Title:	Structural Inequalities – Population Analysis

Report of the Head of Insight and Innovation

Open Report	**For Information**
Wards Affected: All	**Key Decision:** No
Report Author: Pye Nyunt, Head of Insight & Innovation	**Contact Details:** E-mail: pye.nyunt@lbbd.gov.uk

Accountable Director: Mark Tyson, Director of Strategy and Participation

Accountable Strategic Leadership Director:
Elaine Allegretti, Director of People and Resilience

Summary:

The council, with its partners, is undertaking a comprehensive analysis of structural inequalities that are faced by our residents and compounded by the pandemic. Phase one of the analysis will culminate in September in the publication of the Director of Public Health's Annual Report. Phase two - starting in the Autumn - will include more in-depth qualitative analysis in relation to major equalities challenges. The work will culminate in the production of the Council's next Corporate Plan in 2022, which will set out how we plan to address these challenges moving forward.

This presentation to the Health & Wellbeing Board is an opportunity for the Board to shape the emerging analysis at this early stage, to reflect on initial conclusions and to start thinking about how longer-term strategy will be affected by the analysis in due course.

Recommendation(s)

The Health and Wellbeing Board is recommended to:

1. Note key findings
2. Support ongoing data sharing between partners
3. Review the Levelling Up from Structural Inequalities (LUSI) Model

Reason(s)

To understand structural inequalities that affect our residents. Support in developing action plans for services to address inequalities.

1. Background

1.1. The pandemic taught us that Covid-19 does not affect all people and communities equally. Obvious and well-documented disproportionate impacts include: (1) older people are more susceptible to the worst effects of the virus, with higher mortality rates as a result (2) people from Black, Asian and minority ethnic (BAME[1]) communities are more severely impacted by the virus if they contract it, again with higher mortality as a result and (3) the virus disproportionately impacts those from lower socio-economic backgrounds, who are less able to control their protective behaviours and are more exposed in workplaces, public transport, etc.

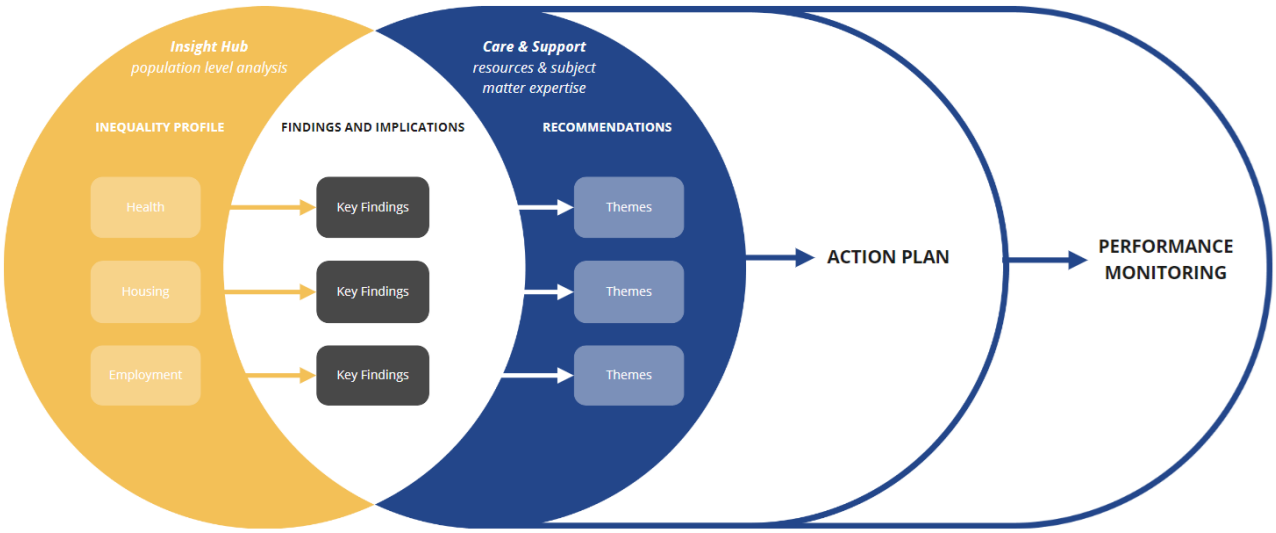
1.2. This paper introduces a high-level model that compares structural inequalities across various dimensions including Social, Economic, Health and Productivity.

