

ADULT SOCIAL CARE & HEALTH SCRUTINY REVIEW PANEL

Understanding Inequalities in Health Outcomes across Stockport

Report of the Director of Public Health

Recommendations:

1. Discuss and agree the scope of the review, including potential areas for focus, and preferred approach.
 - a. Objectives
 - b. Area of focus - any particular disability, ethnic minority cohorts?
 - c. Approach - Review of research, local data, interviews with providers/officers, people with lived experience?
2. Consider and agree the forward plan for the review meetings, and timetable for the review.

Possible objectives of the review:

1. Understand the inequalities in health outcomes for the agreed cohorts of people, when also affected by deprivation.
2. Understand the lived experience of people affected by deprivation and disability / ethnic minority status.
3. Ascertain whether local systems are equipped to improve the inequalities affecting these cohorts, including in health outcomes.

Scrutiny Review Panel:

Chair: Cllr Wendy Wild

Members: Cllrs Geoff Abell and Karl Wardlaw

Lead Officers: Judith Strobl (07815 653975) judith.strobl@stockport.gov.uk,
Heather Knowles heather.knowles@stockport.gov.uk

1. Purpose of the Scrutiny Review

Inequalities in health outcomes, such as life expectancy and healthy life expectancy, in Stockport are stark, particularly in terms of deprivation. Some protected

characteristic groups are at higher risk of poor health outcomes which may be exacerbated if they are also living in poverty.

This review is intended to support the Council and health partners in their work to reduce inequalities in health outcomes within the Stockport population, by shedding light on two protected characteristics groups - those living with a disability, and those from Bangladeshi, Pakistani and Black African minority groups – who are also more likely to be affected by poverty.

The review wants to develop a local understanding of what more is needed to ensure that the health outcomes of those cohorts improve at pace, to narrow existing inequalities. The review intends to build on the recent Public Health Annual Report recommendations and support system partners in their response to them by providing deeper insights into the experience and outcomes of identified cohorts at greater risk of poorer health outcomes.

2. Background to the selection of the topic

At the meeting of Adult Social Care and Health Scrutiny Committee on 13 June 2024, Members of the Committee were asked to suggest scrutiny review topics for inclusion in the 2024/2025 scrutiny work programme. Following discussions during the Scrutiny Committee on 5 September 2024, it was determined that a review will focus on 'Understanding the Inequalities of Health Outcomes across the Borough'.

This Review will build on findings and recommendations from the 2023 Public Health Annual Report. These recommendations target the wider determinants of health, as well as health and care services. The Review could therefore be mindful of how it can support system partners in implementing the recommendations of the Annual Report. It is also acknowledged that the breadth of the topic and short timescale for the review would provide an opportunity for a deep dive into a topic which officers consider most useful to explore.

Prompted by the Director of Public Health, a more recent briefing meeting (23 August 2024) between officers and the Review Panel Chair considered that some groups may be affected by protected characteristics as well as deprivation (and potentially other factors), with interacting and potentially exacerbating consequences on health outcomes and inequalities. Subsequently, two cohorts were identified for further consideration: people living with disabilities, and Bangladeshi, Pakistani, and Black African communities.

3. Potential scope of the review:

To understand the experience and outcomes of particular cohorts of people at risk, it is helpful to consider that social inequalities with consequences for health outcomes arise at a number of points in someone's life, starting with their socio-economic status, their early development, education, risk factors to illness, experience of illness (and care), and consequences of illness. Each of these can be experienced

differently by different people, is to some extent subject to a person's social context, and is potentially amenable to policy intervention.

The Review could take the approach of examining – for both cohorts:

- What is known about the challenges and risks to health experienced by these groups generally, and about effective policy interventions at different points in their lives? [research review]
- What local data exists to describe the risks/outcomes of local people within these cohorts? [intelligence]
- How do local people from these cohorts experience support or barriers at different points in their lives? [lived experience]
- How do local services respond to the challenges and risks faced by these cohorts? [officer/provider interviews]

Two potential cohorts:

a) Bangladeshi, Pakistani, and Black African communities

The number of people identifying themselves as being from a Black, Asian or other minority ethnic group in Stockport increased by 65% between 2011 and 2021 to 37,240 people. People who describe themselves as Asian / Asian British Pakistani are the largest ethnic minority group in Stockport (3.7% of the population), followed by other white (2.5%) and Asian / Asian British Indian (2.5%).

