

Reducing Health Inequalities: Tackling Poverty and Deprivation in Gloucestershire

Living our values every day



Accountable



Integrity



Empower



Respect



Excellence



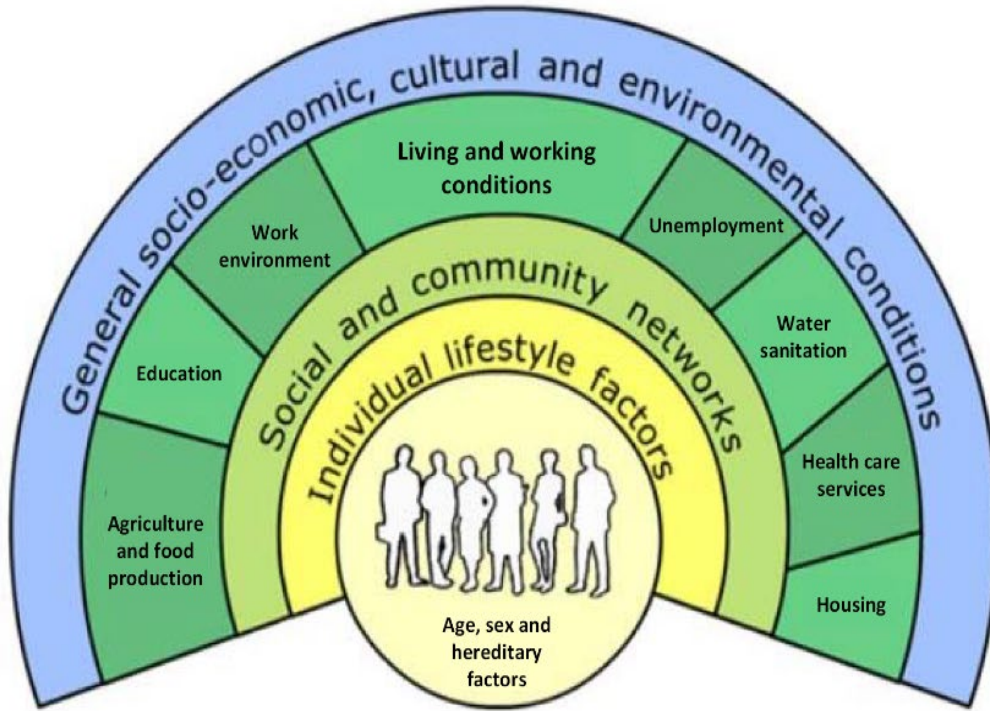
Defining health inequalities



Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

They are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

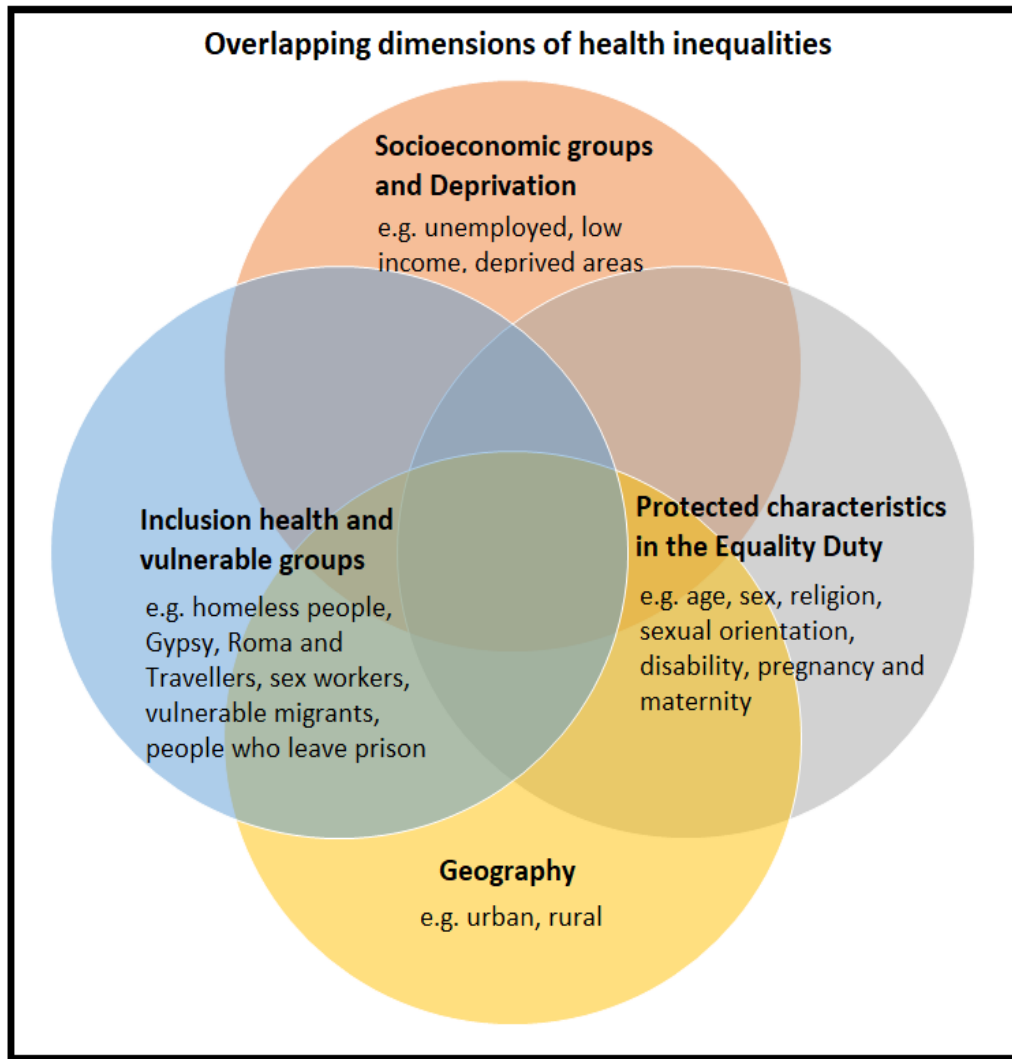
What influences our health?



