Overview of Health Inequalities in Manchester

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Population Health Team

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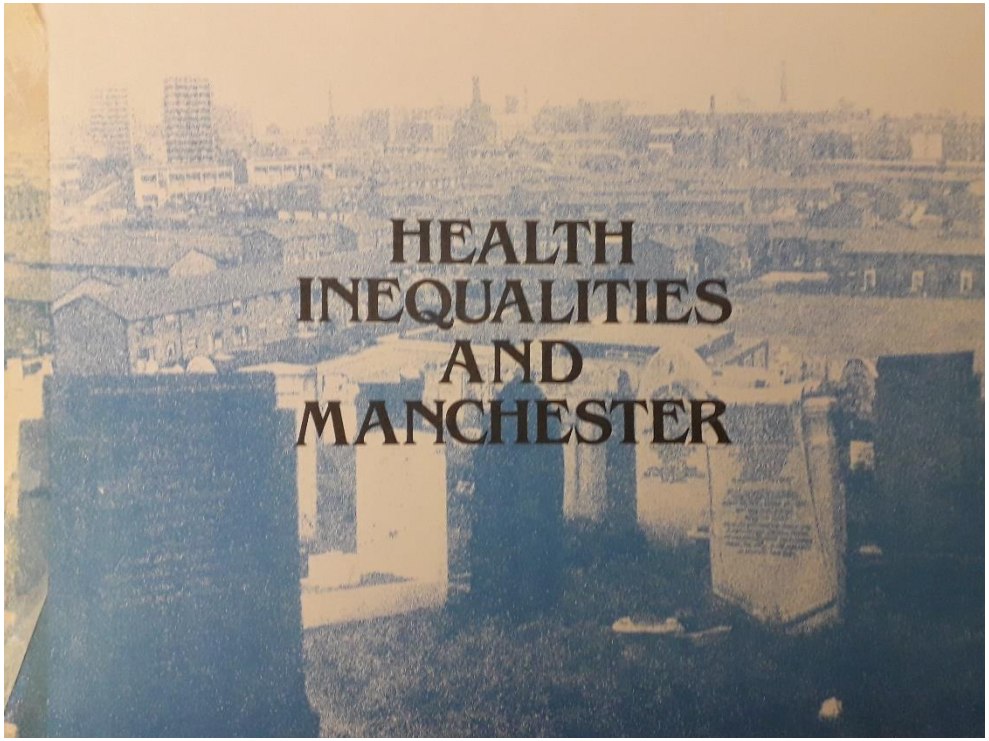
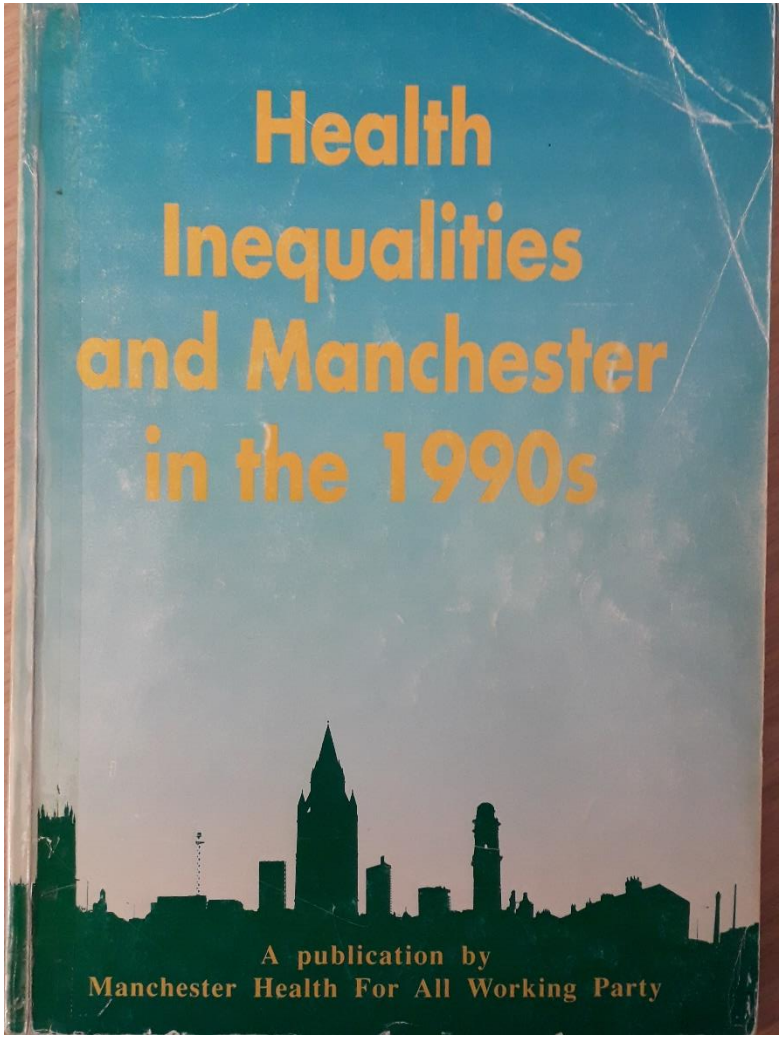
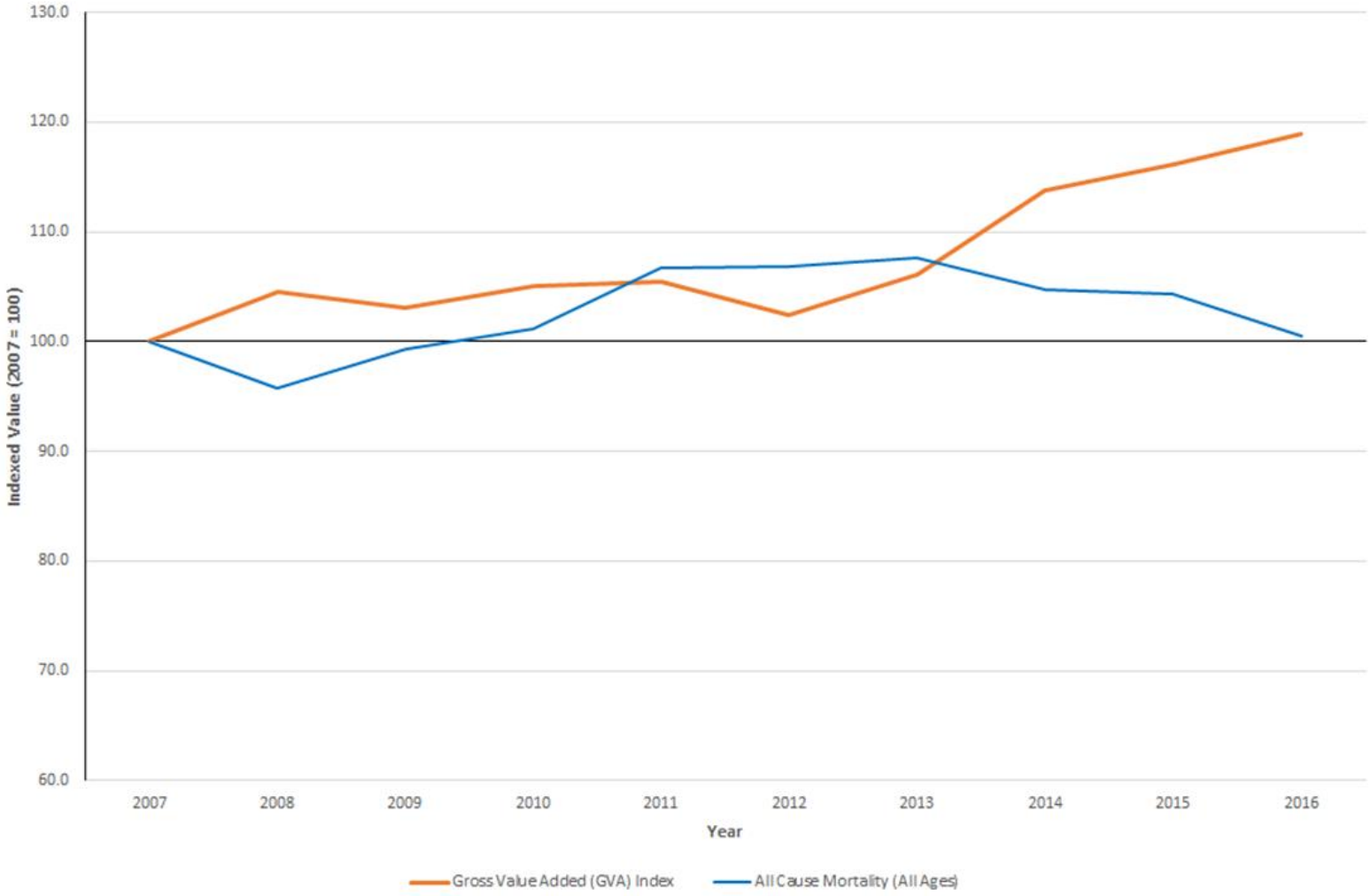


