

York VCSE Assembly

(Health and Care)

Tuesday 21 June 2022



Welcome

Alison Semmence

Chief Executive, York CVS

The King's Fund

How does the NHS in England work and how is it changing?

yorkcvs



<https://www.youtube.com/watch?v=blapgFKXv0I&t=3s>



Humber and North Yorkshire
Health and Care Partnership



Stephen Eames CBE, Chief Executive

<https://youtu.be/u07cg1-8Xbc>

Inequalities and variance in health outcomes in York

Peter Roderick

Consultant in Public Health

City of York Council / Vale of York CCG

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Background

Health inequalities are 'avoidable, unfair and systematic differences in health between different groups of people.' ([Kings Fund](#) 2021)

avoidable, in that the genetic and physiological makeup of the population is fairly evenly spread and variance in ill health is mainly driven by preventable factors

unfair, in that the roots of inequality are socially determined, with some at huge disadvantage through accident of birth, systemic and political barriers, or geographic location

systematic, in that types of health inequality vary (e.g. healthcare access, behaviours, environmental exposures, outcomes) but the gradient always works in one direction

It is estimated that the determinants of population health can be categorised in four distinct ways: economic factors (roughly 40%), health behaviours (30%), clinical care (20%), environmental factors (10%) ([Bookse](#) et al 2010). **But by far the most accurate way of predicting someone's health is asking them what their postcode is.**

Types of health inequality in York

York is generally assumed to be an affluent city enjoying good health. Without downplaying many of the strengths our community has, this assumption very much depends on what your comparator group is. Are we comparing ourselves to:

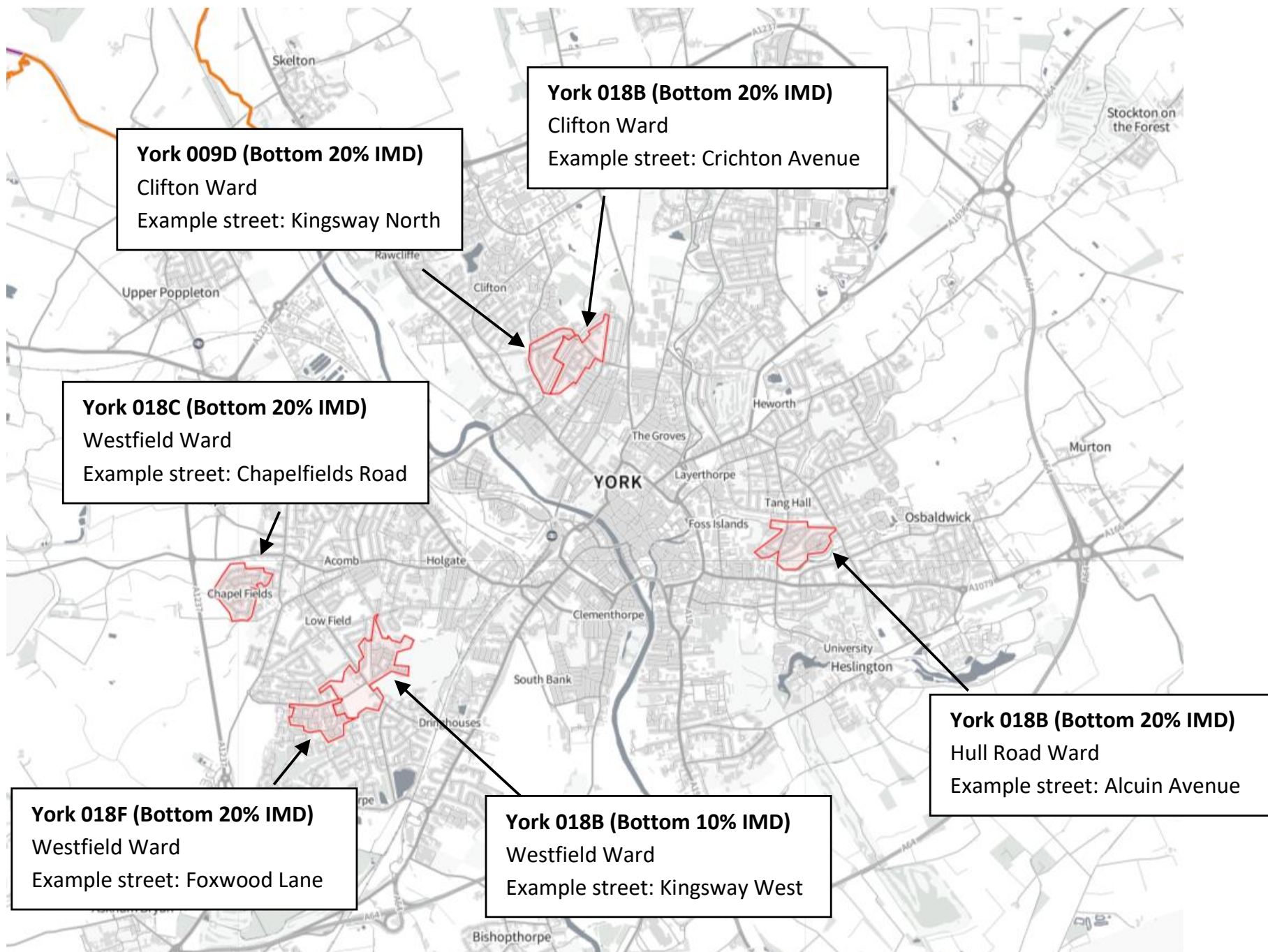
- Local Authorities in Yorkshire and Humber? That's the 2nd or 3rd most deprived government office region.
- Areas in Humber and North Yorkshire ICS? That's one of the most deprived ICSs in NHS England.
- England as a whole, or comparable cities in OECD nations? That seems more valid.

