Office for Health Improvement & Disparities

An overview of the approach to health equity in England

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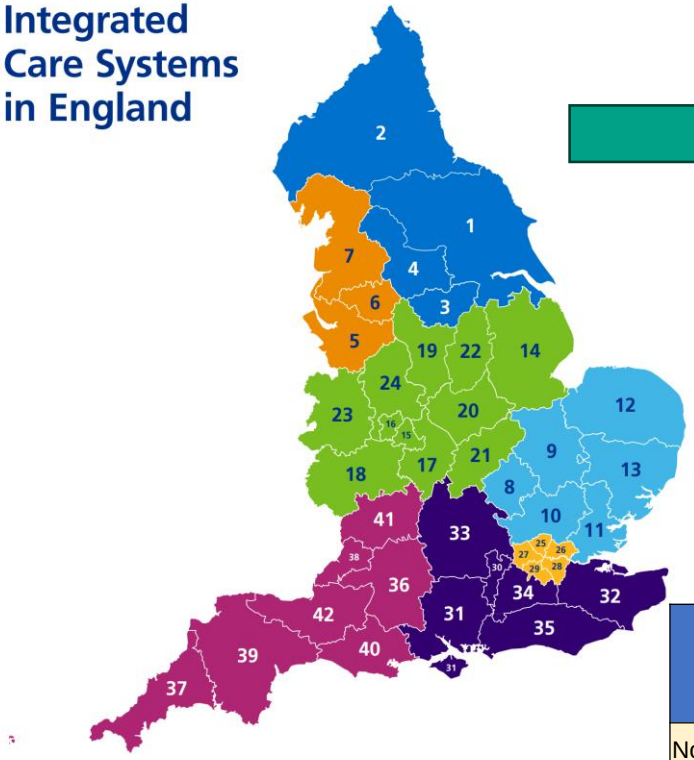
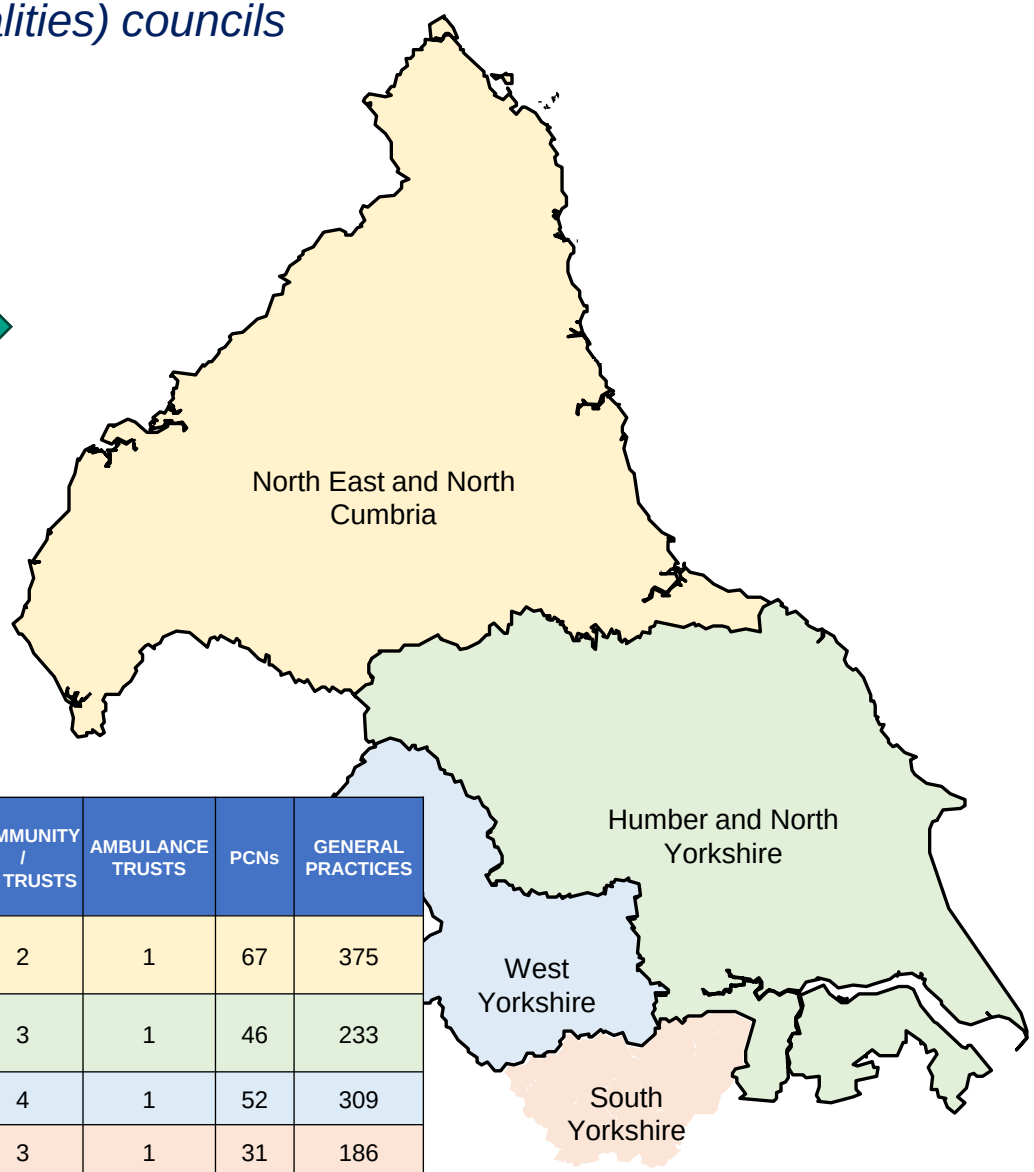
***Population (total)**: 58million*

