An Example

- 55 year old man from least deprived area
- Likely to have had a health check, high blood pressure noted, life style and medication prescribed, adherent to both, changes life style habits, stops smoking, more exercise – joins gym. Attends follow up appointments and then complies with medication – hypertension controlled

•55 year old man from most deprived area

- Turns up in A&E with chest pain, ECG's and other tests performed, angina attack identified, also has high blood pressure. Discharged to GP with medication and life style advice. Does nothing, medication runs out, tries to make GP appt – 4weeks time, time not convenient so doesn't attend. Turns up in A&E with chest pain

WHY IT MATTERS

Barriers to access and early entry points in deprived areas increase avoidable emergency admissions. This adds to NHS burden, and reduces health outcomes.

1 in 7

of all emergency admissions could be managed in primary care[1]

£ THE COST

Over 10 years

for every **£1** spent[2]

the estimated societal return on investment in prevention is:

£2.30

People in deprived areas are more likely to access emergency care, costing an additional

£4.8 billion

per year[3]

Reducing unplanned admissions among children and young people could save the NHS

£245m

per year[4]

What are health inequalities?

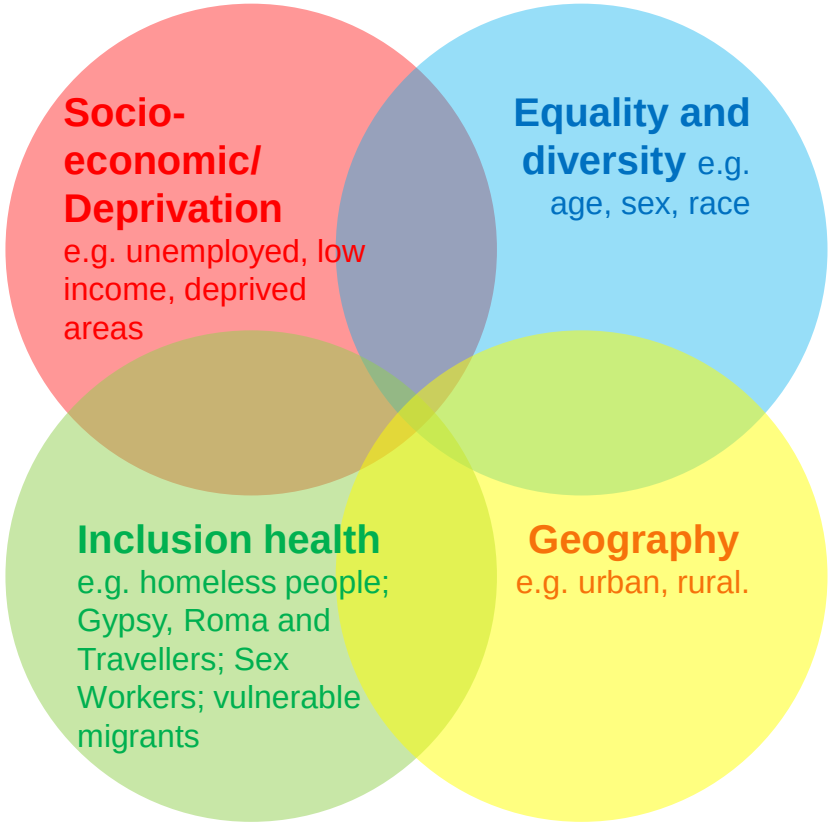
Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities have been documented between population groups across at least four dimensions, as illustrated to the right.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

