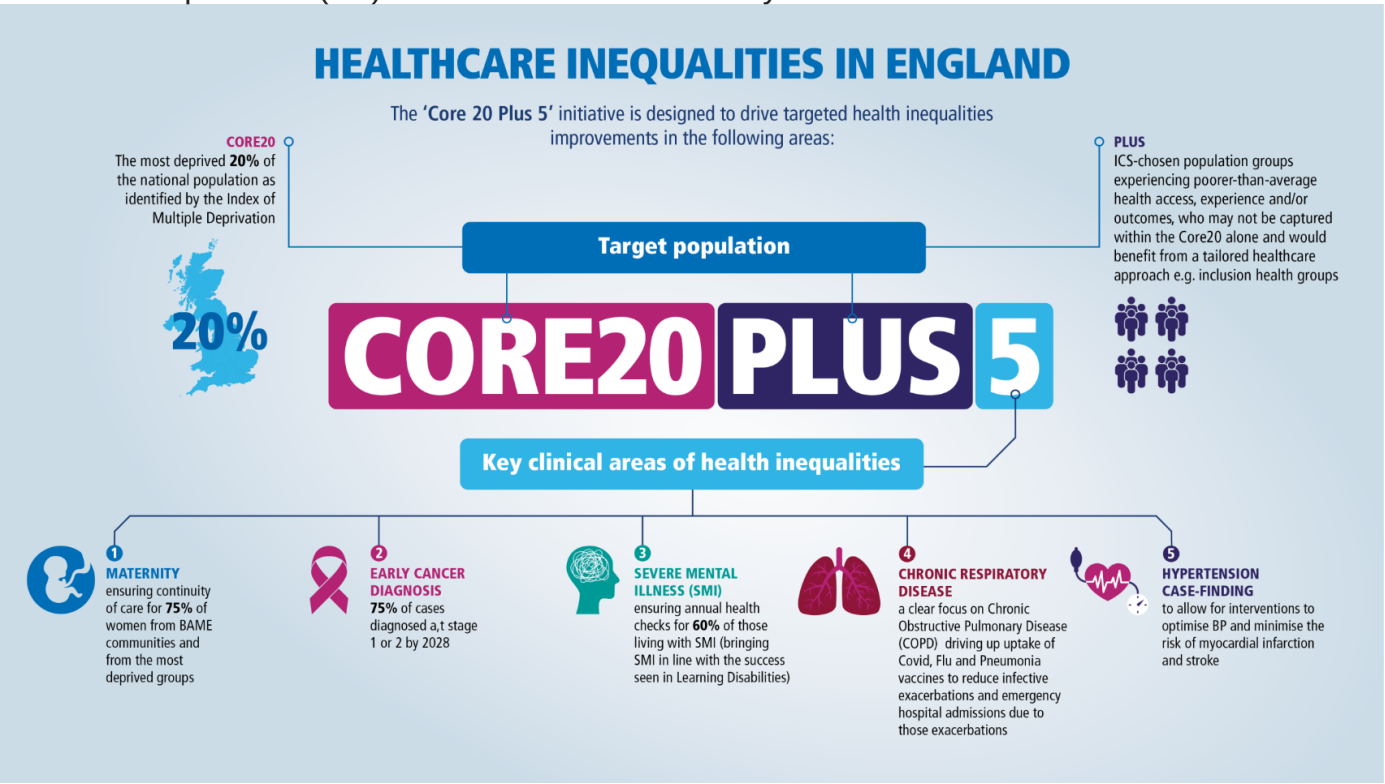
4.2 A programme of engagement with partners and key NHS workstreams is currently underway to shape the Strategic Plan and ensure the approach takes into account the needs and inequalities within each within each of our 3 Warwickshire 'Places' (Warwickshire North, Rugby and South Warwickshire).

4.3 The 5 national clinical priorities are set out with in a "Core20+5' model. The model requires focused efforts to improve health access and outcomes for those living in the most deprived 20% of the national population ("Core20" - as defined by the Index of Multiple Deprivation for Lower Super Output Areas, (LSOAs)) and locally determined priority population groups ("+" groups). Consideration to these groups must be embedded in actions aligned to the nationally prescribed 5 clinical priorities:

- **Maternity**: continuity of care for women from Black and Minority Ethnic (BAME) communities in the most deprived areas
- **Early Cancer Diagnosis:** 75% of cancers diagnosed at Stage 1 or 2 by 2028
- **Severe Mental Illness (SMI):** annual health checks for 60% of those living with SMI
- **Chronic Respiratory Disease:** a focus on Chronic Obstructive Respiratory Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccinations

[1] https://www.warwickshire.gov.uk/publichealthannualreport

- **Hypertension Case-Finding:** to allow for interventions to optimise blood pressure (BP) and minimise the risk of myocardial infarctions and stroke.