1.3. The analysis in this paper is not exhaustive, it is a starting point.

1.4. Whilst the analysis currently examines disproportionality on the grounds of age, gender and ethnicity, the analysis will attempt to cover all 9 protected characteristics in future research.

2. Approach

The diagram below illustrates the approach taken. This paper focuses only on the population level analysis and findings, with some finding from universally available services (e.g., the Homes & Money Hub). Colleagues from Care & Support and other service blocks within the council are developing action plans to address any inequalities/disproportionality within their service blocks.



[1] *The Council recognises that, whilst it is widely used in policy discussions, the term BAME is not universally supported amongst the people that it tries to describe. Language matters, and we continue to work with partners across the local government sector, our employees and community voices to identify the most respectful, accepted and effective way to refer to people of diverse ethnicities in a policy and workforce context.*

3. Levelling Up from Structural Inequalities (LUSI Model)

The corporate Insight Hub have developed a simple data model that helps to visualise a range of inequalities. The model has two purposes; (1) to support the council's levelling up funding bids and (2) to visualise socio-economic inequalities benchmarked against other London boroughs. The LUSI model measures the following four dimensions across the population.

Social Conditions

- Child Poverty
- Fuel poverty
- Household income
- Average household size
- Adults with no qualifications
- Never used internet (digital divide)
- Free School Meals

Economic dynamics

- Unemployment
- Self-employed
- Small businesses
- Universal Credit increase
- Change in volume of House Sales
- Total jobs growth
- Youth unemployment gap

Population age and underlying health conditions

- People aged 65+
- Active residents
- Adults with excess weight
- Under 75 mortality rate from all cardiovascular diseases
- Under 75 mortality rate from cancer
- Under 75 mortality rate from liver diseases
- Under 75 mortality rate from respiratory disease
- Mortality rate from a range of a specified communicable diseases, including influenza
- Excess winter deaths index

Population density and social distancing

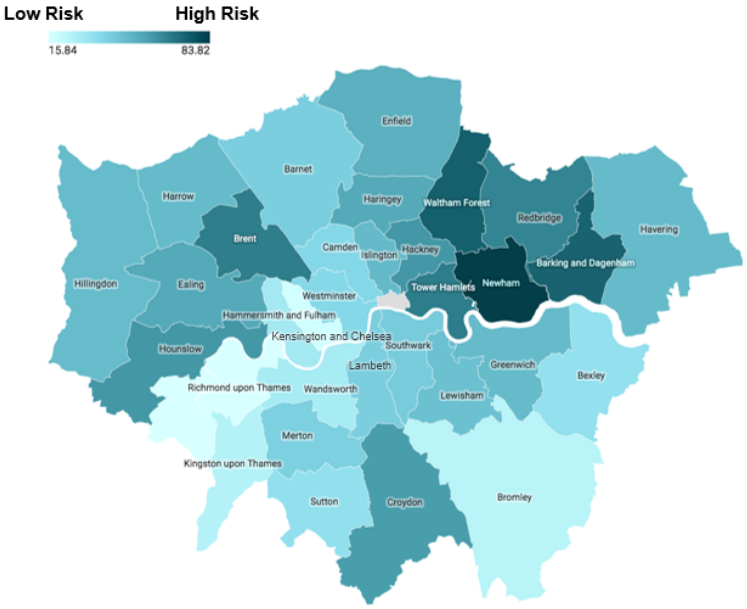
- Population density
- Movement trends in key economic areas/industries
- NEET Levels
- Gross Value Added
- School attendance (% average daily pupil attendance)
- Adults with no qualifications

(Text in red is data to be added to the model – not included in current results)

The model above is very much a work in progress. It seeks to explain when we know people are excluded and how people are excluded i.e., an understanding of the aspects/facets of society and how it is set up that drive inequality.