***North East & Yorkshire (NE&Y)**– blue sections 1-4*

***Population (NE&H): 8.5 m, 33 NHS trusts, 22 acute trusts, 29 local government** (municipalities) councils*

Integrated Care Systems in England





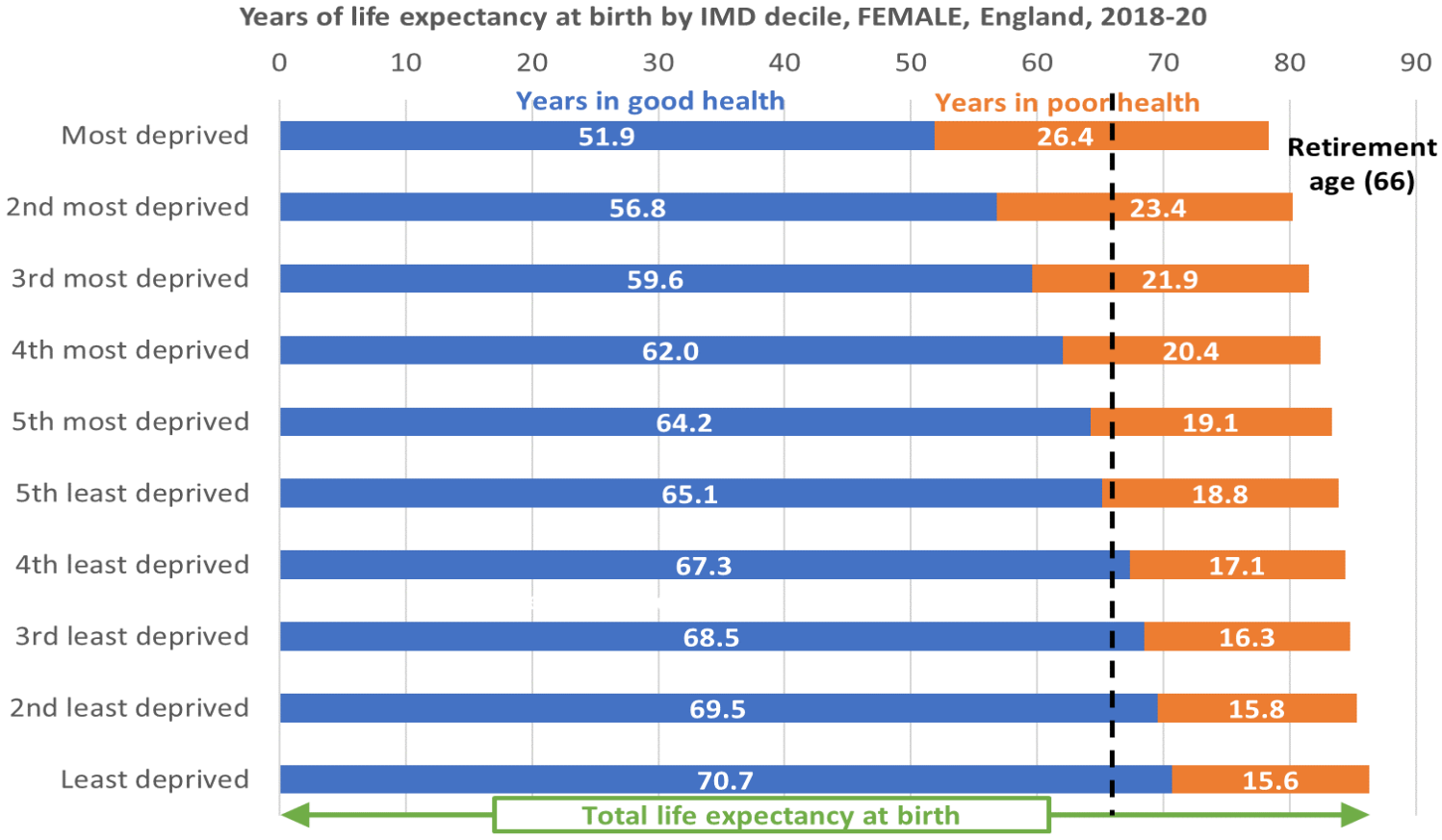
SYSTEM	POPULATION	LOCAL AUTHORITIES	NHS TRUSTS †	ACUTE TRUSTS	COMMUNITY / MH TRUSTS	AMBULANCE TRUSTS	PCNs	GENERAL PRACTICES
North East&North Cumbria	3,008,913	14	11	8	2	1	67	375
Humber&North Yorkshire	1,708,723	6	9	5	3	1	46	233
W. Yorkshire	2,402,573	6	10	5	4	1	52	309
S. Yorkshire	1,415,054	4	9	5	3	1	31	186
TOTAL	8,535,263	29	33	22	9	2	196	1103

Common challenges (Swiss/ England)

HLE inequalities correlate across deprivation deciles

The healthcare and public health system are under pressure, as a result of:

- **rising health costs;**
- **an increase in non-communicable diseases;**
- **shortages of qualified health and PH workforce**
- **social inequalities, unless they are mitigated;**
- **lack of transparency, e.g. concerning costs and service quality**
- **Late diagnosis (England)**



Data source: [Health state life expectancies by national deprivation deciles, England: 2018 to 2020 - Office for National Statistics (ons.gov.uk)]

What do we mean by health equity?