4.4 The 5 clinical areas have been selected due to existing inequalities and with Cancer, Circulatory and Respiratory illness being the biggest killers action in these areas if vital for having an impact on health outcomes for all population groups.[2]

4.5 Maternity has been included following findings from the national Confidential Enquiries into Maternal Deaths and Morbidity which found maternal mortality rates among Asian women were twice as high than in White women, and four times higher in Black women compared to White.[3]

4.6 People living with a SMI are a national priority due to the gap in life expectancy for this cohort, which is 15-20years lower than the general population and largely due to physical health conditions.[4]

4.7 The 5 clinical priorities are primarily focused on secondary and tertiary prevention approaches (identifying significant risk factors or early signs of disease in order to intervene and prevent further ill-health, or preventing exacerbation of existing illnesses). Such approaches are likely to provide swifter return on investment for local systems than primary prevention approaches, however for longer-term and sustained impacts on health inequalities applying primary prevention to reduce the prevalence of risk factors is required.

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[2] https://ukhsa.blog.gov.uk/2019/06/18/what-do-phes-latest-inequality-tools-tell-us-about-health-inequalities-in-england/
[3] https://www.npeu.ox.ac.uk/mbrrace-uk/reports
[4] https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/

4.8 Broader partnership activity is required to promote healthy behaviours, address inequalities in the wider determinants of health and create healthy environments in which residents live, work and play within is required in order to harness longer-term improvements in health equity.

4.9 In order to reflect wider local action, the Coventry and Warwickshire Health Inequalities Strategic Plan will reflect the four pillars of population health which has been adopted within both system and place-based partnerships.

4.10 The plan will build on the recommendations from the Director of Public Health's Annual Report, 2020/21 COVID-19: Impact in Warwickshire, an exceptional year.

- Adoption of a Health in All Policies approach
- Adoption of Public Health England's (PHE) Health Equity Assessment Tool (HEAT)
- Build on community engagement and co-production approaches to understand and involve local communities, working with residents and voluntary and community sector partners
- Invest in services and initiatives to improve and protect physical and mental health and wellbeing of residents

4.11 The plan will build upon existing areas of work with a strengthened focus on health inequalities through a population health management approach, bringing inequalities considerations into prioritisation and investment decisions, addressing digital exclusion, commissioning for social value, supporting economic recovery and improving the diversity of the public sector workforce and leadership.

5. Health inequalities in Warwickshire

5.1 Overall life expectancy in Warwickshire is above the national average however there is variation by deprivation and by gender. Across Warwickshire as a whole the gap in life expectancy at birth between those living in the most and least deprived areas is 8.2years for men and 5.7 years for women.

5.2 At a more local level the life expectancy gap for males is highest within Nuneaton and Bedworth, at 10.1 years for men; whereas the gap in life expectancy for females is highest in Warwick at 6.5years (see appendix 1).

Figure 1: Warwickshire Population Pyramid

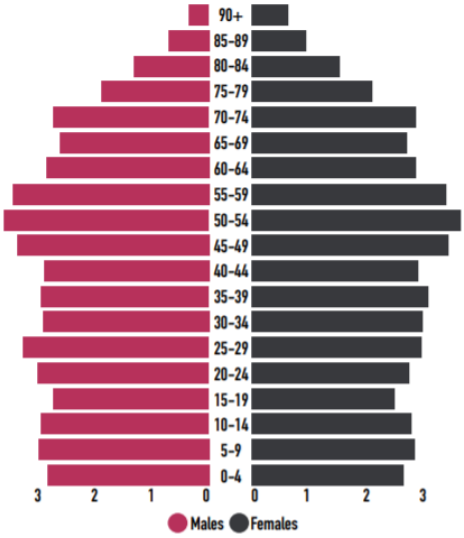


Figure 2: Warwickshire life expectancy and healthy life expectancy at birth, 2017/19