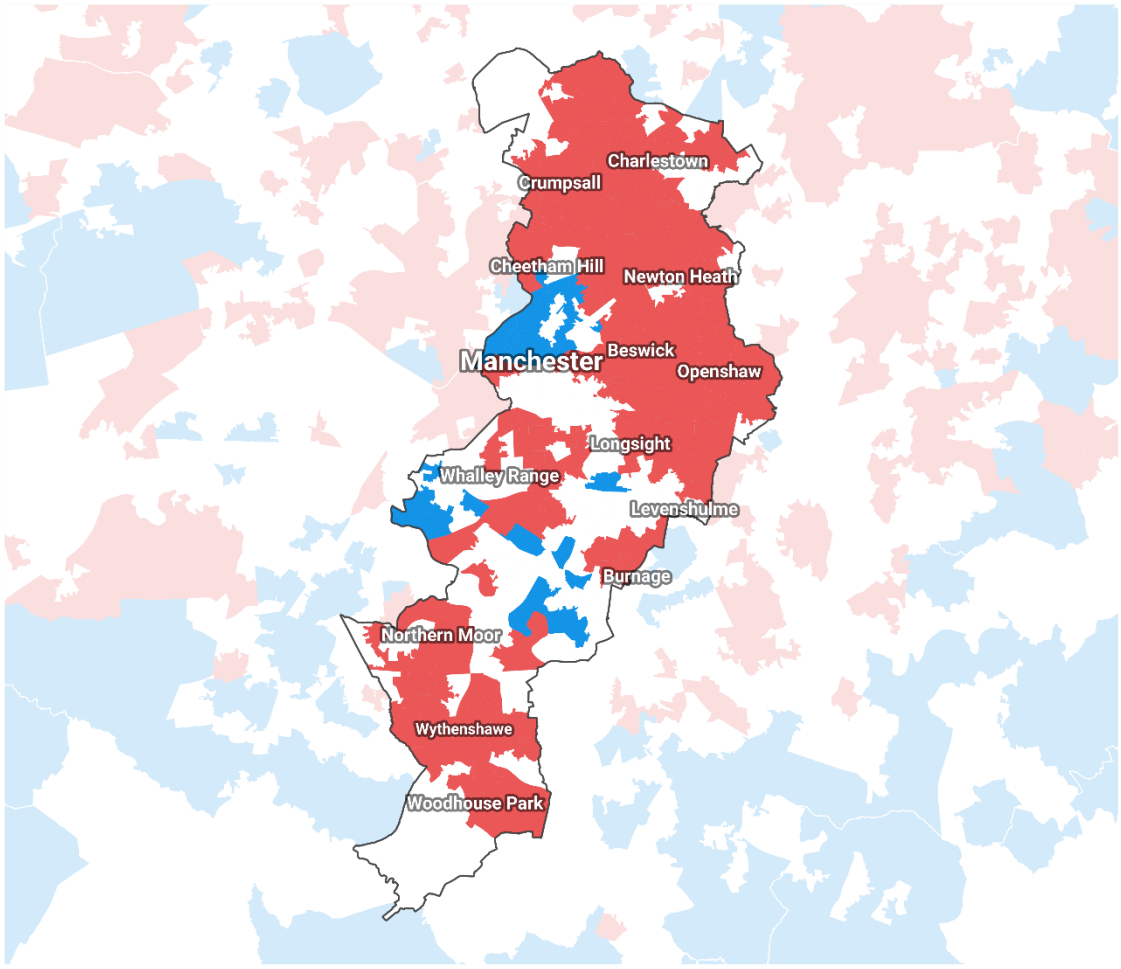
A focus on health inequalities in Manchester is not new…



Economic growth over the last decade was not accompanied by similar improvements in health and care outcomes



Measures of deprivation and inequality in Manchester based on Indices of Deprivation (IoD) 2019



Areas among 20% least deprived in England

Areas among 20% most deprived in England

Gini coefficient

0.35

This is the Gini coefficient for Manchester. It is a measure of household income inequality within the area. The Gini coefficient ranges from **0 (perfect equality)** to **1 (perfect inequality)** so that a higher figure indicates a higher level of inequality.