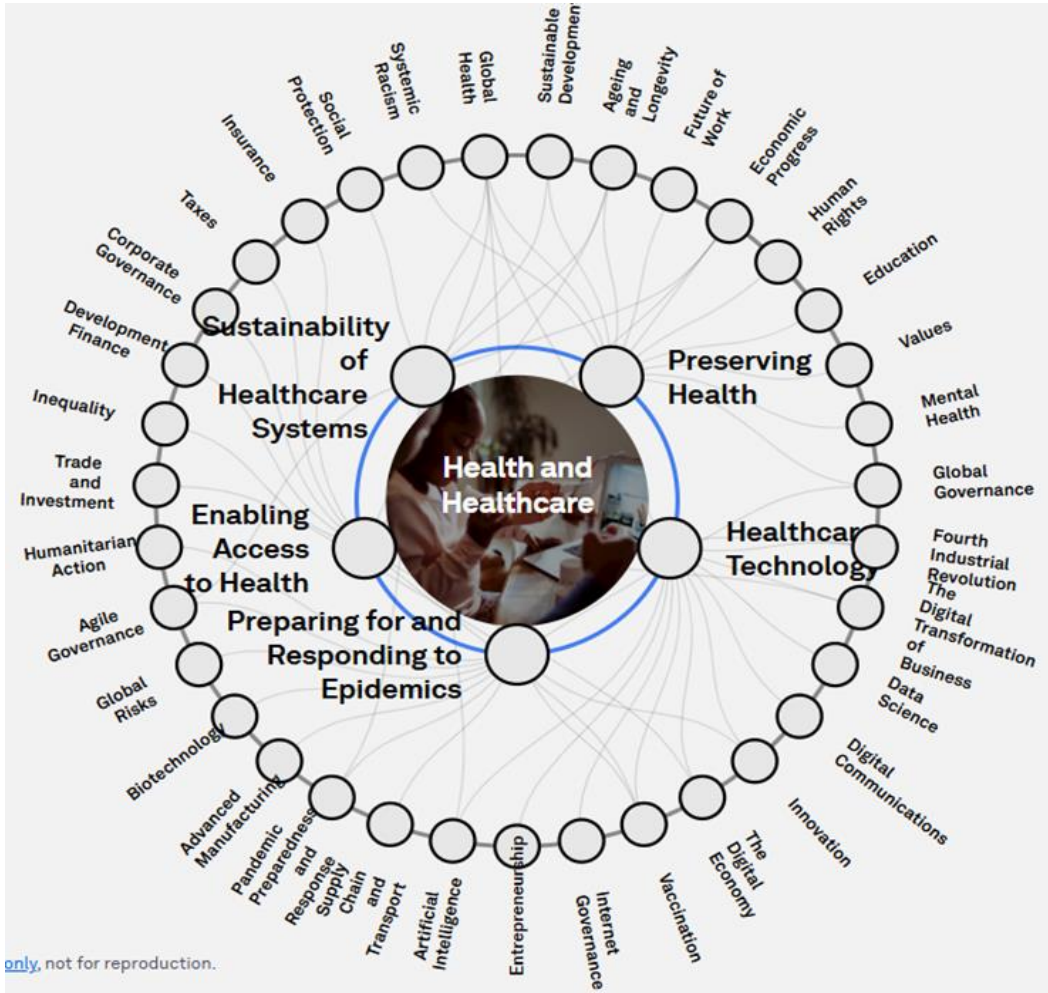
EQUITY recognises that **everyone** is not the same and provides the appropriate resources and opportunities to address inequality, e.g.

- **Equitable access** to health services
- **Outstanding experiences** of care
- **Optimal health outcome**

Up to 70% of individual health outcomes are due the non-medical drivers (social determinants of health) e.g. good employment, affordable housing and timely access to care, etc

To achieve health equity, we need to:

- Remove obstacles to health that impact marginalized group
- Elevate the strengths and assets that exist in communities
- Coordinate and act between public, private, and philanthropic institutions



Why act on health equity?

Reason to act	Examples of Metrics
Equity saves lives: *Equity improves outcomes for everyone, ensuring healthier lives*	Life expectancy, maximize years in good health and minimize years in poor health and chronic disease
Economic benefits: *Prevention and equity lower the strain on systems (health & social care)*	Hospital referral, admission and readmission rates. Management of key risk factors in the population, eg hypertension. Vaccination and screening rates, especially in the most at risk groups
Improved economic growth: *HE supports a stronger, more productive workforce*	Avoidable productivity losses: people not working due to long term physical or mental illness, or caring for others with illness or frailty.
Better care for All: *Act now to ensure quality care and avoid higher costs later*	Health inequity is resource intensive and directly leads to poor quality services

Economic case to improve Health Equity

Estimated annual cost due to HEALTH INEQUITY in England at 2024 values:

- £6.5 billion in **hospital** costs alone*
- £30 billion for all **health, social care and wider economy costs** in the poorest decile**
- £31 billion in health and social care costs plus £29 billion to the wider economy***

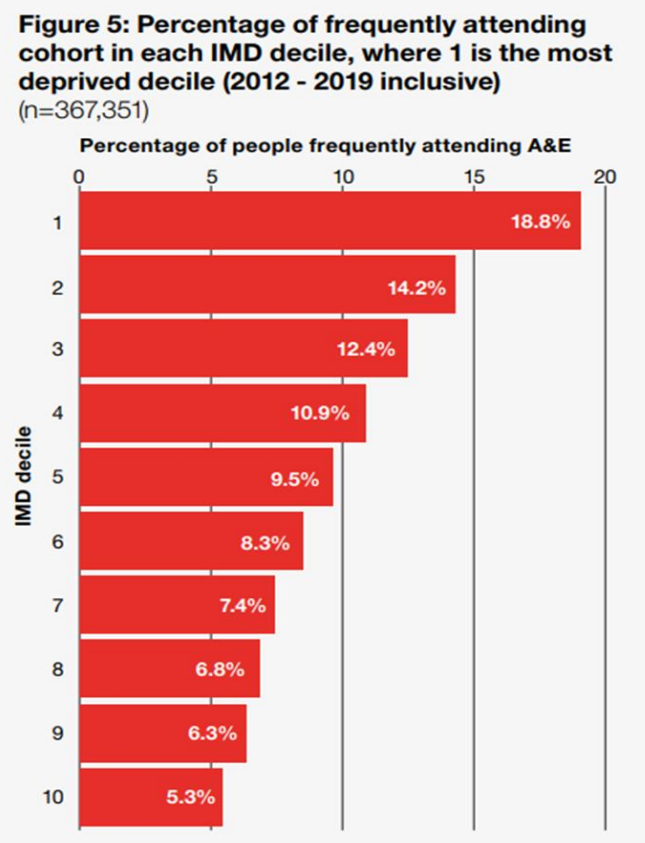
*NHS England (2018)