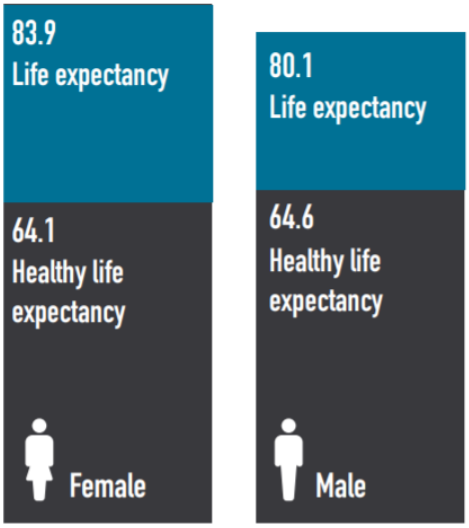
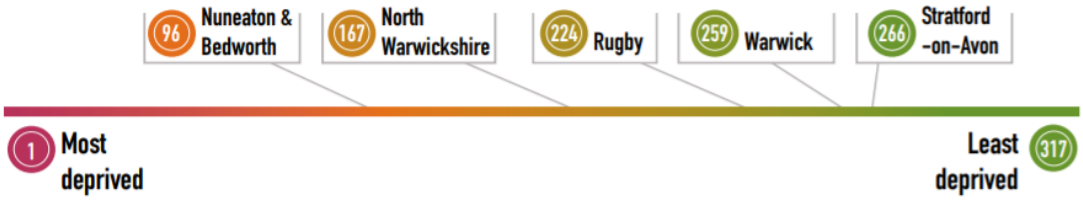


Figure 3: This graphic shows the national ranking of districts and boroughs out of the 317 local authorities using the 'Rank of Average Score' measure in 2019[11]



5.3 Health outcomes also vary between population groups. Key groups experiencing health inequalities, and recommended as local priority population groups, are outlined below.

5.4 Local Priority Population Groups

5.5 A review of local and national evidence on health inequalities, the impact of the pandemic and engagement with ICS partners, the following are recommended to be included as priority population groups for Warwickshire.

- People from black and minority ethnic groups
- Transient communities (homelessness, gypsies, travellers and boaters and newly arrived communities)
- People living with disabilities (physical, sensory and neurological)
- Older people experiencing rural isolation

5.6 Within Warwickshire 6.5% of the population, approximately 38,000 people, live in the most deprived 20% of areas nationally (based on the Indices of Multiple Deprivation).

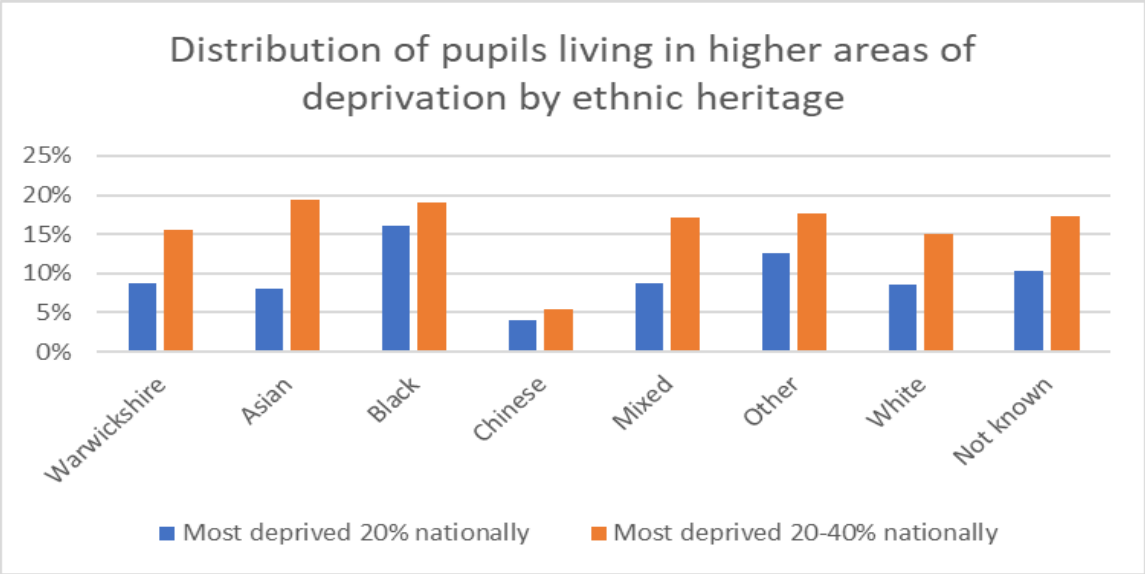
5.7 The 2021 Census data is yet to be published and hence analysis of school census data from May 2021 gives a more up to date view of the intersectionality between deprivation and ethnicity in Warwickshire. 16% of pupils from Black/Black British heritage live in the most deprived quintile nationally, compared to 8.8% of the total