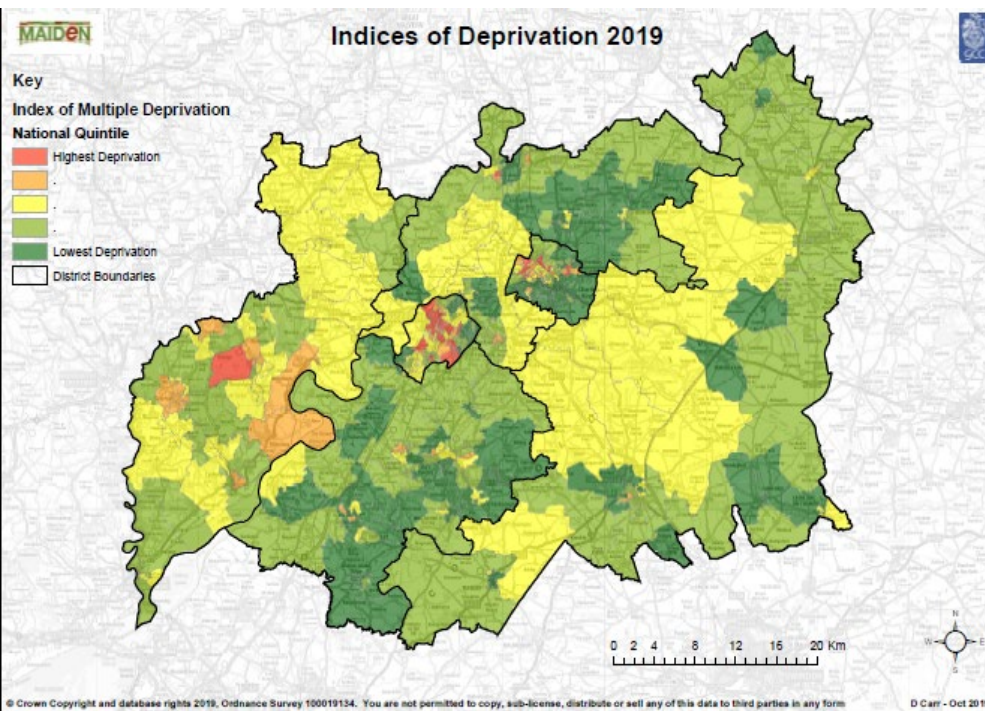
The rainbow model maps the relationship between the individual, their environment and health.

Dahlgren and Whitehead framework (1991)

Who experiences health inequalities?



Why are health inequalities important in the Gloucestershire system?



A boy born today in the least deprived area in Gloucestershire can expect to live on average 8.7 years longer than a boy born in the most deprived area in Gloucestershire, and a girl 6.5 years longer.

The unemployment rate in the most deprived decile is 6 times higher than in the least deprived decile.

“The more equal and engaged people feel, the better a citizen they feel empowered to be”

“There is good evidence that reducing inequalities in health is good for everyone socially, economically and in terms of overall health and wellbeing”

Relevant strategies

Building Back Better in Gloucestershire

2022-2026

Event Summary Report

Levelling up together

Conference • Thursday 19 May 2022

gloucestershire.gov.uk

Gloucestershire
COUNCIL

REDUCING HEALTHCARE INEQUALITIES

NHS

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

20%

Target population

CORE20 PLUS5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



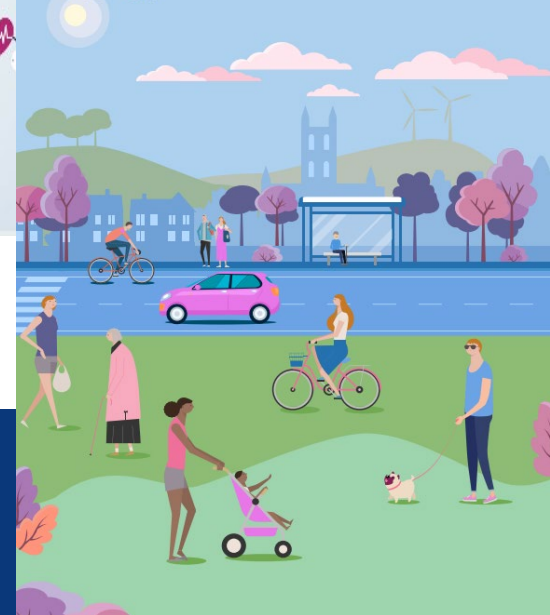
3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



Gloucestershire Joint Health and Wellbeing Strategy
Summary Version
2019 - 2030



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Programmes of work focusing on health inequalities in Gloucestershire



“The single most important intervention is to understand that there is no single most important intervention”

Harry Rutter, London School of Hygiene and Tropical Medicine