**Manchester University (2022)

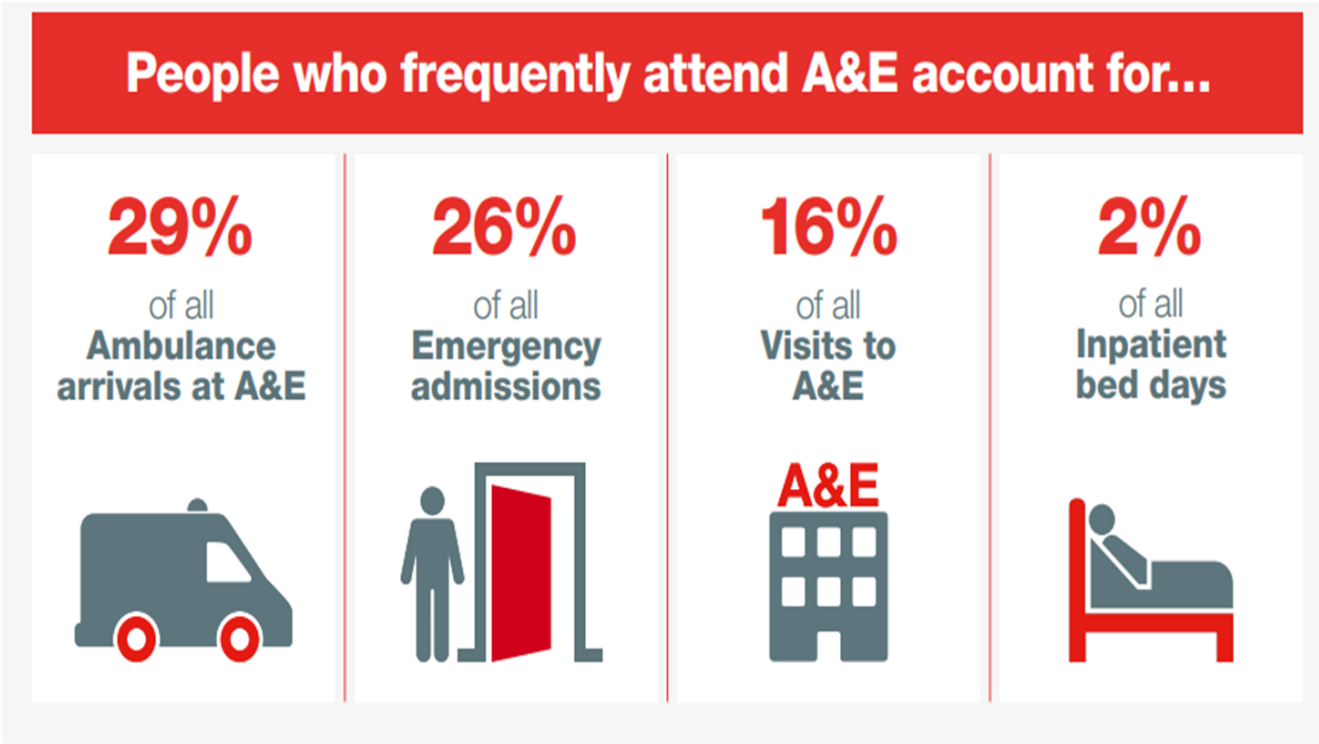
***UK Government (2022)

0.7% of the people in England are high intensity users of emergency hospital services (British Red Cross 2021)

Impacts on services for EVERYONE



High intensity users, 5 or more visits to A&E in a year, account for:



Improving Quality and Health Equity locally

The areas chosen to prioritise in North East and Yorkshire to improve health equity in 2024/2025

Area for improving health equity	Health equity measure	Frequency of reporting by range of health equity metrics
Cancer screening	Bowel screening uptake	Monthly
Maternity services	Pre-term births	Monthly
CVD management	Hypertension diagnosis and management	Monthly
Diabetes management	Access to 8 care processes	Annual
Management of patients with serious mental illness	Access to annual comprehensive health checks	Annual

Monitoring of vaccine uptake through multiple views of equity

- Ethnicity
- Age
- Immunosuppressed patients
- Housebound patients
- Care home residents
- People with learning disabilities
- People with severe mental illness

We collect reports on vaccine uptake weekly in the winter for flu and covid-19 vaccines. It highlights where to focus efforts to improve uptake, which protects people and hospital services. We do this for every Intergrated Care Board.

North East and Yorkshire

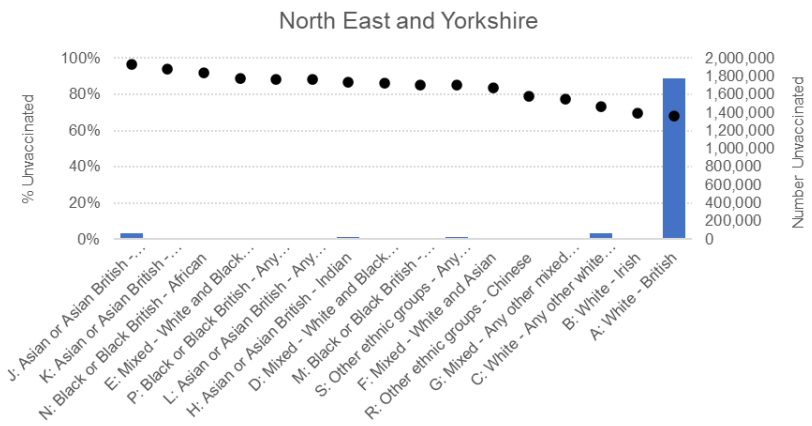
Autumn/Winter Covid & Flu Vaccination Campaign