population. Pupils from other minority ethnic groups are generally over-represented in the 20-40% most deprived areas of Warwickshire.

5.8 There is a need, locally, to broaden the scope beyond the most deprived national quintile in order to adequately address the disproportionate impacts the pandemic has had on ethnically diverse communities within Warwickshire, which are over-represented in the fourth most deprived population quintile nationally (see below).

Percentage of pupils living in the most deprived 20% nationally

Coventry	Warwickshire Total	Asian	Black	Chinese	Mixed	Other	White	Not known	Total pupils
Most deprived 20% nationally	8.8%	8.0%	16%	4.0%	8.7%	12.6%	8.6%	10.3%	7,590
Most deprived 20-40% nationally	15.6%	19.4%	19.1%	5.5%	17.2%	17.7%	15.1%	17.3%	13,550
Total pupils	86,698	5,688	1,312	325	4,579	1,195	71,770	1,829	



5.9 Transient Communities in Coventry and Warwickshire:

5.10 *Homelessness*

5.11 People who are homeless have an average age of death of 47years from men and 43 years for women (compared to 74 and 80 years respectively in the general population. This measure differs from life expectancy but still highlights the significant inequalities in health outcomes for people who are homeless[5].

[5] https://www.crisis.org.uk/media/236799/crisis_homelessness_kills_es2012.pdf

5.12 The comparative probability of death among people who are homeless compared to the general population are shown below:

- Alcohol-related causes: 7 times higher
- Drug-related causes: 20 times higher
- Suicide: 3.5 times higher
- HIV or Hepatitis: 7 times higher
- Chronic respiratory disease: 3 times higher
- Chronic heart disease: 2 times higher
- Falls: 7 times higher

5.13 The physical and mental health impacts of being homeless, as well as barriers to accessing services, including digital exclusion, contribute towards premature mortality for this cohort.

5.14 Homelessness is an issue of relevance to each of our three "Places", with at least one District or Borough per place ranking highly in the region in at least one of the indictors of need (see below)[6].

2019/20 Crude rate per 1,000 households	**England**	**West Mids**	**Coventry**	**Warwickshire**	**North Warwickshire**	**Nuneaton & Bedworth**	**Rugby**	**Stratford on Avon**	**Warwick**
Households in temporary accommodation	3.8	2.0	4.2 (2nd highest in WM)	1.3	*	1.5 (4th highest in WM)	2.6 (3rd highest in WM)	1.3 (7th highest in WM)	0.3
Households owed a duty under the Homelessness Reduction Act (2019/20)									
Overall crude rate per 1,000 households	12.3	11.2	13.9 (6th highest in WM)	10.9	5.9	16.9 (3rd highest in WM)	12.0	10.8	7.0
With dependent children (as crude rate per 1,000 households with a dependent child)	14.9	14.9	17.7 (5th highest in WM)	13.9	8.7	21.7 (3rd highest in WM)	14.9 (9th highest in WM)	14.5	7.1
Main applicant 16-24 (crude rate per 1,000 households)	2.6	2.5	3.1 (8th highest in WM)	2.6	1.4	4.5 (3rd highest in WM)	2.7	2.2	1.9
Main applicant 55+ (crude rate per 1,000 household with reference person aged 55+)	2.9	2.1	2.7 (6th highest in WM)	2.6	1.9	2.9 (4th highest in WM)	2.8 (5th highest in WM)	3.2 (3rd highest in WM)	1.6

5.15 *Gypsies, Travellers and Boaters*

5.16 Gypsy and Traveller communities are amongst some of the most deprived groups nationally. Life expectancy is 10years lower than the general population and mothers in these communities are 20 times more likely to experience the death of a child.[7]

