

# Tackling health inequalities in the City and Hackney

## Briefing note November 2020

### Context

Health inequalities are avoidable and unfair differences in health outcomes between groups of people or communities. Taking action to reduce health inequalities is a matter of social justice.

Health inequalities are defined according to a number of different, and inter-related, dimensions

- *protected characteristics*: age, disability, sex, gender reassignment, ethnicity/race, religion or belief, sexual orientation, marriage and civil partnership
- *social inequalities*: poverty, housing, education, unemployment, etc
- *geographical inequalities*: urban vs rural, local area deprivation, etc
- *vulnerability*: carers, rough sleepers, care leavers, people with no recourse to public funds, etc

Health inequalities are not new. It is well-documented that life expectancy follows a 'social gradient' – the more deprived the area, the shorter the average life expectancy. Nationally, this gradient has become steeper over the past 10 years; in other words, social inequalities in life expectancy have increased. These inequalities are also played out locally. Between 2003 and 2018, an estimated 4,000 premature deaths in City and Hackney residents were attributed to socioeconomic inequality.

Underpinning these stark figures are multiple, inter-related factors that combine to create poorer health outcomes for many vulnerable and disadvantaged people and families. For example, some chronic conditions are much more prevalent in ethnic minority communities, carers are more likely to experience a range of physical and mental health problems, and the average life expectancy of learning disabled people is 20 years shorter for women and 13 years for men. The average age of death of rough sleepers is even lower (44 years for men and 47 years for women).

### The impact of COVID-19

COVID-19 has had a profound effect in exacerbating pre-existing health inequalities. As we move into a 'second wave', and restrictions start to be reimposed, there is a significant risk that these inequalities will re-emerge or deepen. Action is needed now if we are to better understand and seek to minimise long-term future impacts.

The **direct** health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions (especially those with multiple conditions), care home residents and staff, those working in other public facing occupations, as well as individuals and families living in socially deprived circumstances.

Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.

The **indirect** health impacts of service reprioritisation, lockdown, social distancing and the longer-term economic consequences of the pandemic will continue to affect some of our

most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds.

There is emerging evidence that women have been more likely to be furloughed or lost their jobs following the lockdown. And the longer-term social and economic impacts on already disadvantaged children and young people are also expected to be significant.

## Taking action in the City and Hackney: a new Health Inequalities Steering Group

The breadth and depth of the impacts of COVID-19 emphasise the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. This includes (but is not limited to) more effective targeting and tailoring of existing services, support along with responses to COVID; strengths-based models of care that meet people's wider (social) needs; action to tackle race inequalities and systemic racism head on; and enhanced system capacity and capability to embed health equity in all policies and practice.

COVID-19 is acting as a catalyst for local action to tackle long-standing health inequalities, with a huge amount of work already underway across the City and Hackney to mitigate the inequalities impacts of the pandemic, as well as longer-term plans to improve the wider social and environmental influences on health. We are establishing a new steering group to provide a focal point for this work, to ensure our collective efforts have maximum impact and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership.

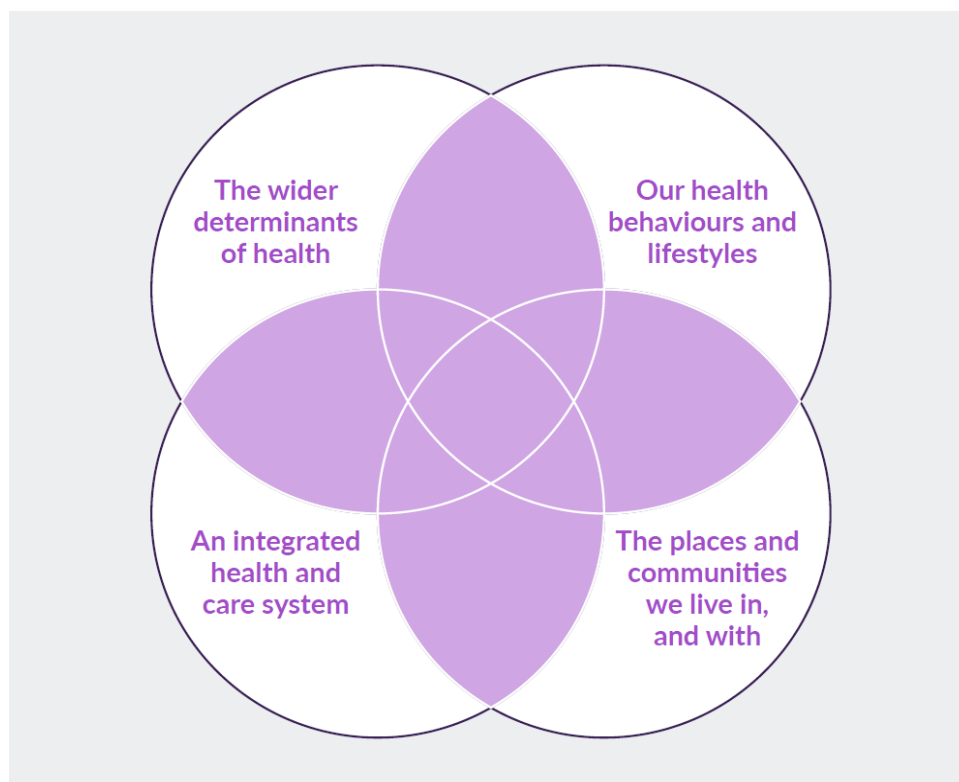
The role and purpose of the steering group will be to advise, prioritise, authorise, coordinate and mobilise local action as part of a system-wide health inequalities plan for the City and Hackney. It will ensure alignment of local action to reduce health inequalities with wider local authority strategies, Neighbourhood population health plans, North East London priorities and regional/national policies.