Covid Vaccinations Inequalities

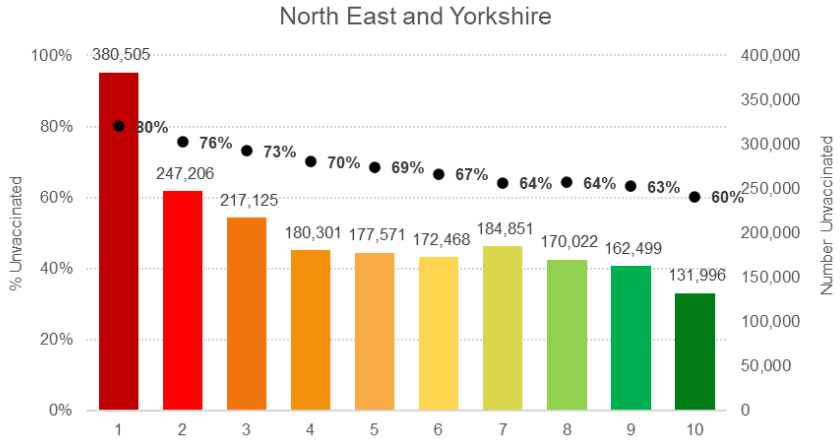
necs A care system support organisation

NHS England North East and Yorkshire

Ethnicity



Deprivation



Source: FDP

Age and Ethnicity

Ethnicity Group	05-11	12-15	16-17	18-29	30-39	40-49	50-54	55-59	60-64	65-69	70-74	75-79	80
A: White - British	99%	97%	98%	93%	90%	86%	82%	79%	75%	66%	58%	55%	57%
B: White - Irish	100%	100%	100%	93%	90%	89%	81%	80%	75%	67%	61%	59%	62%
C: White - Any other white background	98%	97%	98%	93%	92%	89%	85%	81%	78%	70%	61%	57%	59%
D: Mixed - White and Black Caribbean	100%	98%	98%	94%	93%	92%	86%	84%	81%	78%	70%	60%	79%
E: Mixed - White and Black African	100%	100%	100%	96%	93%	93%	92%	84%	85%	78%	75%	71%	72%
F: Mixed - White and Asian	95%	97%	97%	90%	90%	88%	90%	85%	83%	75%	70%	67%	63%
G: Mixed - Any other mixed background	95%	98%	97%	94%	92%	90%	85%	83%	79%	74%	64%	57%	58%
H: Asian or Asian British - Indian	100%	98%	94%	95%	93%	91%	91%	87%	88%	84%	83%	76%	77%
J: Asian or Asian British - Pakistani	100%	99%	99%	99%	98%	98%	98%	97%	96%	96%	95%	94%	94%
K: Asian or Asian British - Bangladeshi	100%	100%	100%	98%	97%	94%	95%	95%	92%	92%	89%	89%	88%
L: Asian or Asian British - Any other Asian background	100%	97%	100%	95%	92%	93%	90%	88%	86%	84%	81%	76%	78%
M: Black or Black British - Caribbean		100%	100%	95%	95%	94%	93%	90%	84%	83%	78%	74%	79%
N: Black or Black British - African	100%	98%	100%	96%	96%	95%	93%	90%	88%	84%	79%	75%	82%
P: Black or Black British - Any other Black background	95%	97%	100%	95%	96%	93%	92%	87%	83%	81%	78%	76%	76%
R: Other ethnic groups - Chinese	97%	100%	100%	94%	88%	86%	83%	79%	81%	74%	69%	67%	69%
S: Other ethnic groups - Any other ethnic group	99%	97%	97%	96%	93%	92%	91%	88%	86%	80%	70%	66%	65%

Age Band

The black dots on the charts show percentage **unvaccinated**, and the bars show absolute numbers **unvaccinated.**

The Ethnicity chart shows the highest % of those unvaccinated are from minority ethnic background. White British have the lowest % of those unvaccinated and the highest number of people unvaccinated.