[6] www.fingertips.phe.gov.uk

[7] https://www.equalityhumanrights.com/en/gypsies-and-travellers-simple-solutions-living-together

5.17 Within Warwickshire there are four Local Authority managed Traveller sites in Warwickshire, covering each of our three "Place" geographies:

- North Warwickshire – Alvecote
- Nuneaton & Bedworth – Griff Hallows
- Rugby – Woodside,
- Stratford-upon-Avon – Pathlow

5.18 Warwickshire has an extensive network of waterways, with 19 rivers crossing the County and 4 canals in the 'Warwickshire Ring'[4]. Whilst these waterways are popular tourist attractions it must be remembered that they also provide a home to a number of Liveaboard Boaters.

5.19 A 2019 survey highlighted health inequalities experienced by Liveaboard Boaters. The study based on responses from 356 Boaters found 88% were registered with a GP and 52% with a dentist, whilst 37% had experienced being wrongly refused registration at GP surgeries and dentists.

5.20 Access to routine appointments is poorer for Boaters than the general population, with 50% of Boaters rating their experience of getting an appointment as "Fairly" or "Very Good" compared to the general population. Importantly the opportunity to access screening appointments is also poorer, with only 64% of Boaters having received an invitation letter for Cervical or Breast Screening when they should have and only 53% had received an invitation for Bowel Cancer when they should have.[8]

5.21 *Newly arrived communities – asylum seekers and refugees*

5.22 A relatively small but important number of number of asylum seekers and refugees have been accommodated within Warwickshire during the pandemic.

5.23 Asylum seekers and refugees can have complex health needs. Common health challenges can include: poorly controlled chronic health conditions; untreated infectious diseases or missing vaccinations; poor mental health related to previous trauma and/or to isolation as a newly arrived resident; and women may have additional need ante- or post-nataly, associated with late presentation to healthcare, previous trauma, malnutrition or poverty. Despite these health needs there is no evidence of a disproportionate use of healthcare resources. In fact asylum seeker and refugees often face barriers accessing services whilst also facing barriers to accessing services, including language and cultural barriers along with a lack of understanding of UK health systems[9]

5.24 ***Disabilities in Warwickshire***

5.25 The Coventry and Warwickshire COVID-19 Health Impact Assessment noted the increased levels of anxiety and loneliness experienced by people living with

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[8] https://www.gypsy-traveller.org/health/fft-launch-findings-of-largest-ever-study-on-health-of-uk-liveaboard-boaters/

[9] https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/unique-health-challenges-for-refugees-and-asylum-seekers

disabilities during the pandemic.[10] Findings from the ONS Opinions and Lifestyle Survey highlights the disproportionate impact of the pandemic on people with disabilities through the following indicators (as of February 2021)[11]:

- Negative impacts on access to healthcare for non-coronavirus purposes: 40% of people with disabilities compared to 19% of the general population
- Negative impact on wellbeing: 65% of people with a disability versus 50% of the general population (with poorer ratings across all 4 wellbeing measures on life satisfaction, feeling that life is worthwhile, low happiness and high anxiety)

5.26 Inequalities in outcomes for people with disabilities existed prior to the pandemic, with lower educational attainment and employment rates, lower levels of home-ownership, higher rates of self-reported anxiety and loneliness and higher rates of domestic abuse compared to the general population.[12]

5.27 *Sensory disabilities*

5.28 International studies suggest older people with hearing and visual impairments have a life expectancy at age 60 of 4years lower than those without impairments.[13] Within the UK studies have reported that people with sensory impairments face barriers accessing routine care.

5.29 A study in Durham found people living with hearing impairments can find it difficult to make routine health appointments, and even more so to make emergency appointments, with BSL interpreters not booked or readily available when required. Patients have reported impacts on their mental health related to poor communication during their patient journey. Healthcare-associated communications are often in the form of letters with language that maybe difficult to understand and require patients to telephone to progress actions. Digital access to NHS 111 (deaf-friendly services) will help to an extent but digital exclusion of older people with hearing impairments is an area of concern.[14]

5.30 A study from Manchester found people living with sight loss experienced higher levels of social isolation, unemployment and self-reported depression compared to the general population. In this study 36% of participants reported barriers accessing health services, this rose to 57% for people from Black and Minority Ethnic groups who were living with sight loss.