Economic imbalance

28:159

This is the **20:20 Index**. It is the ratio of small areas (LSOAs) within the Local Authority that are among the 20% least (blue) or 20% most (red) deprived nationally, based on the Income Domain of the 2019 English Indices of Deprivation. It is used here as an indicator of local economic imbalance.

Spatial concentration

0.54

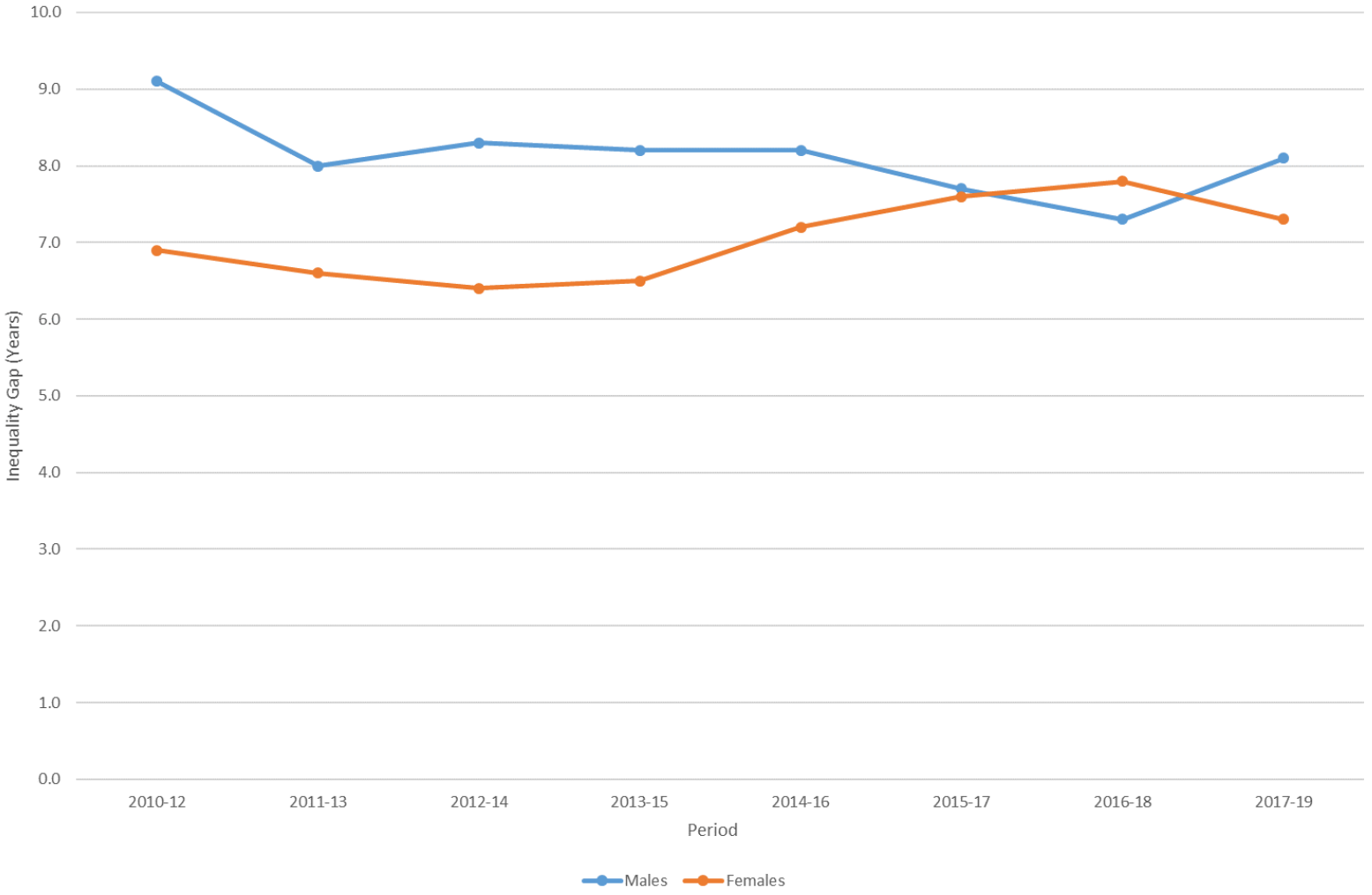
This value (Moran's *I*) tells us how similar or different nearby areas are. Values closer to 1 indicate similar areas are clustered together. In general, values over 0.4 generally indicate that similar areas are significantly clustered.

Analysis by Elvis Nyanzu and Alasdair Rae, University of Sheffield.