In reality, when compared to the appropriate areas York's reputation for good health can mask small, medium and sometimes large pockets of deprivation and poorer outcomes which are avoidable, unfair and systematic. These relate to four areas, which we will consider in turn:

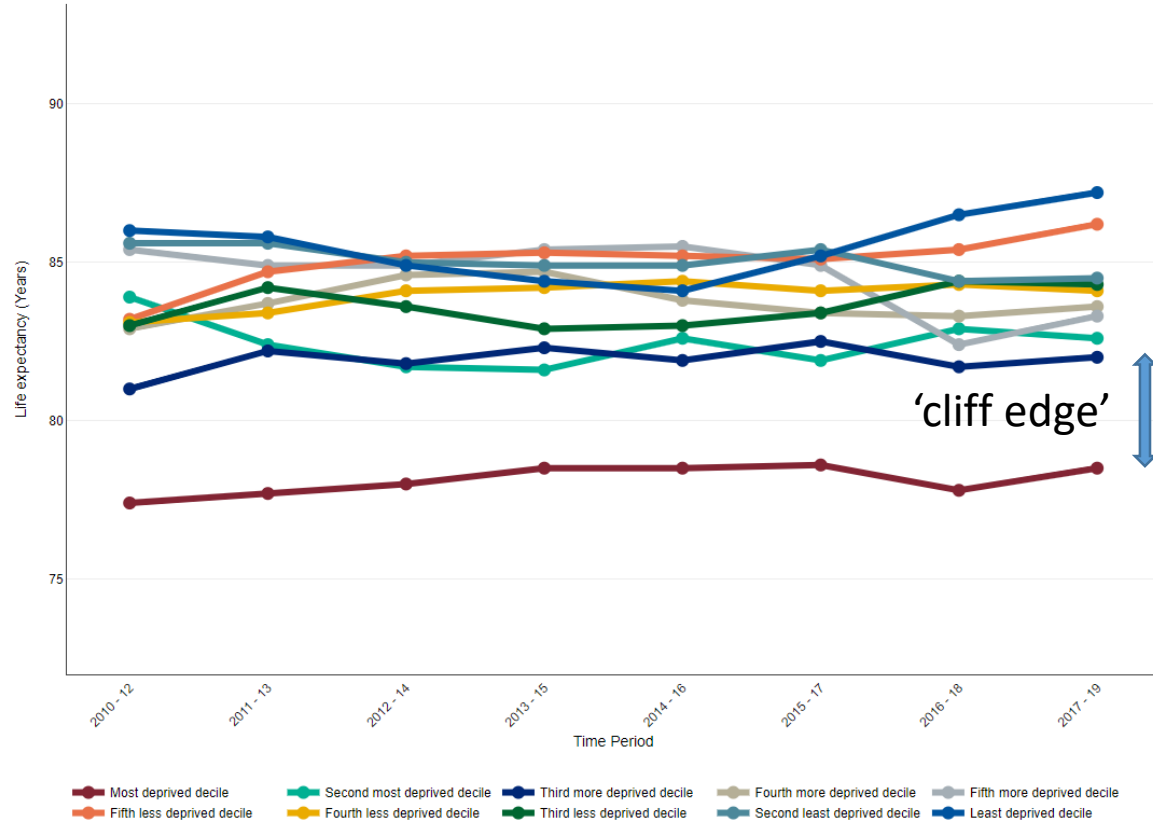
- 1. Geography**
- 2. income level and health status**
- 3. healthcare needs and access**
- 4. Inclusion health groups**