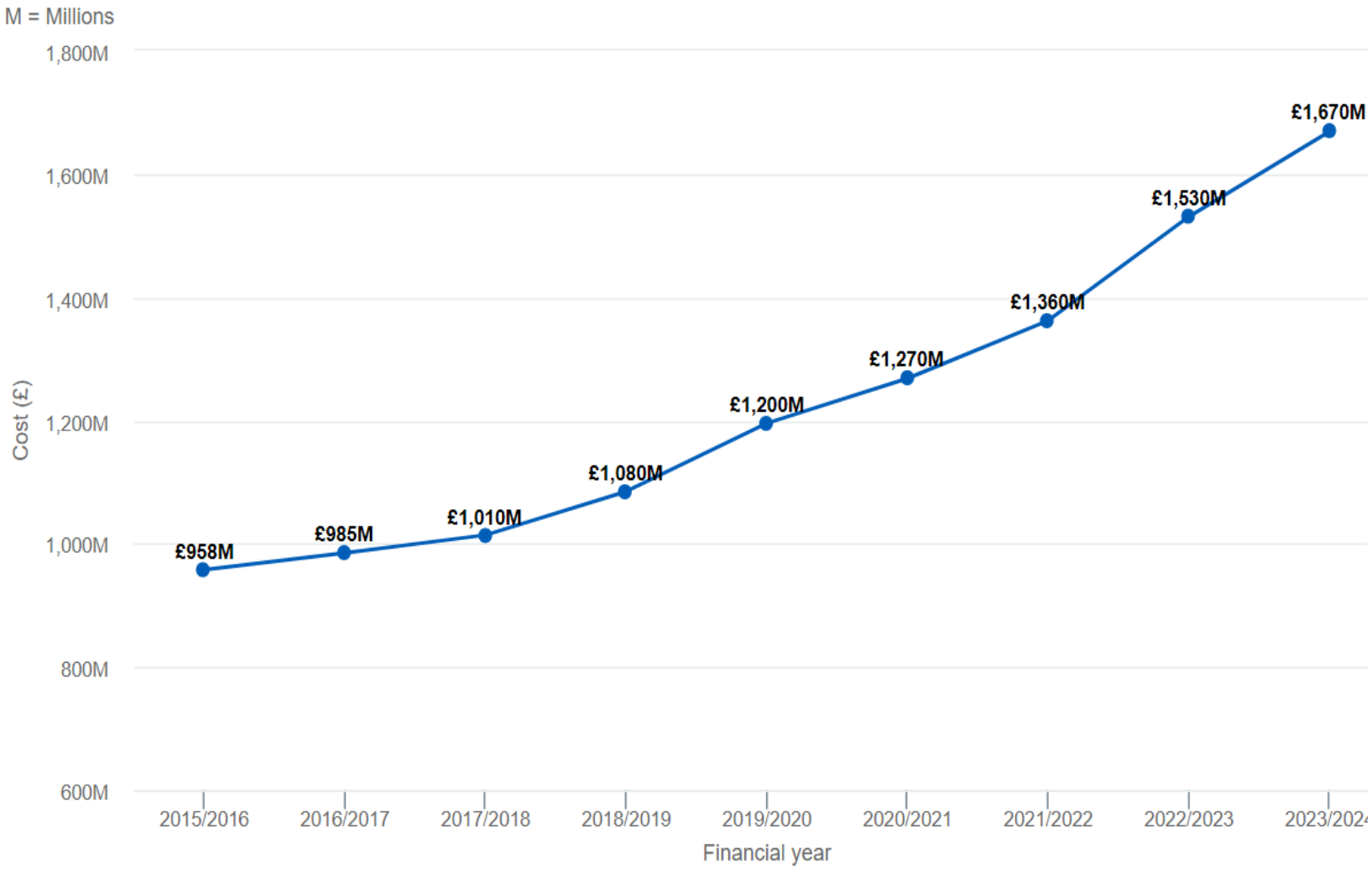
The Deprivation chart shows a decreasing % of those unvaccinated with reducing deprivation. The largest number of unvaccinated people are in the most deprived decile.

For the combination of age of ethnicity chart, note that many combinations will relate to small numbers of eligible people.

SO WHAT: community based targeted interventions

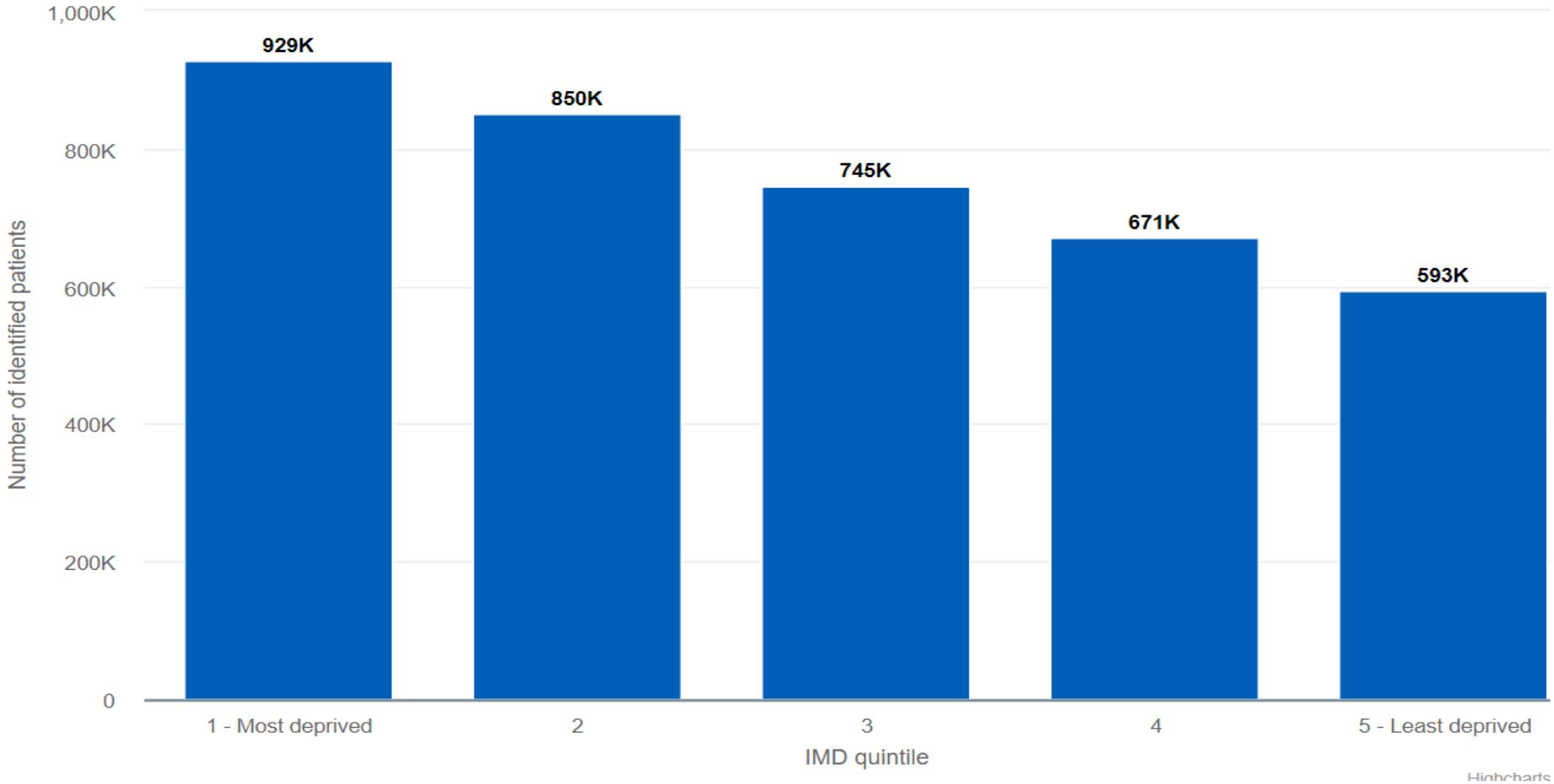
The importance of considering health equity in the management of diabetes