Findings from the Social Dimension

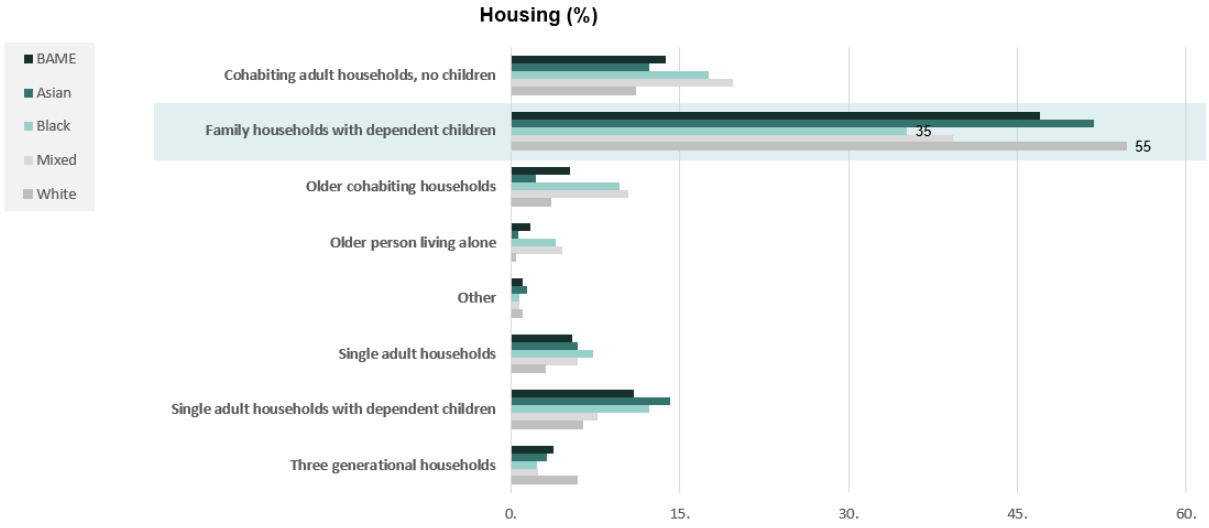
The social dimension attempts to understand how existing social infrastructure and outcomes may put residents at a disadvantage.



Borough	Index Score (out of 100)
Newham	83.8
Waltham Forest	74.4
Barking and Dagenham	73.5
Tower Hamlets	66.7
Brent	66.4
Redbridge	64.6
Hackney	60.0
Hounslow	59.9
Croydon	58.4
Haringey	54.7
Ealing	54.6
Enfield	52.3
Islington	48.9
Harrow	48.6
Havering	48.4
Greenwich	48.3
Hillingdon	48.2
Lewisham	46.5
Southwark	42.7
Lambeth	41.7
Barnet	41.7
Merton	41.1
Camden	38.5
Westminster	38.3
Sutton	34.7
Bexley	34.4
Hammersmith and Fulham	30.1
Wandsworth	29.2
Kingston upon Thames	25.8
Bromley	24.5
Kensington and Chelsea	18.2
Richmond upon Thames	15.8

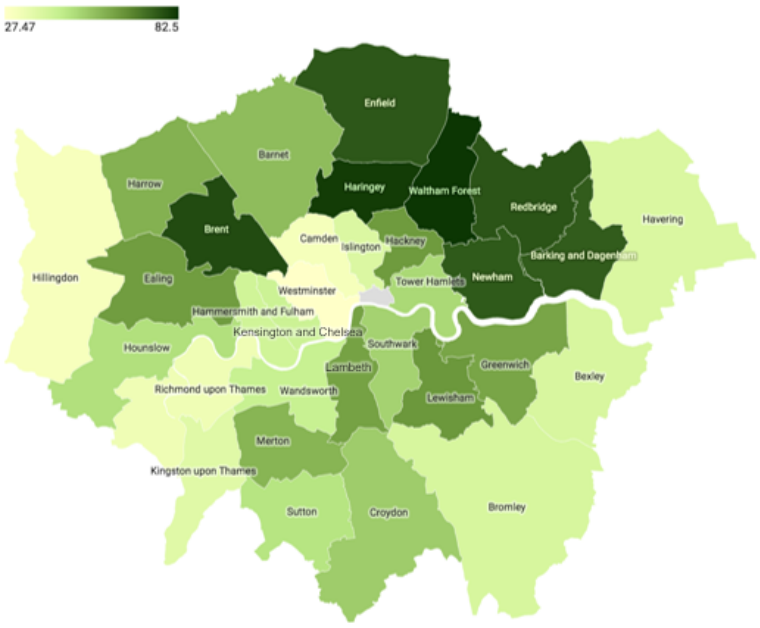
The closer the index score is to 100 the worst the outcomes. B&D is third worst on this dimension in London. This is driven by high levels of child poverty. Given B&D's younger demographic is mostly BAME, the disproportionate impact on BAME children experiencing poverty is a large factor in the results.

