Joint Strategic Needs Assessment (JSNA) – Socio-economic inequality

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Author/s: Jon Poole, Research & Intelligence Manager, Helen Tapson, Public Health Intelligence Analyst

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Background

• JSNA is...
  – the big picture in terms of understanding local lives, local communities and local services

• Request from July panel to be an ongoing agenda item – Focus on Social Inequalities:
  – What the data says (rates and trends)
  – What the community says
www.bathnes.gov.uk/jsna

- Population
- Mortality and life expectancy
- Disability and Long Term Conditions (LTCs)
- Mental Health
- Service Use & Quality
- Safeguarding
- Carers
- Health Improvement and Protection
- Health Determinants
- Social Determinants
- Natural Environment
What are socio-economic inequalities

• Differences in health and social outcomes based on different characteristics
  – A report on age, sex, ethnicity etc. is on the web-site.
  – Focussing on “socio-economic” inequalities, but these do not exist in isolation

• Marmot review - 2010
  – *There is a social gradient to health, the lower a person’s income, the worse his or her health*
  – *Action taken to reduce health inequalities will benefit society in many ways*
The Local Picture

• We use a comparative measure called the Indices of Multiple Deprivation to measure inequalities.
  – Overall, Bath and North East Somerset is one of the least deprived authorities in the country, ranking 49 out of 56 Unitary authorities.
• But despite this, there is still a strong “social gradient” to health
• This relates to likelihood and probability not certainty
• There is a strong geographical element to these inequalities.
• Will often talk about the differences between the top & bottom 20%
• Compared to those in the blue areas, those in the yellow areas are more likely to experience some of the following outcomes over the course of their life...
# Life Course

<table>
<thead>
<tr>
<th>Prebirth</th>
<th>Pre-school</th>
<th>At School</th>
<th>Young Adults</th>
<th>In Employment</th>
<th>Retirement</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low birth weight</td>
<td>• Poor school readiness, Safeguarding</td>
<td>• Antisocial behavior</td>
<td>• NEET</td>
<td>• Depression</td>
<td>• fuel poverty, State nursing home, multiple comorbid health conditions, COPD, Dementia (at a younger age)</td>
<td></td>
</tr>
<tr>
<td>• Parental smoking</td>
<td></td>
<td>• Smoking, drinking, drug abuse</td>
<td>• Hospital admission for self-harm</td>
<td>• Out of work benefits</td>
<td>• unstable low paid jobs, Suicide, High blood pressure, Cancer</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Obesity</td>
<td>• Criminal activity</td>
<td></td>
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<tr>
<td></td>
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<td>• Teenage pregnancy</td>
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</tbody>
</table>

• Early Death
Some examples…

Hospital admissions for Self-Harm

<table>
<thead>
<tr>
<th>Deprivation Level</th>
<th>No. of Self Harm Admissions per 100,000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Least Deprived</td>
<td>200</td>
</tr>
<tr>
<td>2</td>
<td>300</td>
</tr>
<tr>
<td>3</td>
<td>400</td>
</tr>
<tr>
<td>4</td>
<td>500</td>
</tr>
<tr>
<td>5 - Most Deprived</td>
<td>600</td>
</tr>
</tbody>
</table>

Alcohol specific hospital admissions

<table>
<thead>
<tr>
<th>Deprivation Level</th>
<th>Alcohol Admissions per 100,000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Least Deprived</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5 - Most Deprived</td>
<td>3</td>
</tr>
</tbody>
</table>
Life expectancy

- In London, travelling east on the Jubilee line between Westminster and Canning Town marks nearly a year of shortened lifespan

- No tubes in B&NES, but
  - 20a/c bus route broadly circles the south and west of the city.
Life expectancy for men based on the area surrounding the bus stops...
In 5 stops, 7 years of shortened lifespan
Community Voice

• The ability of a community to do things for itself is strongly linked to social inequality:

• A study in one small area of B&NES:
  – Residents want to be more involved in their local area, but do not feel they have a say at the moment
  – Perceptions can vary on a street-by-street basis.
What is being done?

• The Marmot review concluded that reducing health inequalities would require action on six policy objectives:
  – Give every child the best start in life
  – Enable all children, young people and adults to maximise their capabilities and have control over their lives
  – Create fair employment and good work for all
  – Ensure healthy standard of living for all
  – Create and develop healthy and sustainable places and communities
  – Strengthen the role and impact of ill-health prevention.

• Reducing health inequalities is an emerging priority of the Health & Wellbeing Board.
Recommendations

– Note the findings of the report

– Consider the impact of inequalities on the ongoing work of the panel.