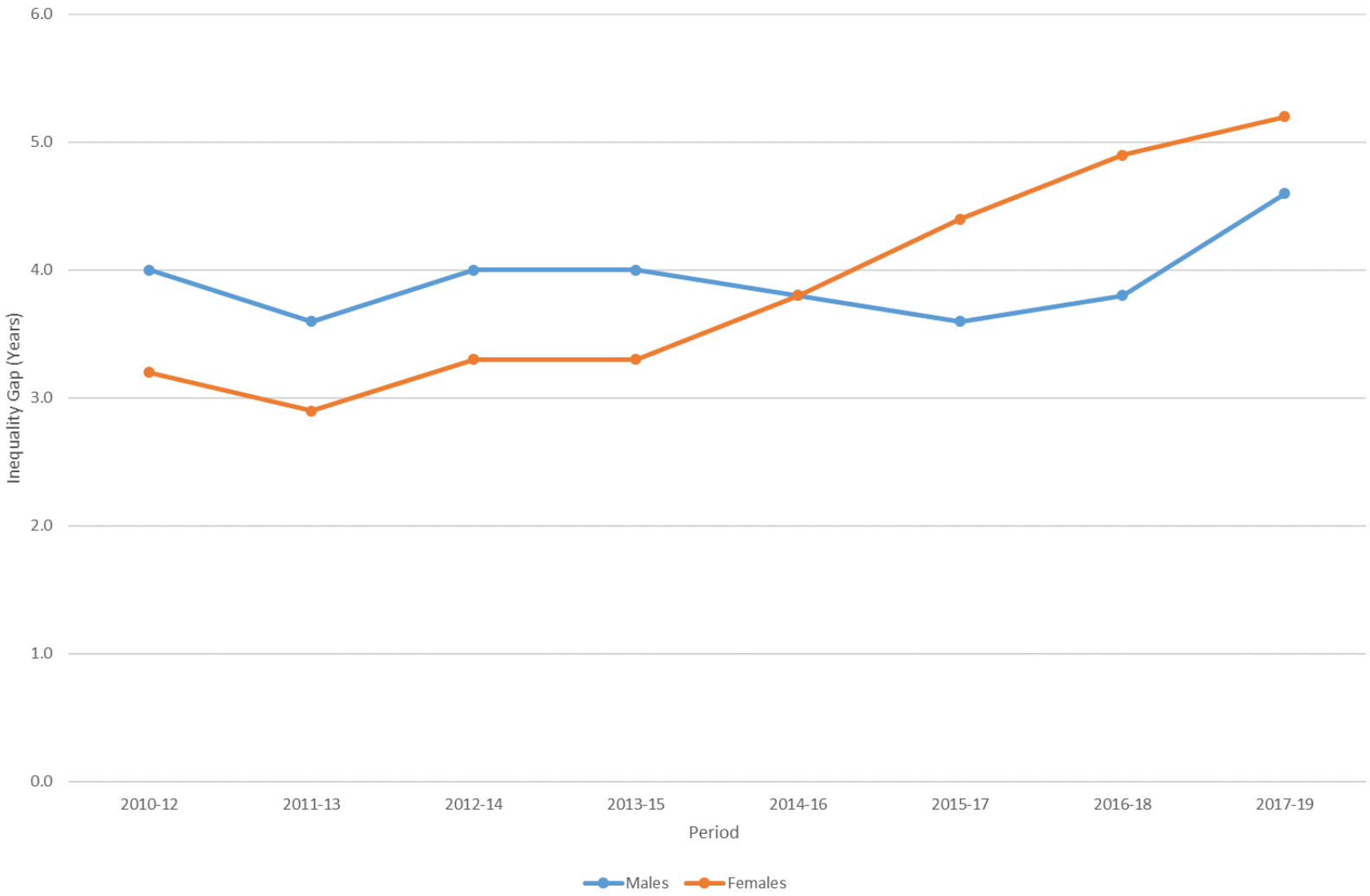
This work was funded by the Nuffield Foundation - www.nuffieldfoundation.org.