Housing also plays a key role in this dimension. A **higher proportion of BAME residents** live in older cohabiting households, cohabiting adult households with no children, single adult households and single adult households with dependent children, than white residents. This often fits the profile of shared living circumstances/HMOs.



Findings from the Economy Dimension

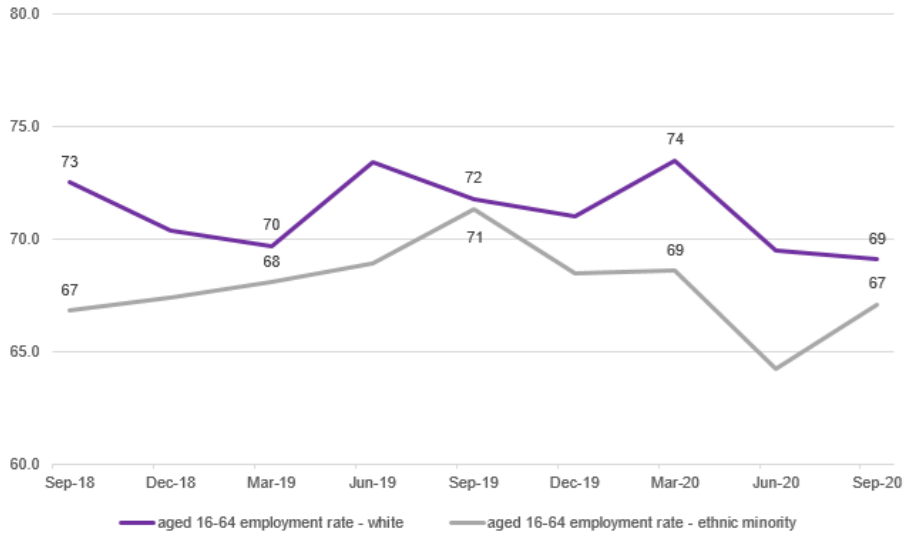
The Economy dimension attempts to understand what factors from the economy have been most impacted by the pandemic.



Borough	Index Score (out of 100)
Waltham Forest	82.5
Haringey	81.2
Brent	78.3
Redbridge	76.5
Enfield	76.1
Newham	75.5
Barking and Dagenham	75.1
Lewisham	64.4
Hackney	63.8
Ealing	63.4
Lambeth	62.3
Greenwich	61.6
Harrow	59.2
Merton	58.3
Barnet	56.6
Croydon	53.2
Southwark	51.8
Tower Hamlets	50.5
Hounslow	49.0
Sutton	47.8
Wandsworth	43.7
Kensington and Chelsea	42.8
Hammersmith and Fulham	41.8
Bromley	40.1
Bexley	39.6
Havering	39.1
Islington	38.7
Kingston upon Thames	37.2
Richmond upon Thames	32.9
Camden	31.2
Hillingdon	30.6
Westminster	27.4

Higher levels of unemployment and a 144% increase in universal credit claimants in the past year have placed B&D 7th worst in London on this dimension.

Employment rates have fallen across the White community (72% to 69%) and BAME group (71% to 67%) from Sep 2019 to Sep 2020. Employment rates fell sharply for both communities from March to June 2020 due to Covid-19. Three months on, employment rates increased in the BAME groups whereas they marginally reduced further in the White community (Source: NOMIS).



