# Health inequalities in 2040: Tackling present and future challenges

LGA Conference

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#### The Health Foundation



Improving people's health and reducing inequalities

We want decision makers across all parts of society to understand and fulfil their potential contribution to building a healthy nation



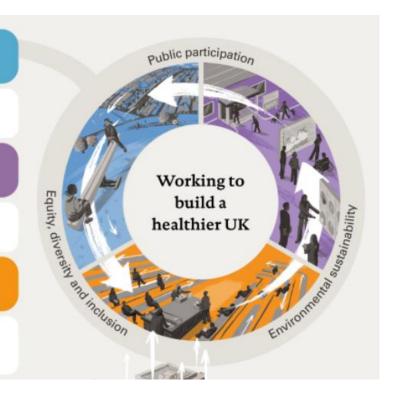
Supporting radical innovation and improvement in health and care services

We want to give people across the health and care system the insights, practical resources and opportunities needed to drive change in services and outcomes



Providing evidence and analysis to improve health and care policy

We want national policy decisions on health and social care to be informed by the best available evidence and analysis, contributing to a high-quality health system now and in the future



### Introduction to health inequalities



# What are health inequalities and why are they important?

- Health inequalities are unfair and avoidable differences in health outcomes between different groups of people.
- They exist across several characteristics (sex, socioeconomic status, ethnicity, geography).
- They can also encompass several things i.e. health outcomes, access, quality, utilisation.
- Health inequalities are increasingly becoming a focus for policymakers, particularly after the pandemic.



#### Drivers of health inequalities

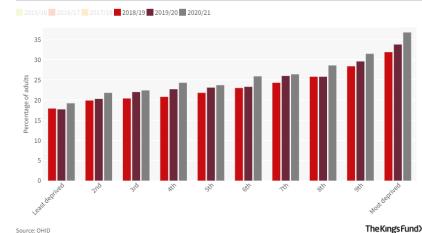
A person's opportunity for health is influenced by much more than the NHS, such as income, housing, occupation. These are the "building blocks of health".

People with lower incomes are more likely to report their health as 'bad' or 'very bad' Self-rated health by household income, working-age adults aged 16-64; UK, 2021/22



#### Adult obesity prevalence by deprivation decile

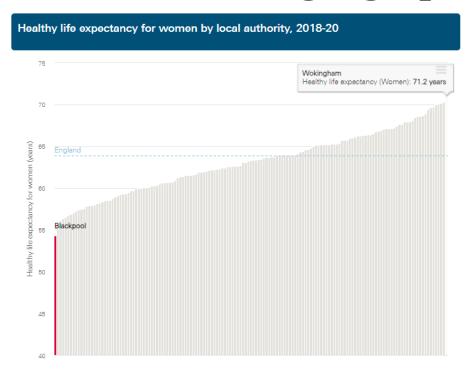
England, Lower Super Output Area (LSOA), 2015/16 - 2020/21



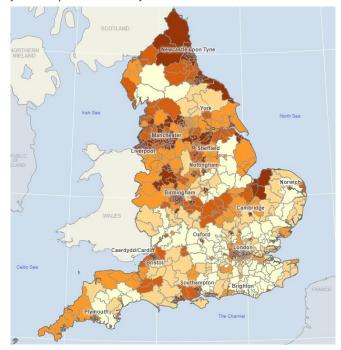
## Current state of health inequalities



### Current state of geographic health inequalities

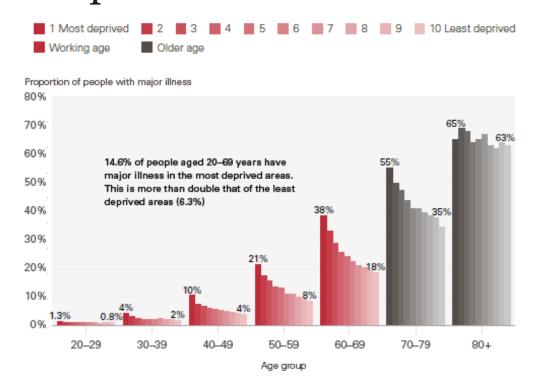


Hospital admissions for alcohol-attributable conditions (2016-17 to 2020-21)





# Current state of socioeconomic health inequalities

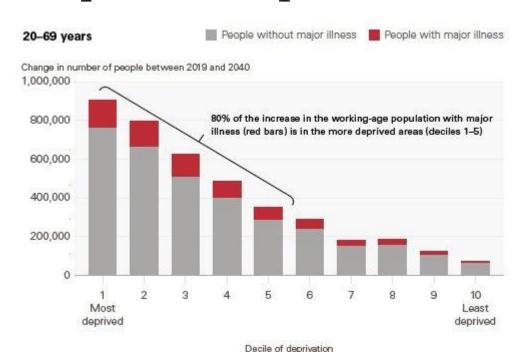


- Inequality begins in early adulthood and grows steadily throughout working age.
- 15% of working- age people have major illness in the most deprived areas, more than double the rate in the least deprived areas (6%).
- Health inequalities level off in the oldest age group.

## Health inequalities in 2040



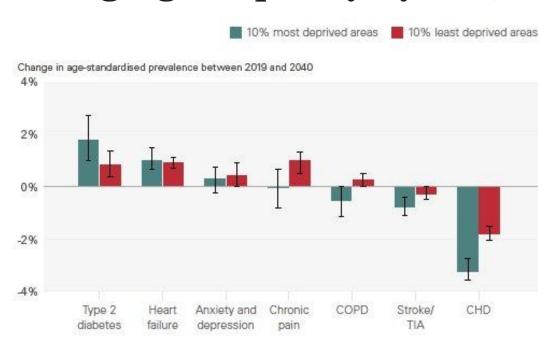
# Based on current trends, we project health inequalities to persist



- Between 2019 and 2040, the overall number of working-age people experiencing major illness will increase from 3 million (2019) to 3.7 million (2040).
- 80% of this increase will be in more deprived areas which risks worsening economic inequalities due to knock-on effects on the ability to work and labour productivity.



# Different conditions show different patterns of changing inequality by 2040



- Smoking-related diseases (CHD and stroke) are projected to see overall decreases and narrowing inequalities.
- By contrast, obesity-related diseases (type 2 diabetes) are projected to see overall increases and widening inequalities.

### Implications



#### What does this mean and what can we do?

- We need radical action from all parts of the system to address health inequalities.
- Population-wide policies focused on risk factors should be accompanied by crossgovernment action on the wider determinants of health, and investment in health and care services to limit the negative impacts of illness for those in greatest need.
- Local government also has a key role to play in this through their legislative responsibilities and enforcement, by role modelling changes and through system leadership and partnerships.
- In recent times, this has become challenging due to councils facing increasing spending pressures.

### Thank you!

We are at stand Q34 if you would like to know more about our work.