Membership of the steering group is drawn from across the two local authorities, the voluntary sector, NHS (CCG, Homerton, Barts Health, ELFT, Primary Care Networks) and both City and Hackney Healthwatch. It is chaired by Dr Sandra Husbands, Director of Public Health.

As system leaders, members of this strategic group will influence, collaborate and pool resources to embed actions to tackle health inequalities in their own organisations, wider strategies and practice.

## Working in partnership

The work of the steering group will be guided by the same [population health framework](#) recently adopted by both City and Hackney Health Wellbeing Boards and the City & Hackney Integrated Care Board (ICB).



Source: The King's Fund

This framework emphasises the need for action across all four 'pillars' of a population health system to effectively tackle health inequalities. The greatest opportunities for impact lie in the areas of overlap and intersection of the four pillars, through coordinated system-wide action. Steering group membership is designed to ensure representation across all four pillars.

It is intended that the steering group will report into and support both Health and Wellbeing Boards, and the ICB. It will provide expert advice and input to the development of the two new Health and Wellbeing strategies, as well as a population health delivery plan for City and Hackney's integrated care partnership.

The steering group will work closely with, and provide support to, other delivery and strategic groups with the relevant expertise and levers to define and deliver our shared plans.

Finally, and importantly, the steering group is committed to working in partnership with residents to shape our local plans to reduce health inequalities across the City and Hackney.

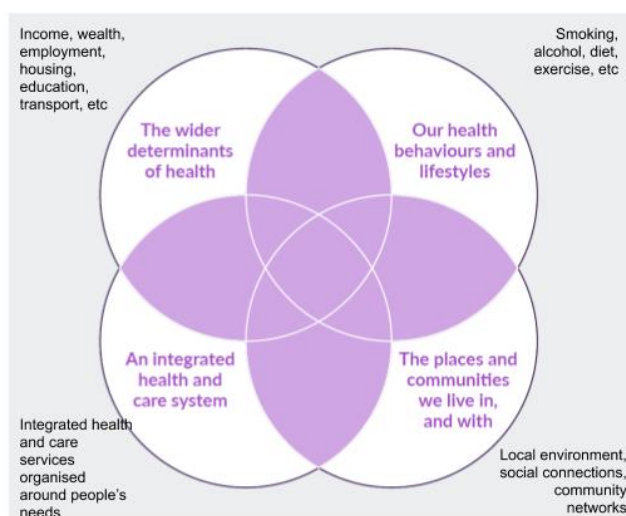
## APPENDIX A: Steering Group initial membership

	Position and organisation	Role/population health system pillar representing
Sandra Husbands	Director of Public Health, LB Hackney and City of London Corporation	CHAIR, Public Health leadership of population health agenda
Malcolm Alexander	Chair, Hackney Healthwatch	Places and communities pillar
Angela Bartley	Consultant in Population Health, ELFT	Integrated health and care system pillar

Ian Basnett	Director of Public Health, Barts Health	Integrated health and care system pillar
Gail Beer	Chair, City of London Healthwatch	Places and communities pillar
Nick Brewer/Jenny Darkwah (shared)	PCN Clinical Directors	Integrated health and care system pillar
Jane Caldwell	CEO, Age UK East London	Places and communities pillar
Jake Ferguson	CEO, Hackney CVS	Places and communities pillar
Anna Garner	Head of Performance & Integrated Commissioning Alignment, City & Hackney CCG	Integrated health and care pillar
Claire Hogg	Director of Strategic Implementation & Partnerships, Homerton Hospital	Integrated health and care pillar
Sonia Khan	Head of Policy & Strategic Delivery, LB Hackney	Wider determinants & places/communities pillar
David Maher	Managing Director, City & Hackney CCG	Integrated health and care pillar
Kate Smith	Head of Strategy & Performance, City of London Corporation	Wider determinants pillar
Jayne Taylor	Consultant in Public Health, LB Hackney and City of London Corporation	Operational lead (PH health inequalities portfolio lead)
<b>Resident representation - TBC</b>		<b>Places and communities pillar</b>

## APPENDIX B: KING'S FUND POPULATION FRAMEWORK

### Using the King's Fund Population Health Framework to guide our actions



Action to tackle health inequalities is required across all four 'pillars' of a population health system.

The greatest opportunities for impact lie in the areas of overlap and intersection (the 'rose petals').

Where (else) can we effectively take action as a partnership to maximise opportunities for **coordination** and **collaboration** within the 'rose'?