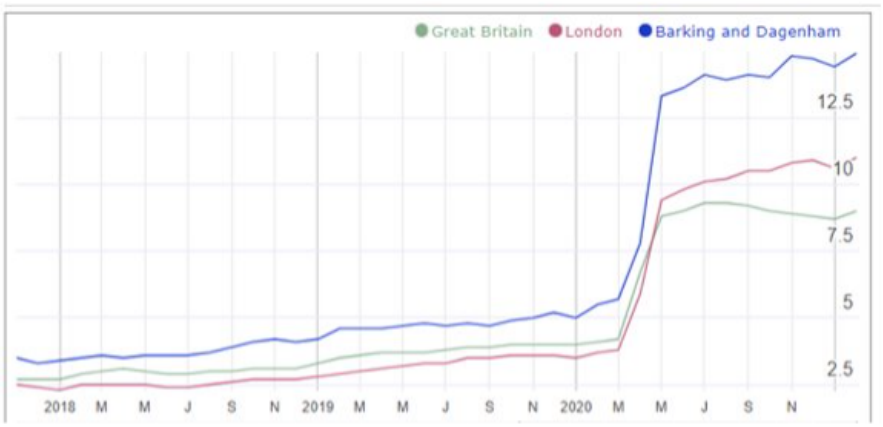
Between Sep 2018 and Sep 2019, the proportion of ethnicities in various industries changed. It went from a high proportion of White residents employed in 'transport and communication', and 'distribution, hotels, and restaurants' to a higher proportion of BAME residents.

This means that BAME residents going into the pandemic were disproportionately affected as they were employed more (as compared to their respective resident population) in these sectors.

Manufacturing and construction on the other hand, with a higher proportion of White residents, was booming in B&D with lots of infrastructure projects that did not shut down during the pandemic.

Younger working residents were also more affected in B&D than other London boroughs. The percentage of out of work claimants aged 18-24 in B&D is significantly higher compared to both London and UK averages.

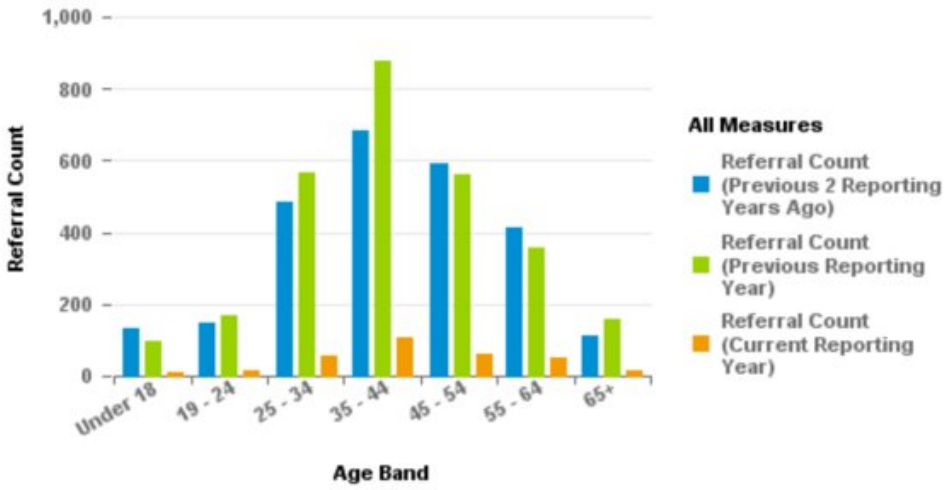
- As of Feb 2021, 14.9% of young people aged 18- 24 (2680 individuals) in B&D were claiming out-of-work benefits, compared to 11% in London as a whole. This figure has more than doubled since March 2020.