Geography

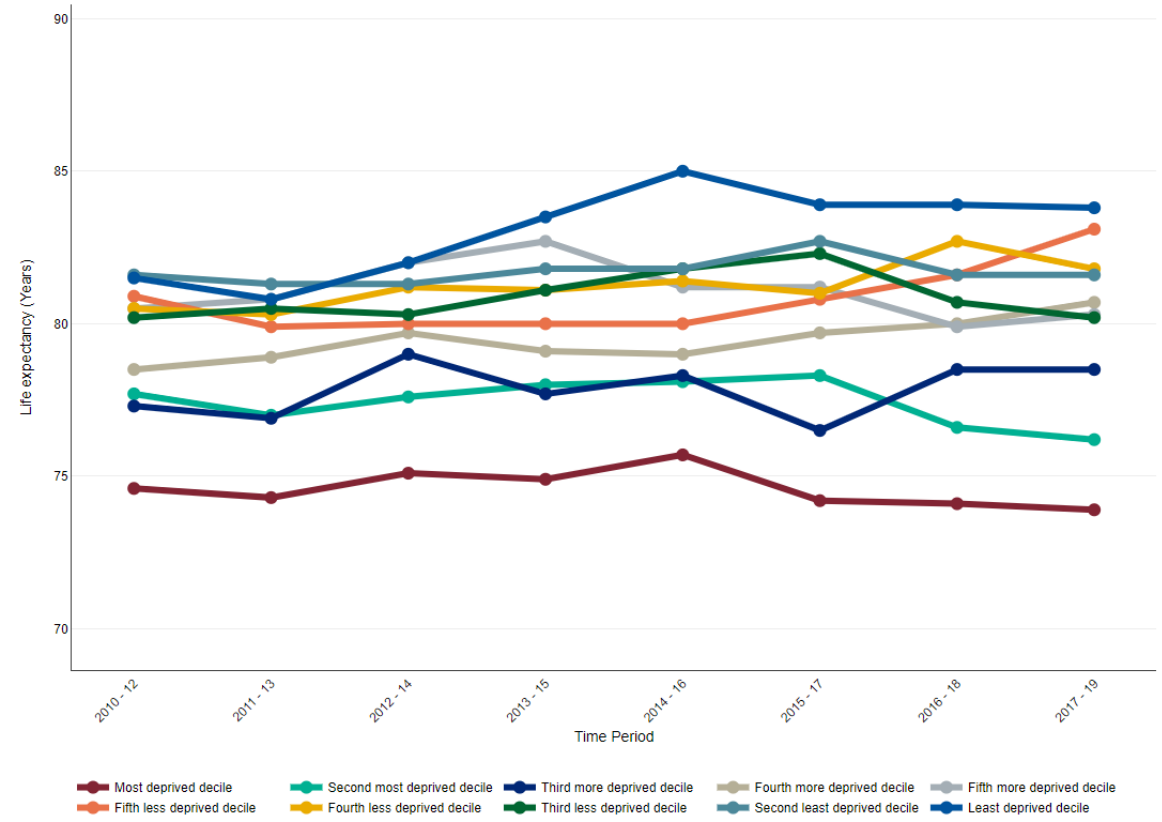
York has 9,711 people (4.6% of the population) who live in LSOAs which are amongst the 20% most deprived in England. Of these, 1,680 people (0.8% of the population) live in an area which is among the 10% most deprived in England. The map below presents these areas, which are within three of York's wards:



Life expectancy at birth-Female
LSOA11 deprivation deciles within area (IMD trend)



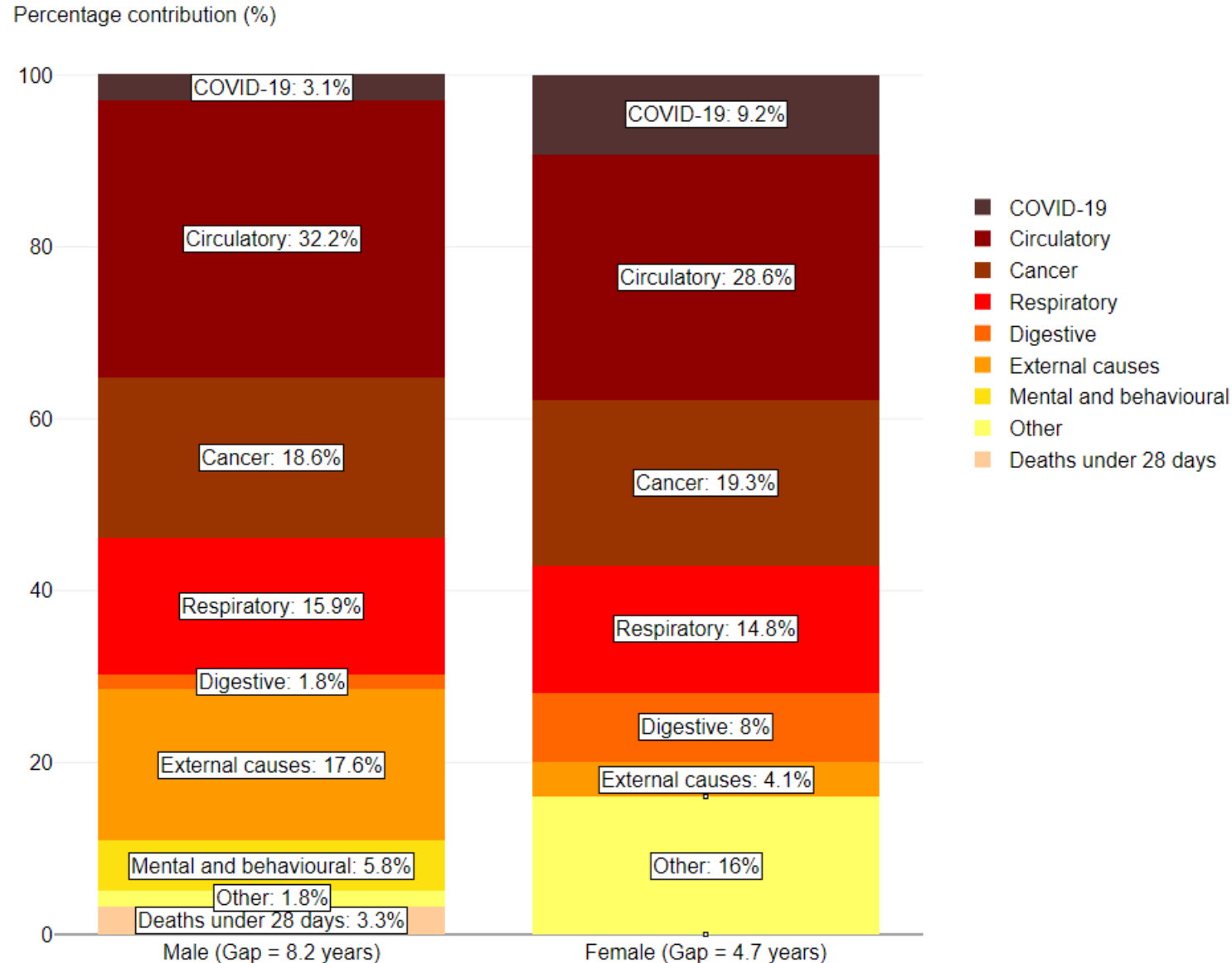
Life expectancy at birth-Male
LSOA11 deprivation deciles within area (IMD trend)