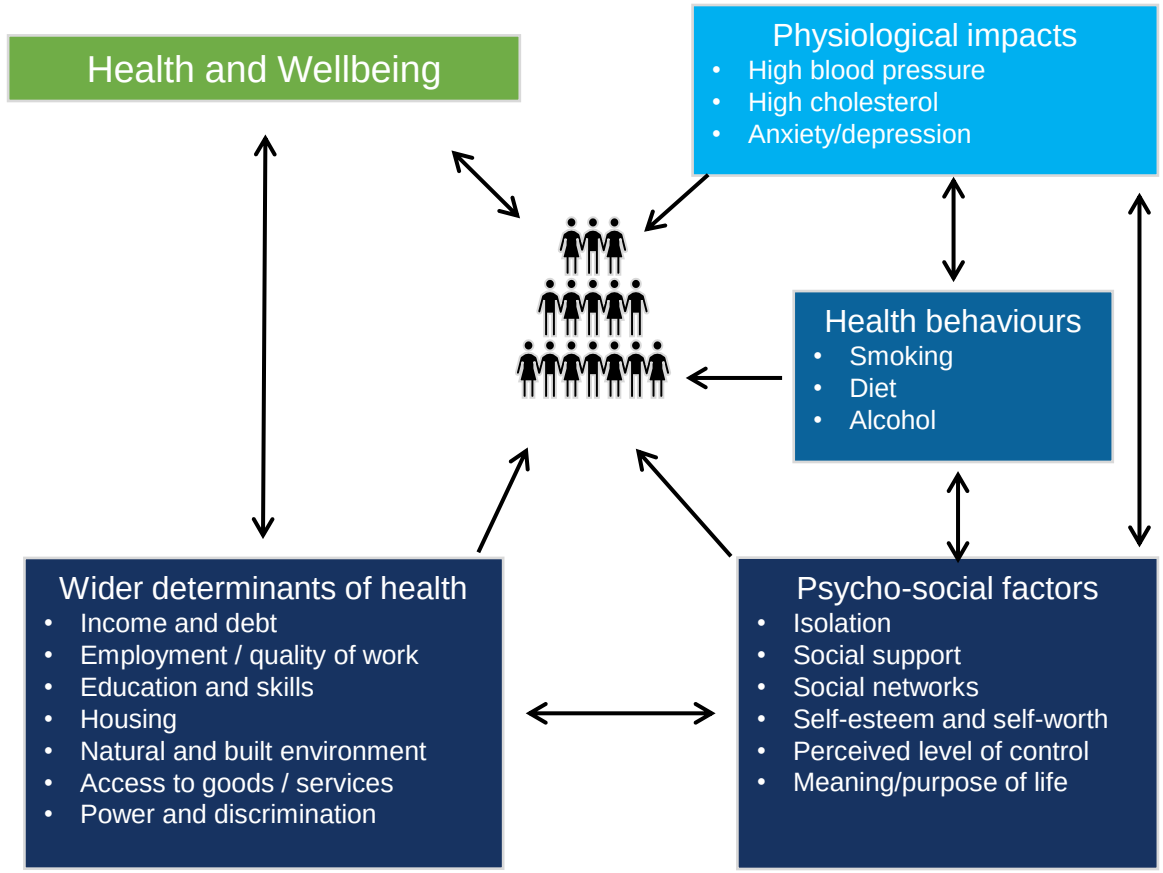
Dimensions of health inequalities



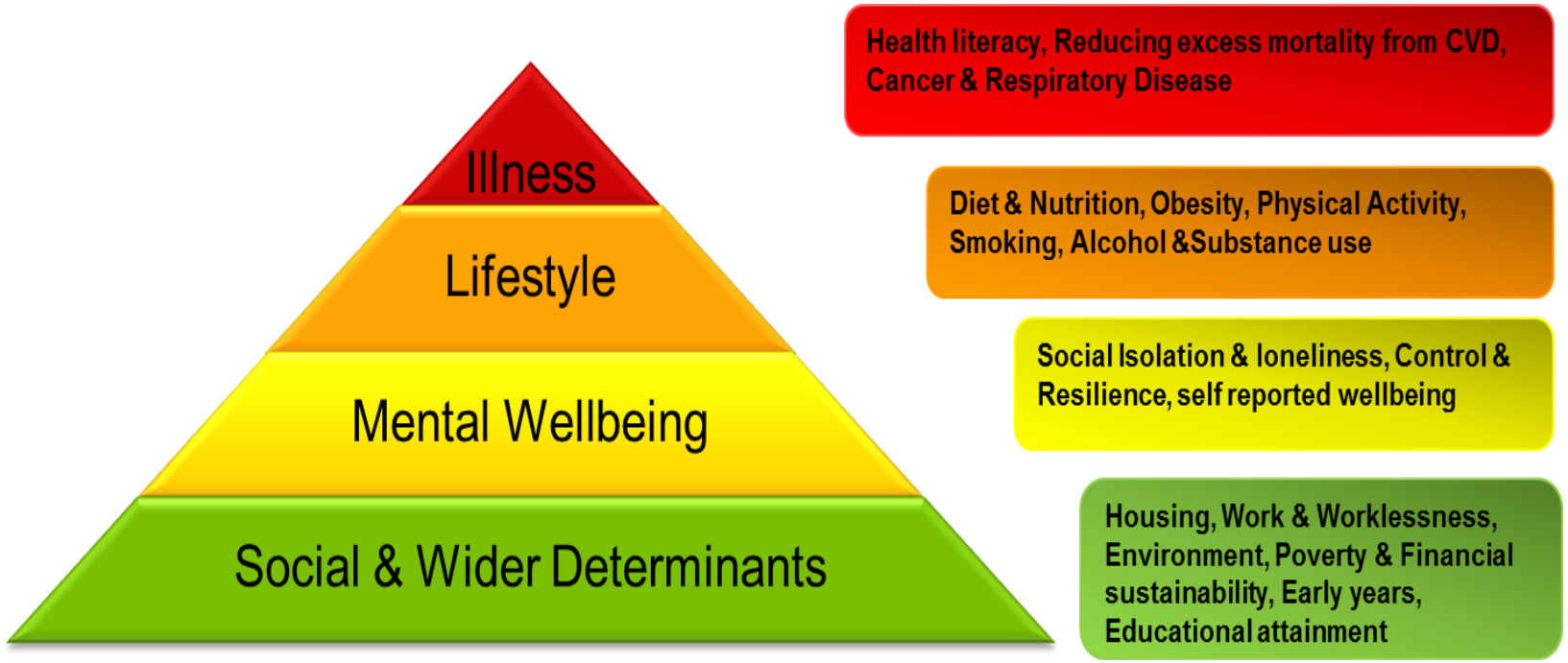
The causes of health inequalities

This adapted **Labonte model**[1] simplifies the complex system that causes health inequalities.

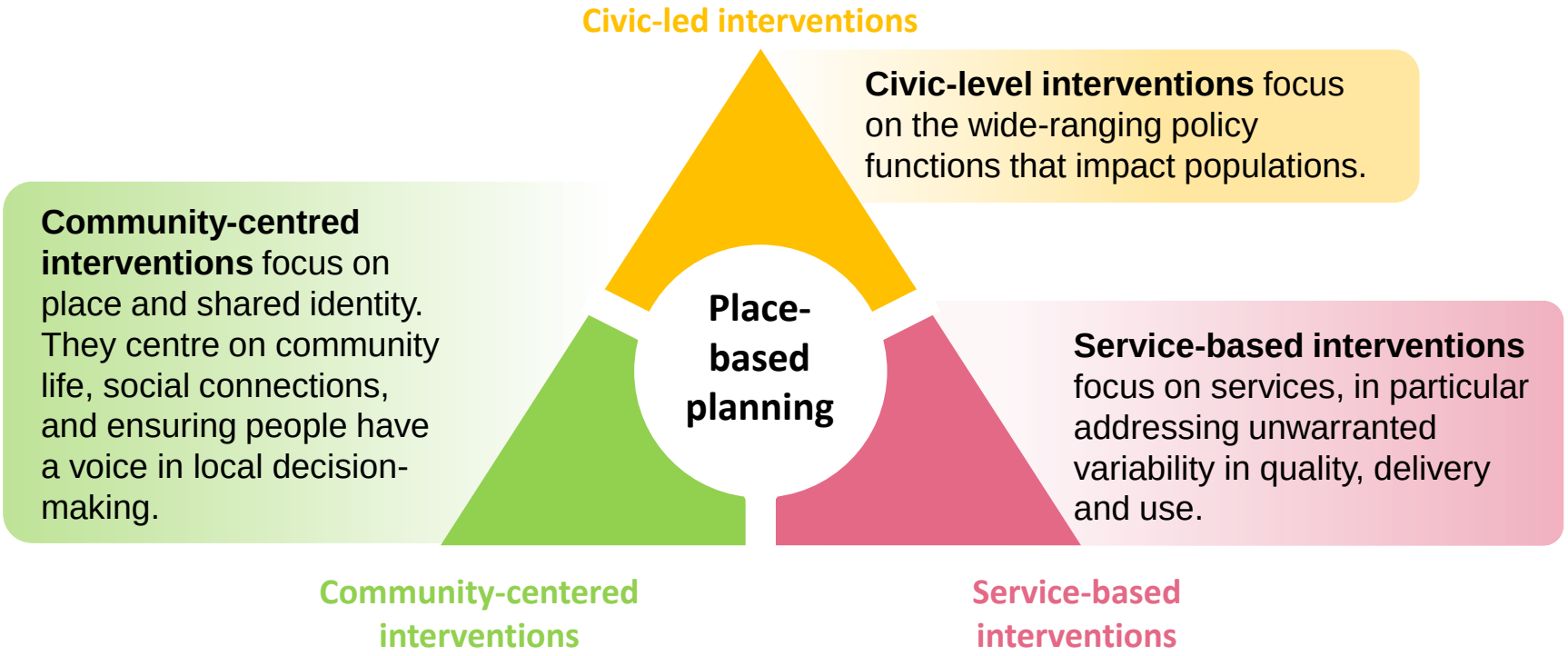
It shows the different factors that impact our health; where they stem from; and how – both in sequence and simultaneously – they interact, multiply and re-enforce each other.



Determinants of Health Expectancy



Place-based guidance for health inequalities: Population Intervention Triangle (PIT)



Deliberate joint working between the civic, service and community sectors can help the whole be more than the sum of its parts.