Nuffield Foundation

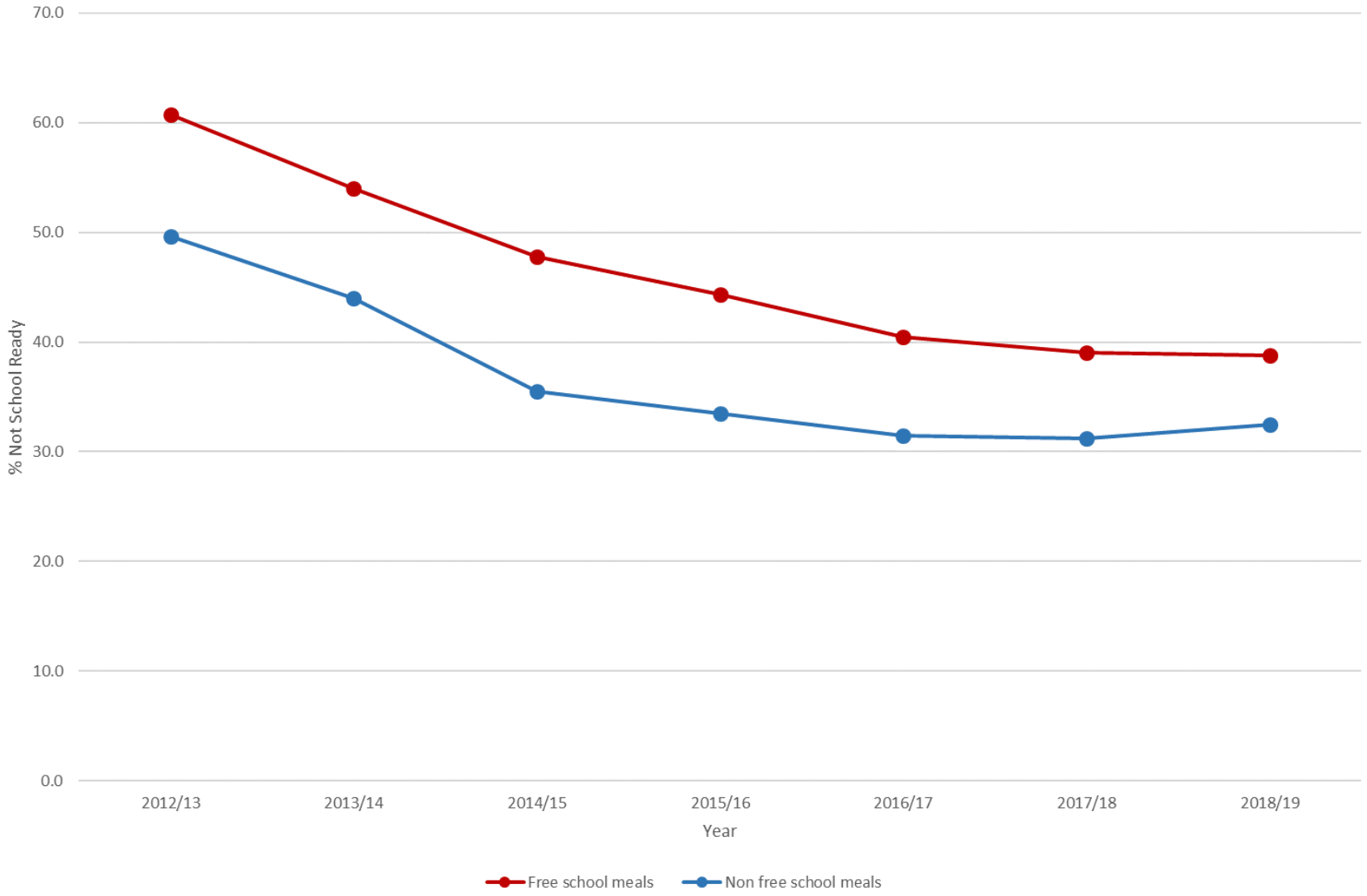
There are significant gaps in life expectancy at birth for both men and women between those living in the most and least deprived parts of the city (8.1 years for men; 7.3 years for women)



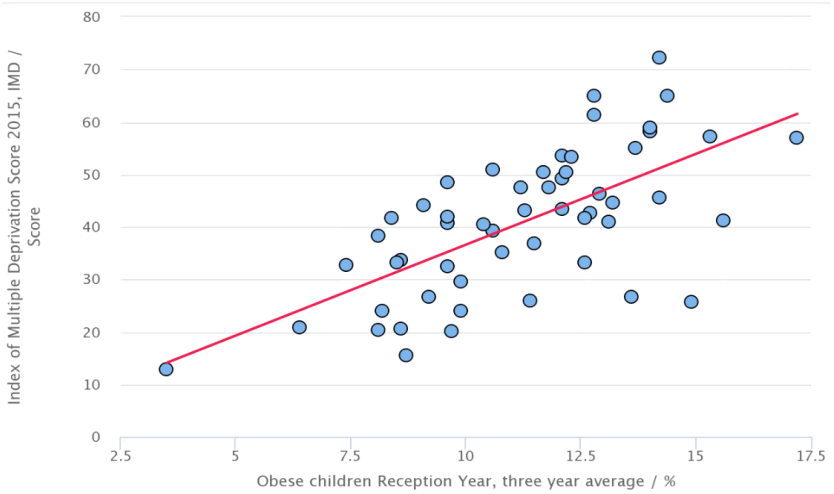
The life expectancy gap between most and least deprived parts of the city is also present for men and women at age 65 and this gap is increasing