Life Expectancy

Over the last 10 years life expectancy improvement in York stalled, and in the more deprived deciles of the population life expectancy declined for the first time in generations, further widening the inequalities gap in society. Cf Professor Michael Marmot's view that the 2010s were, nationally, a 'lost decade'. Note the cliff edge.

Breakdown of the life expectancy gap between the most and least deprived quintiles of York by cause of death, 2020 to 2021
(Provisional)



Causes of death

We can see from mortality data that three illnesses (CVD, Cancer and Respiratory disease) contribute more than two thirds of the life expectancy gap between most and least deprived quintiles in York, for both males and females.

These three causes of illness and death are themselves caused by a complex web of environmental, behavioural and social factors.

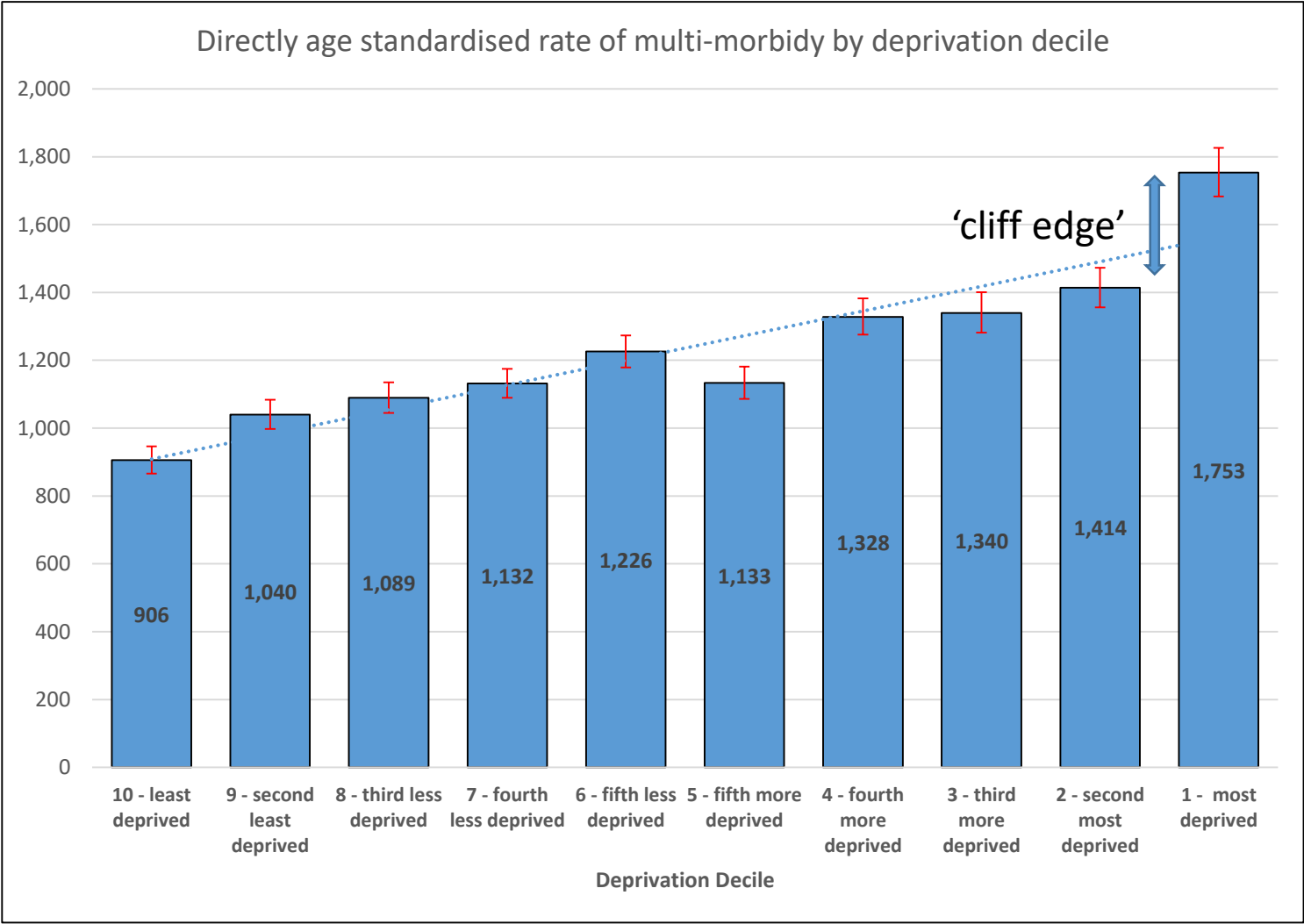
Causes of illness

More than 25% of York’s population have a long term health condition, and more than 1 in ten people live with multiple long term conditions.