- **Prevalence of Type 2 diabetes rising, due to poor diet, lack of exercise and rising obesity levels**
- **Reflected in overall prescribing costs**
- **Reflected in rising hospital demand for emergency and elective admissions and hence costs.**
- **Reflected in increasing complications that are resource intensive**



Strong social gradient in patients prescribed medicines for diabetes in England 2023/24

(Source: NHS Business Service Authority)



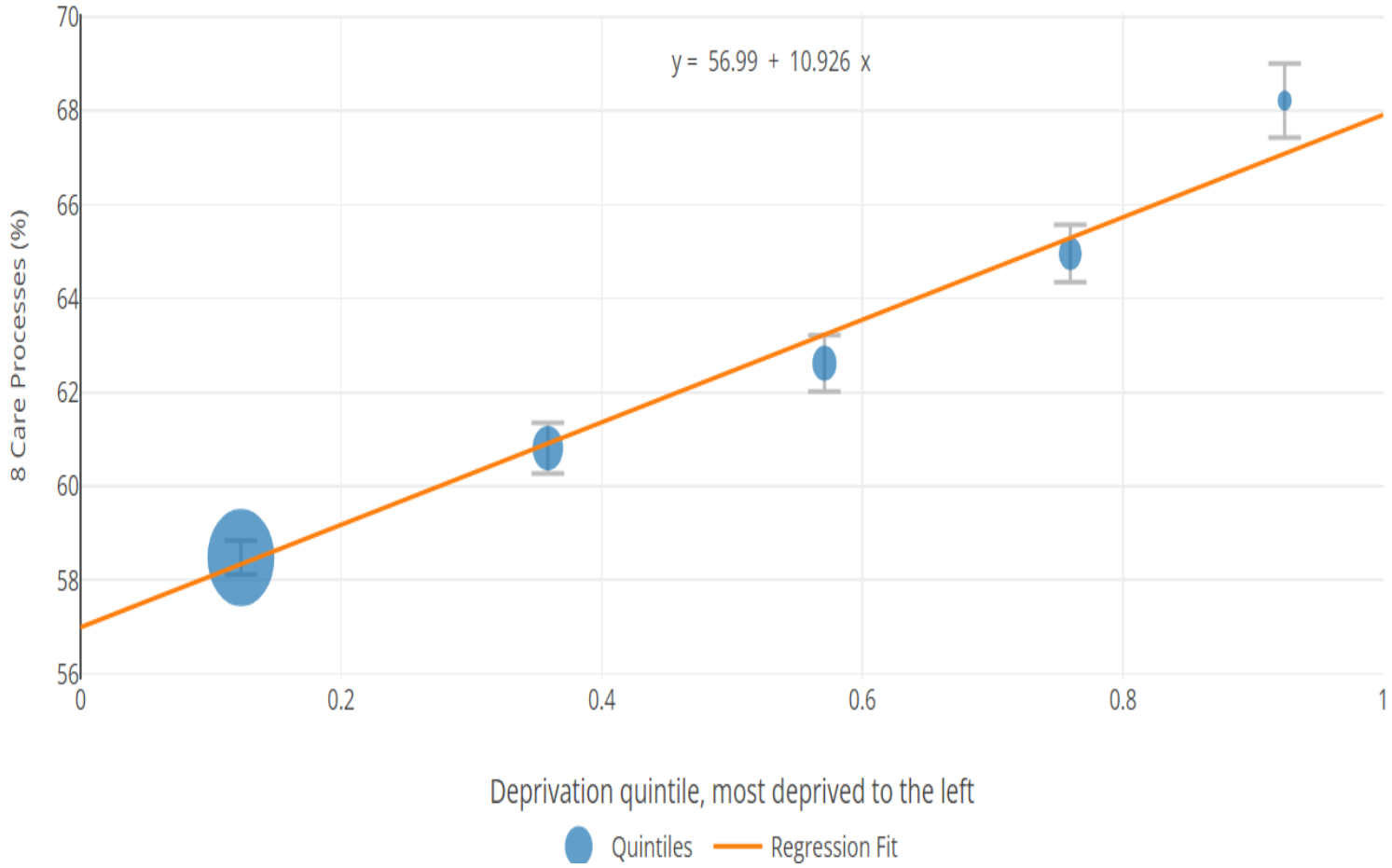
Patients receiving 8 care processes annually for diabetes management in West Yorkshire 2023/24