Inequalities start in early years - children with a Free School Meal status in Manchester are more likely not to be school ready

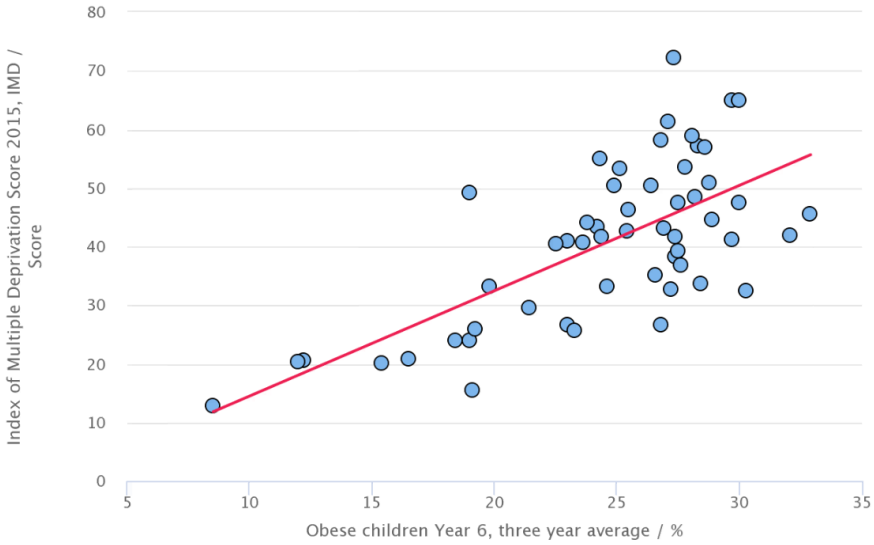


Children living in more deprived areas of the city are more likely to be obese than those living in less deprived areas, particularly among children in reception