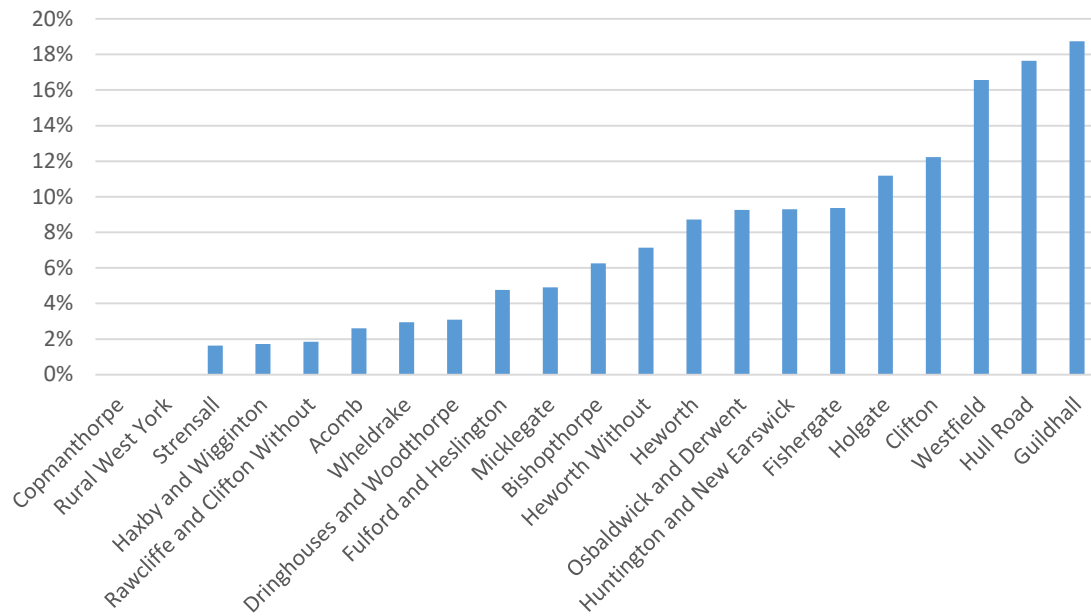
The most common conditions experience by people in York are depression, high blood pressure and diabetes. The latter two are the most common first conditions.

More that 2% of York’s population have co-occurring mental and physical health conditions, which often lead to poorer outcomes and sometimes poorer care.

There is a very strong deprivation-linked gradient in the rate of multiple long term conditions. Note especially the cliff edge again.



Percentage of smoking mothers at delivery (2021)

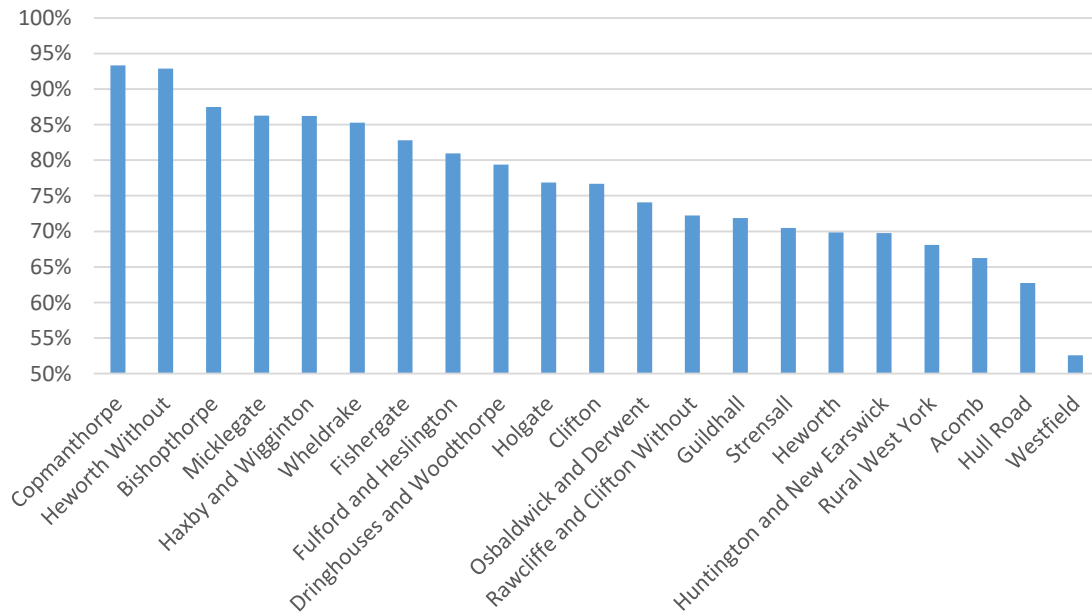


Early years risk factors

We see large differences between the health factors our youngest children are exposed too across wards in the city.

When looking at a risk factor such as smoking at the time of delivery, the city varies from wards where no mother giving birth last year smoked in pregnancy, to wards where nearly 1 in 5 mothers smoked.