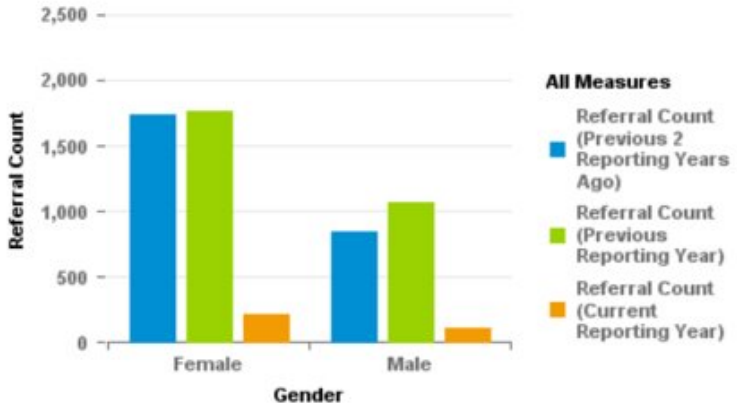
Note: % is number of claimants as a proportion of resident population of the same age

In local support services, i.e., the Homes & Money Hub (HaM Hub), we have seen in 2020/21:

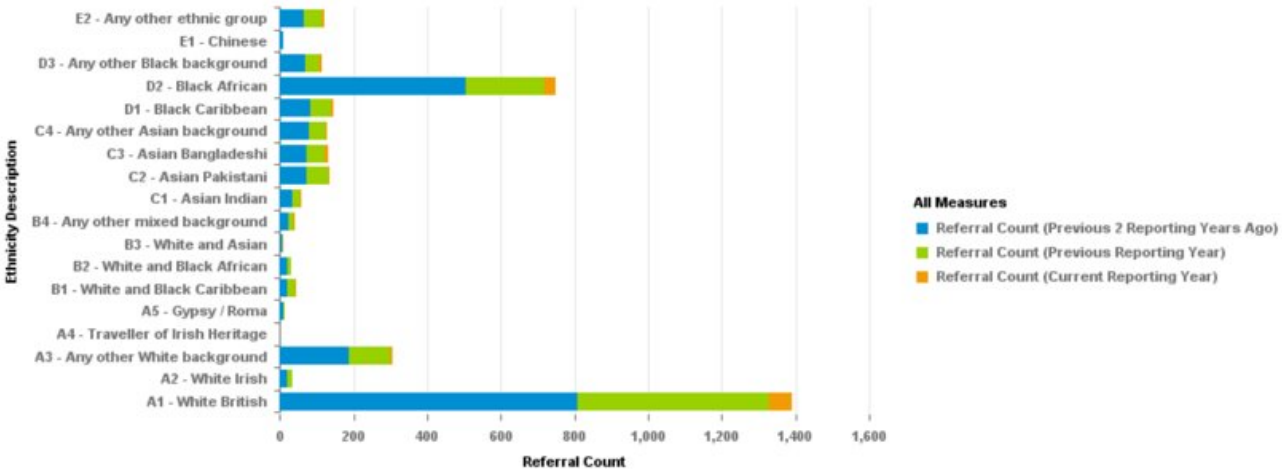
- An increase in usage for those aged between 19 - 44, as well as those in the 65+ age band.
- A decrease in usage for those under 18 and between 45 – 64.
- The largest increase in usage is in the 35 – 45 age group.



- Females continue to access the Homes and Money Hub service more than males.
- More males accessed the Homes and Money Hub in 20/21 than in the previous year.

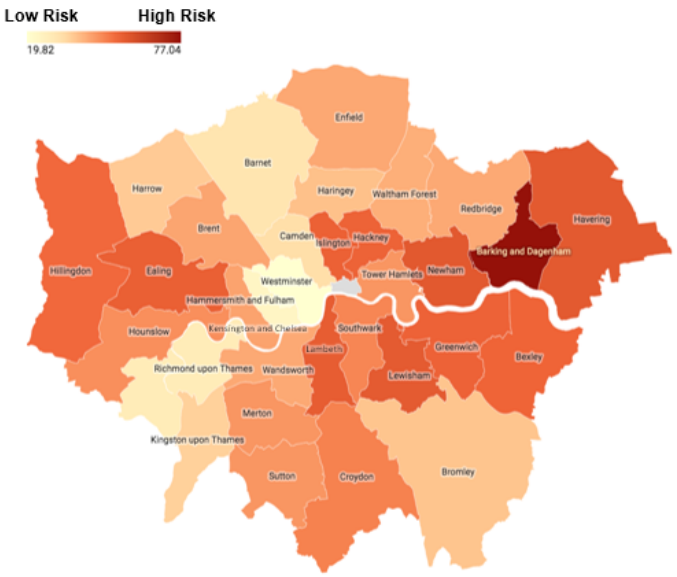


- White British, Black African and Any Other White Background are the largest users of the Homes and Money Hub.
- These 3 ethnic groups account for 72 % of Homes and Money Hub assessments since April 2019.