5.31 Health information and campaigns are less accessible to people with sight loss, as is routine healthcare correspondence which can lead to higher numbers of missed appointments and impacts on health and wellbeing for this cohort. Fear of falling can

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[10] https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/impact-covid-19/1

[11] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/february2021

[12] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020#main-points

[13] Tareque et. Al. The impact of self-reported vision and hearing impairment on health expectancy. Journal of the American Geriatric Society, 67(12), 2528-2536. 2019.

[14] https://www.bid.org.uk/downloads/resources/barriers-to-healthcare-services---a-report-by-bid-services.pdf

prevent people with sight loss accessing community-based activities, leading to high levels of inactivity and low access to support groups which may help both physical and mental wellbeing. Additionally, fear of falling can itself be a risk factor for falls.[15]

5.32 *Developmental disabilities*

5.33 People living with learning disabilities (LD) have a lower life expectancy than the general population. The life expectancy gap is estimated to be 18year for women with a learning disability and 14years for men. Studies suggest between 19-38% of deaths among people with LD are due to "avoidable causes", compared to 9% of deaths in the general population that could have been avoided by the provision of good quality healthcare[16].

5.34 People with Autistic Spectrum Disorder die on average 12 years earlier than the general population and are at increased risk of multi-morbidity from both physical and mental health conditions. Those with co-existing LD experience greater risks of physical ill-health, whilst those without co-existing LD experience greater risks of mental ill-health, with deaths by suicide being the greatest cause of premature death. People with ASD are 9 times more likely to die by suicide than the general population.[17,18]

5.35 Rural Isolation in Warwickshire

5.36 Rural isolation is a significant area of concern for Warwickshire given our geography and older population. Whilst 6.5% of Lower Super Output Areas in Warwickshire are in the most deprived fifth nationally using the composite Indices of Multiple Deprivation measure, when looking at the "Barriers to Housing and Services" domain this increases to 15% of local LSOAs, or approximately 99,000 residents, within the most deprived national quintile in this domain.

5.37 Rural places often have a strong sense of community and benefit from easy access to green spaces and the benefits that can bring for health and wellbeing. However those that are marginalised and older people in rural areas are at higher risk of social exclusion and isolation. In addition, infrastructure challenges, including transport and broadband, can present barriers to accessing services either in person or remotely. Age UK highlight 5 key areas for action when addressing inequalities experienced by older people in rural communities:

- Loneliness and social isolation
- The digital divide
- Lack of support networks among people who move to rural communities
- Gaps in public transport provision
- Gaps in support for carers and people living with dementia

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[15] https://www.mhcc.nhs.uk/wp-content/uploads/2020/09/Understanding-the-health-needs-and-well-being-of-people-living-with-sight-loss-in-Manchester-%E2%80%93-Nov-2016.pdf
[16] www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities
[17] Sharpe et. Al. A public health approach to reducing health inequalities among adults with autism. British Journal of General Practice, 69(688). 534-535. 2019
[18] https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf

6. Timescales associated with the decision and next steps

6.1 A programme of engagement with key partners to further shape the plan based on the Core20+5 model and embedded within our wider population health management approach is taking place between November to January 2022.

6.2 The draft Coventry and Warwickshire Health Inequalities Strategic Plan will be shared with NHS England/Improvement by 22nd March 2022, who are expected to provide feedback prior to a final version being adopted locally.

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The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: Councillors Drew, Golby, Holland and Rolfe.

1. Appendix 1

Table 1: Inequalities in Life Expectancy

	England	West Mids	Coventry	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
Inequality in life expectancy (males)	9.4yrs	9.5yrs	10.1yrs	8.2yrs	4.6yrs	10.1yrs	7.4yrs	3.3yrs	8.0yrs
Inequality in life expectancy (females)	7.6yrs	7.3yrs	7.8yrs	5.7ys	5.3yrs	5.5yrs	2.6yrs	4.0yrs	6.5yrs
Inequality in life expectancy at age 65 (males)	4.9yrs	5.1yrs	6.0yrs	4.9yrs	2.9yrs	5.9yrs	3.3yrs	2.8yrs	5.8yrs
Inequality in life expectancy at age 65 (females)	4.7yrs	4.6yrs	4.8yrs	4.1yrs	3.4yrs	4.2yrs	1.0yrs	3.6yrs	5.0yrs