There are some indications that certain ethnic minority populations in Stockport have different experiences of preventive offers: some are less likely to access cancer screening and the uptake of certain vaccines for certain populations is lower than those in the White British population. People from ethnic minority communities in Stockport are also more likely to develop long term conditions than people from White British communities such as diabetes where the rates are highest in the Asian / Asian British Bangladeshi and Asian / Asian British Pakistani groups.

People from Bangladeshi, Pakistani and Black African households are also the ethnic groups most likely to experience poverty nationally, although the links between ethnicity and deprivation in Stockport are less clear for the Asian / Asian British population. Given what we know about the interconnectivity between poverty and health inequalities and the fact that Stockport's communities are becoming increasingly diverse, this Review could focus on Bangladeshi, Pakistani and Black African communities when considering inequalities in health outcomes.

b) Disability

According to the Equality Act 2010, disability means having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on one's ability to do normal daily activities. This could include a wide range of conditions and people/cohorts. Data on people living with disabilities is therefore difficult to define and data availability is also mostly poor. We may consider people with physical disabilities, different limiting long-term health conditions (mental or physical illness),

learning disabilities, some (but by no means all) children with special educational needs, people with serious sensory impairments or neurodevelopmental conditions, when reviewing data for people with disabilities. Any of these could be the focus of the review, although in most cases data will be very limited. National evidence shows that both those with learning disability and those with serious mental illness have life expectancies significantly below the average.

In Stockport, the 2021 Census showed the overall population of people disabled under the Equality Act is 53,493 (15.4% of the population). 22,709 of these people find their day-to-day activities are limited a lot by their disability.

In Stockport people with disabilities are more likely to live in more deprived areas. For example, the numbers of people registered with a learning disability are highest in the most deprived areas of Stockport, and the rates of people with SMI in Stockport's most deprived areas is three times higher than the least deprived areas.

The prevalence of multi-morbidity is around double for people with severe mental illness (SMI), compared to others. People registered with a learning disability are also more likely to have co-morbid conditions than those without a learning disability. Children with special educational needs and disabilities (SEND) have lower academic attainment than those without SEND, which may limit their future life changes and outcomes.

4. Approach to the review:

This Review could include findings from relevant evidence/research elsewhere, local data where available, interviews with providers/officers, and importantly also the perspective of people with lived experience, to identify local challenges and potential solutions. The table below shows some of the key organisations that might be asked to contribute to the Review.

Perspective	Organisation/department
Health care	NHS primary care, secondary care providers, GMICB Stockport locality team
Social care	Adult Social Care, Stockport Family, care providers
Lived experience	Stockport Race Equality Partnership
Lived experience	Ability Rights Network, Mental Health VCSFE Network
Early Life	Stockport Family
Education	Education, Schools
Workplace	Economy and Skills, key local employers
Housing	Strategic housing, Stockport Homes Group
Neighbourhoods	Neighbourhood and Prevention programme lead(s)
Local data	Public Health, Business Intelligence, providers
Research evidence	Public Health

Potential plan for meetings/timescale:

Stage	Key activity	Relevant meetings
Scoping	Topic agreed by Scrutiny Review Panel	5 th September 2024
Scoping	First meeting <ul style="list-style-type: none">• Agree scope of plan for Review• Identify potential questions and respondents to be invited to future review meetings	9 th October 2024
Evidence gathering	Panel review meeting: <ul style="list-style-type: none">• Lived experience of agreed focus cohorts• How are people in focus cohorts supported during:<ul style="list-style-type: none">○ Early life○ Education	November/December TBC
Evidence gathering	Panel review meeting: <ul style="list-style-type: none">• How are focus cohorts supported (to reduce risk of poor health outcomes) in:<ul style="list-style-type: none">○ Social and physical neighbourhoods○ Work, and workplaces○ Health and social care○ Housing	January/February TBC
Final report to Committee	Scrutiny Committee consider and agree report to go forward to Cabinet	6 th March 2025
Date of final report to Cabinet	Cabinet considers report and recommendations	18 th March 2025

5. Useful sources:

Appendix A - 2023 Stockport Public Health Annual Report: Health Inequalities

[Multiple conditions and health inequalities: addressing the challenge with research \(nihr.ac.uk\)](https://www.nihr.ac.uk)