Findings from the Health Dimension

The Health dimension attempts to understand the underlying health outcomes that may put residents at a disadvantage (particularly making residents more vulnerable to Covid-19). When compared across London, B&D residents experience the worst health outcomes, even prior to Covid:



Borough	Index Score (out of 100)
Barking and Dagenham	77.0
Newham	56.9
Havering	56.5
Lewisham	56.2
Lambeth	55.6
Ealing	54.7
Islington	54.3
Greenwich	54.0
Hackney	54.0
Bexley	53.6
Hillingdon	52.6
Croydon	48.9
Southwark	48.3
Hounslow	46.8
Merton	45.6
Tower Hamlets	45.6
Sutton	45.6
Hammersmith and Fulham	43.5
Brent	43.1
Enfield	42.7
Wandsworth	42.4
Redbridge	42.4
Waltham Forest	41.5
Haringey	38.5
Bromley	37.8
Harrow	36.8
Kingston upon Thames	35.7
Camden	33.3
Barnet	31.2
Richmond upon Thames	28.1
Kensington and Chelsea	24.1
Westminster	19.8

A score closer to 100 is worse in terms of outcomes. The difference between worst (B&D) and second worse (Newham) is 21 points. Strikingly this gap between worst and second worse is greater than the outcomes of Westminster as an entire borough.

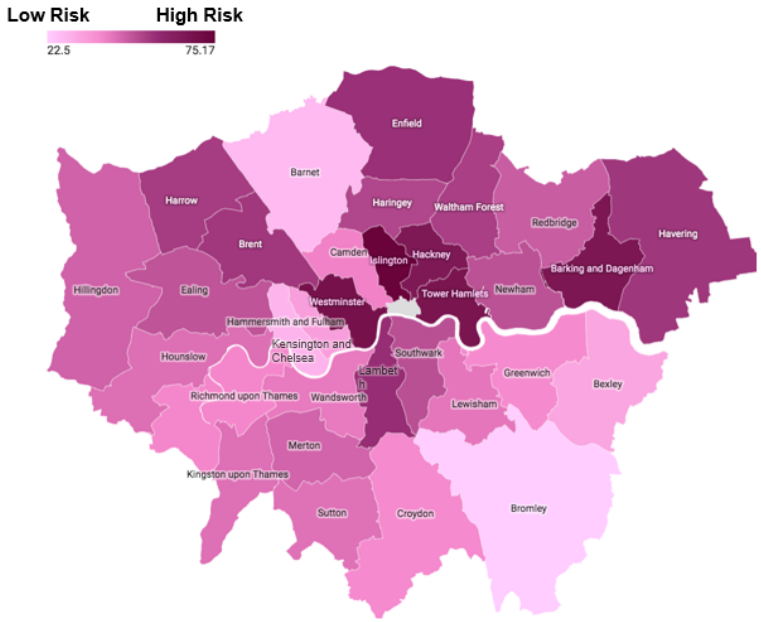
Other key findings from analysis of health data:

1) Long-term health conditions affect BAME residents at much younger ages;
   - the mean age at diagnosis of cancer in both the Asian and African/Caribbean communities is 52. This is 10 years earlier than White British/White other residents.
   - the mean age at diagnosis of diabetes in the Asian community is 52 and in the African/Caribbean community is 53. This is aged 60 for White British/White Other residents.

2) Multi-morbidity (i.e., 3 long-term health conditions) are experienced by African and Caribbean residents 8 years earlier than their White British/White Other neighbours.
   - in African/Caribbean communities, the mean age of diagnosis of the third long-term condition is 57 compared to 66 for White British/White Other residents.