Percentage of mothers breast feeding at delivery (2021)



When looking at a protective factor such as the proportion of mothers attempting breastfeeding at delivery, this varies from nearly all mothers to just over half between wards

Both of these indicators show a relationship with our more deprived wards consistently over a number of years, although it is not a perfect correlation and other factors as well as geography are involved.

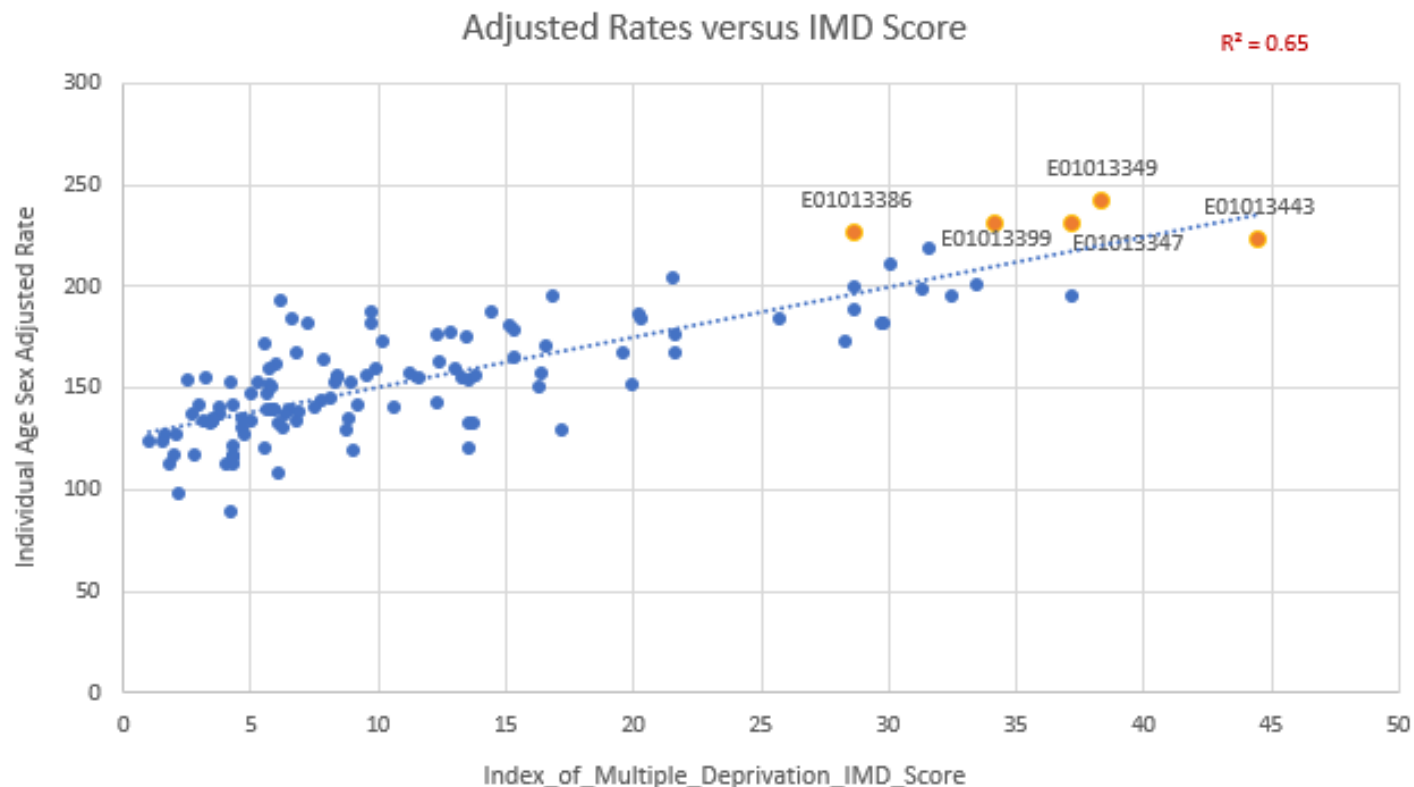
Accessing Healthcare

We see large inequalities in the way our population accesses healthcare.

When looking at attendance data at A+E for York residents, there is a very strong correlation between higher levels of deprivation and higher levels of attendance.

Out of the 10 small areas in York with the highest rates:

- 5 are in the top 20% most deprived (Deciles 1 and 2)
- 8 fall under the area classification of 'Hard-pressed communities'



The health of marginalised groups

There is strong evidence to show that the health inequalities experienced by certain communities (often referred to as inclusion health groups) are often large. In York, we know that this applies to:

- *ethnic minority communities*: the 2011 census showed that 5.7% of our population are from a Black or minority ethnic group (over 12,000 people), with the most common ethnic minority groups including our Chinese population, those who self-categorised as 'other white', and those from Indian and 'other Asian' backgrounds.
- *people experiencing homelessness*: the most recent data shows that an average of 47 households were in temporary accommodation 2020/21; 803 households were owed a duty under the homelessness reduction act
- *drug and alcohol dependence*: in 2020/21 there were 469 people in treatment for opiate dependence in York, 54 for non-opiate dependency, and 275 for alcohol dependence.
- *vulnerable migrants*: including those in the UK as asylum seekers and with refugee status, where numbers are hard to estimate but are likely to be increasing as the city works within its City of Sanctuary status to welcome recent arrivals from Syria, Afghanistan and Ukraine.
- *Gypsy, Roma and Traveller communities*: The York Gypsy, Roma and Traveller Strategy identifies that there are approximately 350 Gypsy and Traveller families living on traveller sites, houses and on the roadside.
- *sex workers*: where numbers in York are again hard to estimate, but clear evidence exists to show high levels of health need and issues accessing healthcare services, risks around exploitation, violence and trafficking.