Gold standard is for patient to have all 8 assessments annually

The poorest quality care is in the highest risk group for complications

There are 72,000 patients in quintile 1

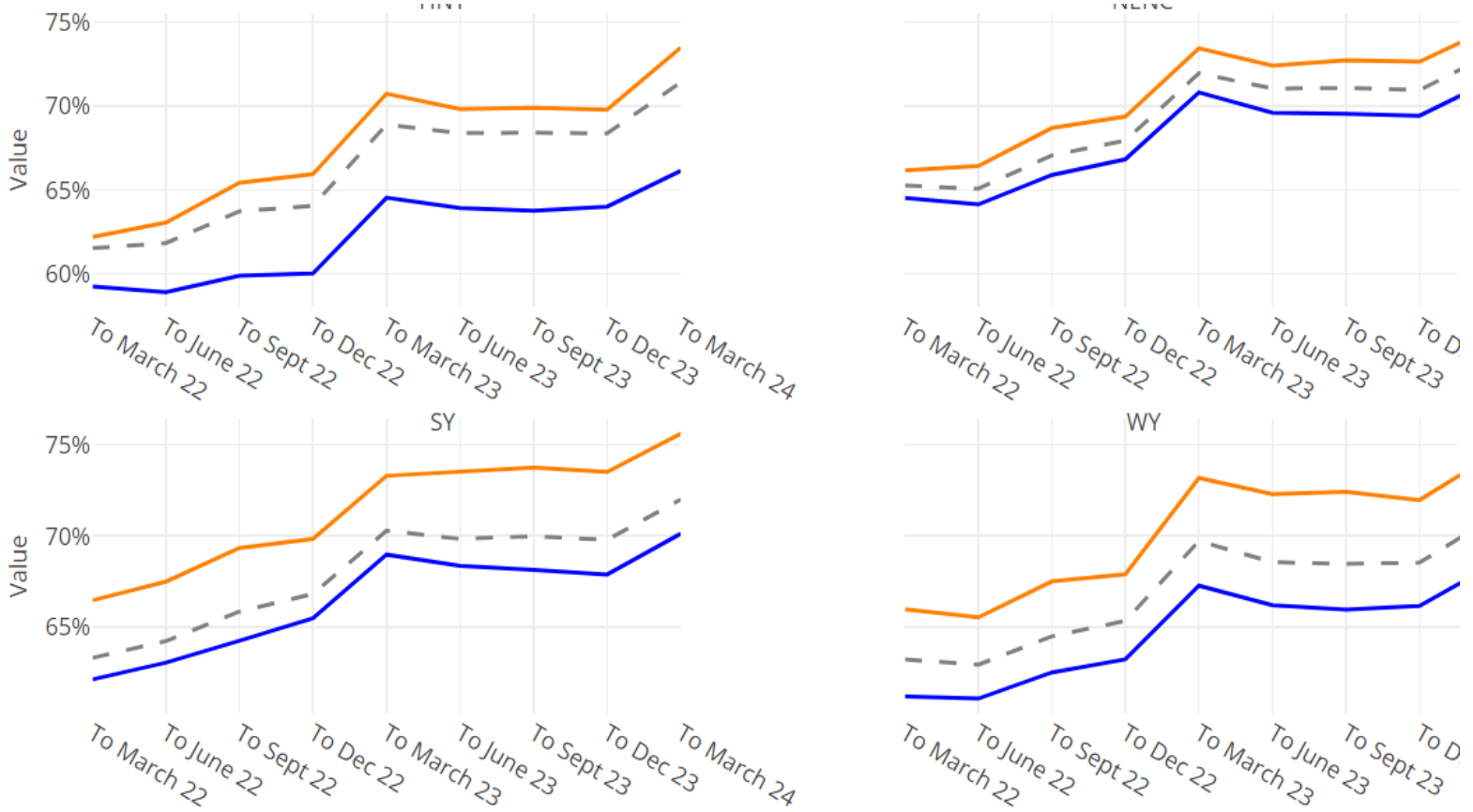
There are 14,000 patients in quintile 2



Management of hypertension is critical to reduce risk of CVD and in the management of diabetes. Charts showing % of patients treated to blood pressure target for North East and Yorkshire 2023/24 by lowest (blue) and highest (orange) quintiles

Note:

- **Post covid recovery**
- **Inequity increasing**
- **Information sharing**
- **Action plans to improve at local level**



How a systematic approach to equity will help deliver the objectives of Health2030 for Switzerland

- **Develop robust metrics to systematically track progress against the Health2030 goals, ensuring transparency and adaptability in response to emerging needs in inequity**
- **Strengthen targeted interventions for vulnerable/underserved groups, such as subsidized premiums for low-income households and culturally tailored health promotion initiatives to prevent admissions and use of HC services**
- **Cantons could develop their own priorities for improving health equity and hence reducing the cost of health inequity**
- **Use frameworks (e.g. WHO Health Promoting Hospitals (HPH) and Health Equity Assessment (HIA)) to identify opportunities to improve quality and health equity** (e.g. use HIA to ensure digital healthcare innovations and data access policies do not inadvertently exclude vulnerable populations)
- **Learn and share what works, and also what does not work, both internally (Cantons) and externally** (e.g. policy and practice learning from abroad)
- **Engage in bilateral knowledge-sharing with countries, facing similar challenges in areas such as rising demand, chronic disease management and digital health transformation**

Adapting the English National and Regional approach to Switzerland and the Canton structure

- **DATA:** Establish consistent recording of equity characteristics across all regions (Cantons)
- **PRIORITY AREAS:** Agree a small number of core disease areas to focus improving health equity on nationally
- **CHOICE:** Each region (Canton) choose their own priorities to focus improving health equity on according to their population needs
- **EVALUATE & BENCHMARK:** Measure progress across all regions (Cantons) and within regions (Cantons)
- **CELEBRATE:** Identify and celebrate successes and share across (Cantons) on a regular basis

Conclusions

- **Striving for health equity is an essential element of QUALITY healthcare services**
- **Health inequity is not a matter that only effects a tiny number of people**
- **There is social gradient in health equity for all societies and it matters for the whole population**
- **The greater the gradient, the poorer the quality for everyone and the greater the costs.**
- **There is political, professional, lobby groups, media and public pressure to act on health equity**
- **A systematic national approach, aligned with a systematic regional approach based upon agreed data, is an effective strategy and will enhance the delivery of Health2030**

Thank you for inviting us to the 3rd Swiss Health Equity Forum

For further information and examples contact

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