Findings from the Productivity Dimension

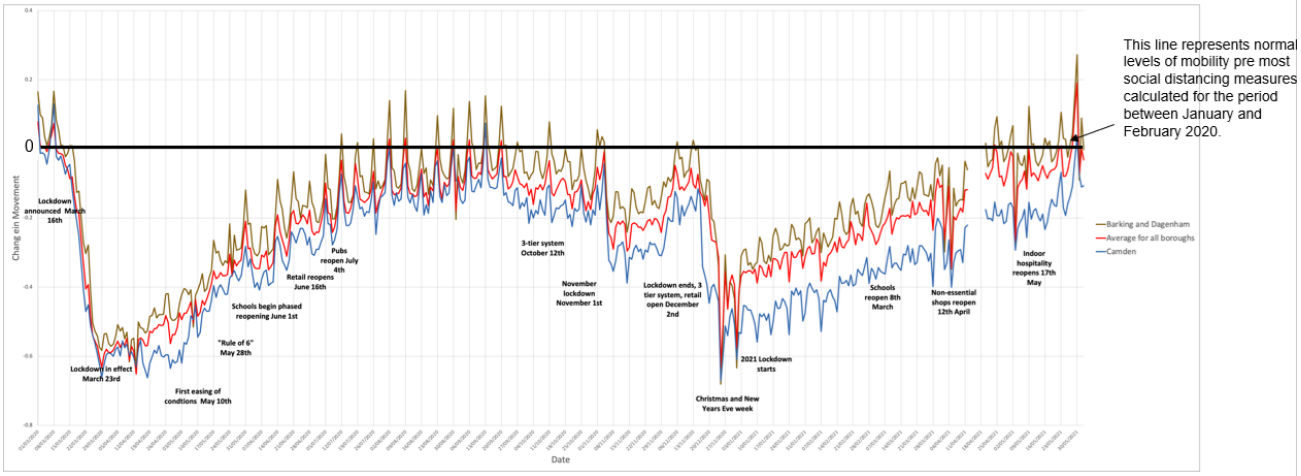
The productivity dimension attempts to understand the impact on productivity of the resident population and workforce. Whilst this is currently the least developed dimension (awaiting additional data), early results show B&D as fourth worst in London. The density of the borough (driven by household composition as previously mentioned) influences this result.



Borough	Index Score
Islington	75.1
Westminster	69.0
Tower Hamlets	67.7
Barking and Dagenham	66.4
Hackney	65.7
Lambeth	56.4
Enfield	55.9
Havering	54.9
Brent	54.6
Harrow	53.8
Waltham Forest	53.1
Haringey	52.0
Southwark	50.2
Newham	49.8
Ealing	49.3
Redbridge	47.6
Hillingdon	46.4
Merton	46.1
Hounslow	44.0
Kingston upon Thames	43.7
Sutton	43.6
Lewisham	42.7
Wandsworth	42.0
Camden	40.6
Richmond upon Thames	39.5
Croydon	38.7
Greenwich	38.5
Kensington and Chelsea	34.0
Bexley	32.2
Hammersmith and Fulham	28.9
Barnet	27.3
Bromley	22.4

One key element of the productivity dimension is levels of mobility in the borough. The chart below shows mobility mapped against covid-19 infection rates for the past year. Key insights from the chart show:

1) B&D residents moved around the most during the pandemic in comparison to all Londoners. Camden residents were the least mobile.
2) Across the summer months in 2020 B&D residents moved about more than they did in previous years. This coincides with government policies such as “Eat Out to Help Out”.
3) Up until 1st Nov 2020 lockdown, most of the movement was on weekends but from Christmas onwards most residents were going out throughout the week.



An Integrated view

Combining all four dimensions of the model provides the following integrated view:

High levels of multidimensional inequality are largely concentrated in North East London boroughs.

Conclusion

There will be more datasets built into the analysis, but early results illustrate how systemic and structural deprivation has led to disproportionate levels of risk and outcomes from Covid-19 in Barking & Dagenham. It is intended that the above model is refreshed quarterly, providing the council and its partners with a strong lobbying position.

The initial modelling also stresses the importance of continued data sharing across the system. Current data sharing agreements with the CCG have been helpful to analyse health data combined with social care data at an individual level.