In summary...

Health inequalities are present in our city and lead to large variance in the length and quality of life our residents experience.

They are probably getting worse.

They are mainly driven by preventable disease.

This preventable disease is caused by a web of complex social, behavioural and environmental factors, many of which are outside the locus of control of the individual and should therefore not be laid at their door.

Coronary Heart Disease is a social epidemic for which there are two sets of answers: either extremely clever but costly and socially inefficient surgical repairs, or mass changes in planned social housing, education and food economy to develop people as intelligent citizens rather than passive consumers, and to provide conditions in which intelligent collective choices could be made

Julian Tudor Hart, GP in the Welsh mining village of Glyncothwrg for 30 years and coiner of the term 'inverse care law'

Appendix

The following slides show:

- A summary of the York Joint Strategic Needs Assessment, which aims to identify:
 - Where York's health is good and where our strengths are
 - Where York's health needs to improve
 - The wider determinants of health
- A visual representation showing how inequalities between York's electoral wards can be seen across the life span

Demographics (York's 'population')

Our birth rate has fallen every year since 2009 and remains significantly below the England average 36.8 per 1000 in York vs 55.3 per 1000 in England in 2020. [1]

The 19-29 age group in York makes up 21.8% of the population, compared to 14.3% of UK population. [2]

Increase in 80+ population: 11,600 people in 2020, 12,800 in 2025, 15,300 in 2030, 16,100 in 2035 and 17,400 in 2040. Between 2020 and 2040 this is a 50% increase. [3]

Projections of the care needs of some adults over the age of 65 [4]

Population	2020	2040
Living with a learning disability	818	1059 (+29%)
Living with Dementia	2,927	4,291 (+47%)
Providing unpaid care	5,271	6,592 (+25%)
Needing care	11,380	15,207 (+34%)

Absolute need (York's 'big issues')

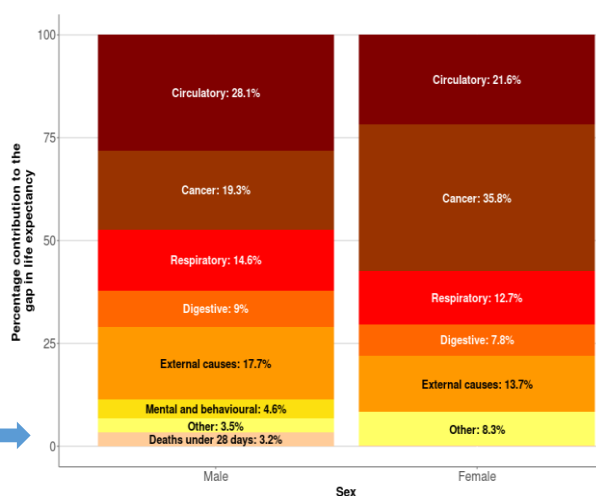
Smoking- The smoking prevalence in adults aged 18+ is 20,783 or 11.9% of York's population. Modelled estimates suggest that around 160, or 8.5% of teenagers at 15 years are either regular or occasional smokers. [5]

Obese/Overweight- Approximately 129,000 people, or 61.4% of adults are classified as either overweight or obese. 225 or 21.4% of reception-age children are classified as either overweight or obese. In Year 6, this increases to 245 children, or 33.8%. [6] [10]

Numbers with multiple long term conditions- 30,375 people, or 15.3%, report they are living with a long-term illness or disability, and 11.1% are on more than one disease register [7]

Leading causes of inequality in life expectancy [8]

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of York, by broad cause of death, 2015-17



Relative Need (York's 'red flags')

CYP mental health- 2.25% of school pupils have social, emotional and mental health needs. In under 18s, the rate of hospital admissions for mental health conditions is 109.3/100,000 [9]

Suicide and self harm- The suicide rate for all persons in York 13.3 per 100,000, and is 4 times higher in males. Emergency hospital admissions for intentional self harm was 172.4 per 100,000 with the highest rates seen in teenagers aged 15-19 years (757.7 per 100,000). [10]

Alcohol- Alcohol-related mortality in York is 35.1/100,000 or 69 people in 2020. 1315 people, or 683/100,000 were admitted to hospital for alcohol specific conditions in 2020/21. [11]

Diagnosis gap- there is a larger than expected gap in the number of people in York living with dementia (46% undiagnosed), diabetes (28%), and hypertension (40%) [12] [13]

Falls- Falls that result in emergency hospital admission can be seen in both elderly and child populations. In children 0-4 this rate was 139,7/100,000 over five years. The highest rate of admissions for falls are those 80+ years are 5,954/100,000 over two years. In people aged 65-79, this rate is 849/100,000. [14]

Cervical screening- 67.2% of females aged 25-49 years attended cervical screening in 2021. This increased to 74.7% of females aged 50-64. [15]

Emergency admissions due to accidents- A&E attendances for adults in accidents are 301.9/1000 and 585.6/1000 in children 0-4 years. [16]

Wider determinants ('causes of the causes')

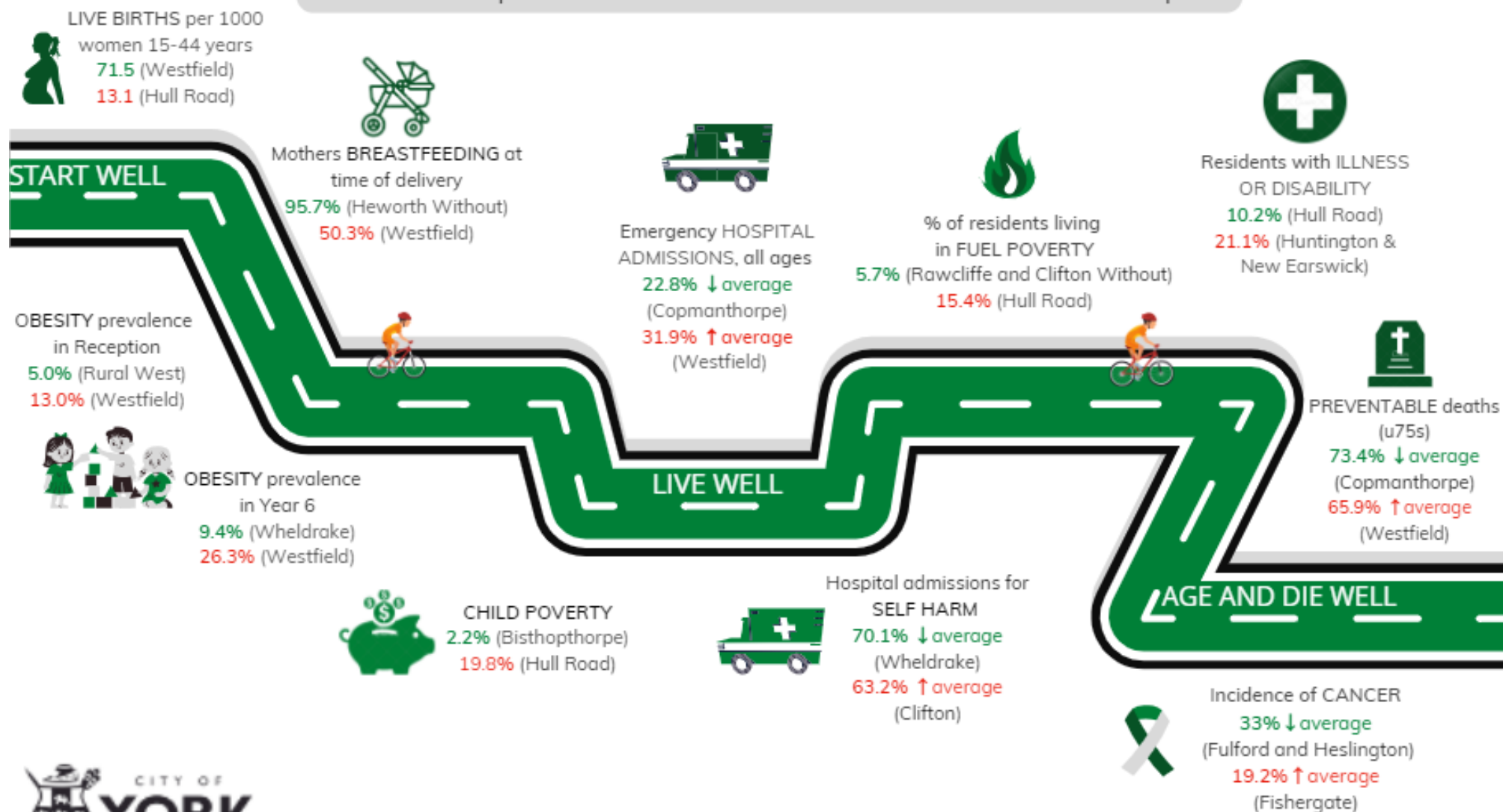
Air pollution- York has three air quality zones where the levels of nitrogen dioxide and particulate matter exceed the national air quality objectives. In York, this is largely caused by congestion and heavy traffic. [17]

Lower than average wages - £597.90 was the Median Gross Weekly pay in York in 2021 (vs £613.30 in England). Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). 13.0% of children are living in low income families and there are 8.9% of households in fuel poverty. [18]

Housing Affordability - Across York 66% of people own their own home, either outright or with a mortgage, 18% are private renters and 14% are social tenants. There are 7,400 Council Houses in York. Properties in York had an overall average price of £308,196 in 2021. [19]

York's (Cycle) Path to Health

Health inequalities between Wards across the life span



More information can be found on the York
[JSNA website](#)

Or contact peter.roderick@nhs.net

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Questions?

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Image by Luke Porter on Unsplash



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Questions?

Round table discussions - Thinking about the presentations....



By building on what you already do and by working with other VCSE organisations, what can you do to as an organisation to address health inequalities?

What is the idea/s? | Who would be involved?

What outcomes would be achieved? | Resource needed? Costs involved? | Can it be scaled up and down?

Feedback

Network updates

Social Prescribing and Close