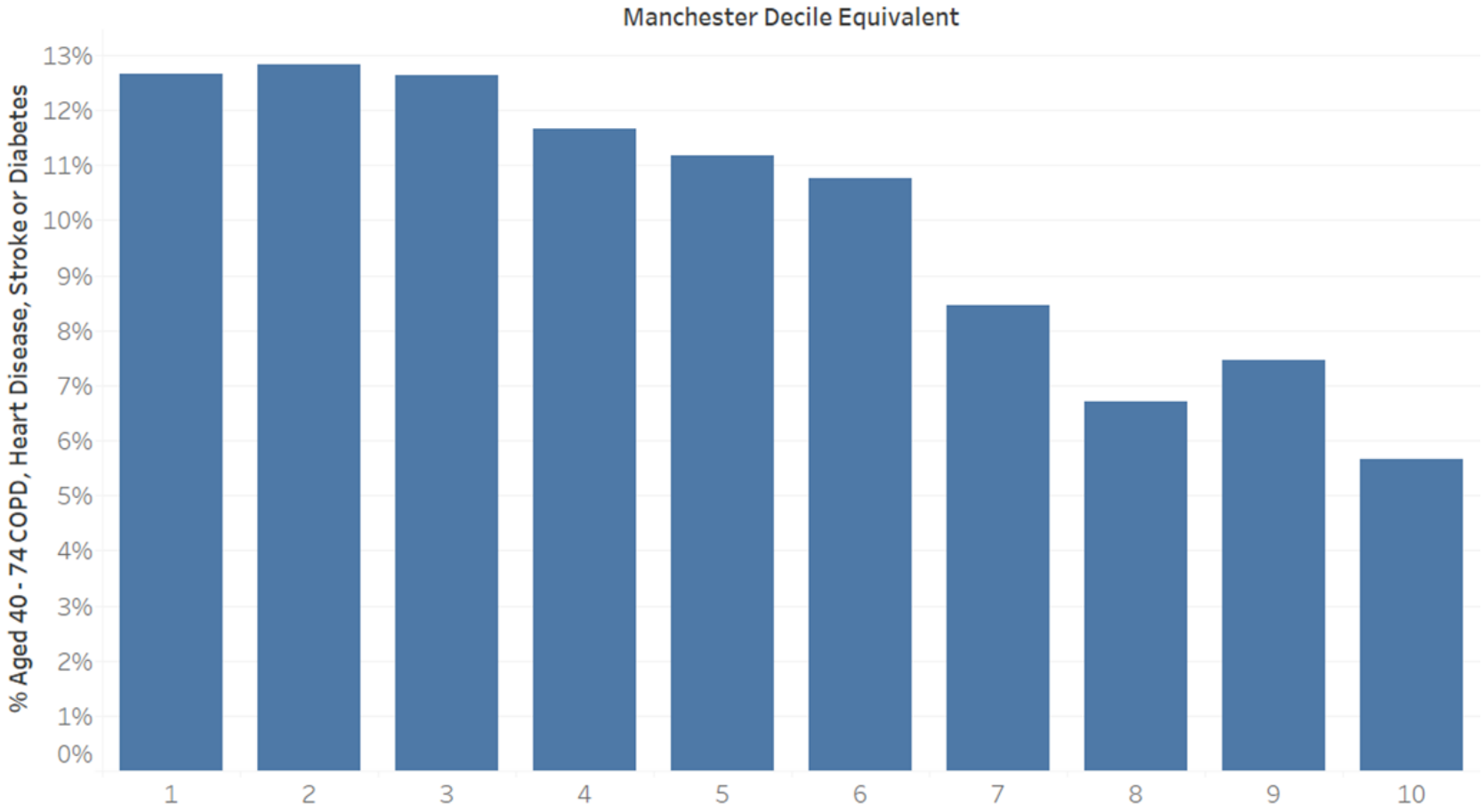


Reception

Year 6



Adults from the most deprived parts of Manchester are more likely to have a diagnosed LTC (COPD, Heart Disease, Stroke or Diabetes) than those living in the least deprived parts of the city

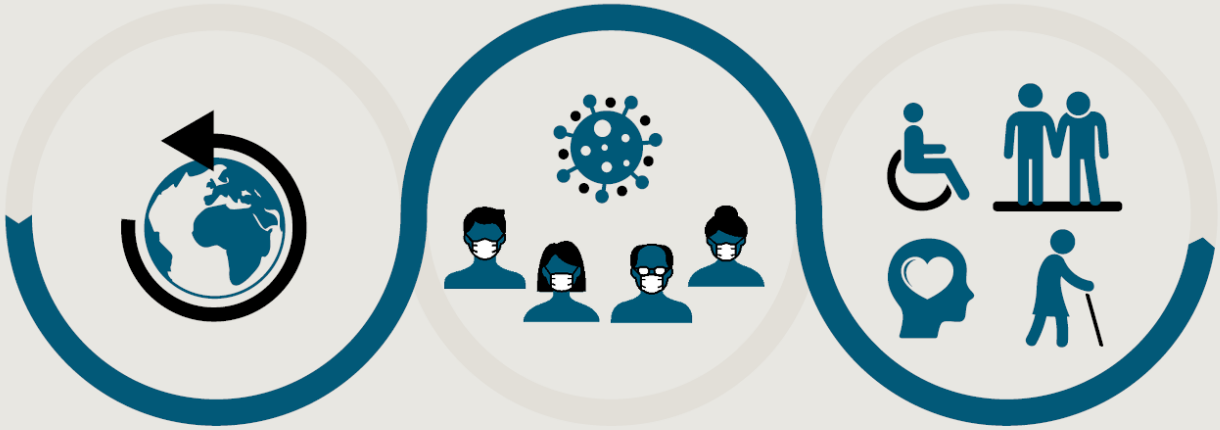


Note: Based on adults aged 40-74 years registered with a GP practice in Manchester

COVID-19 impact inquiry

What does the pandemic mean for health and health inequalities?

The COVID-19 impact inquiry is looking at three time periods in relation to the pandemic: before, during and after.



1 Before

- How did people's existing health shape their experience of the pandemic?
- How did people's social and economic circumstances influence their experience of COVID-19?
- How was UK's national experience affected by its collective health, social and economic resilience?

2 During

- How did the response to the pandemic impact on people's health?
- How has the response affected the social and economic factors that influence people's long-term health?

3 After

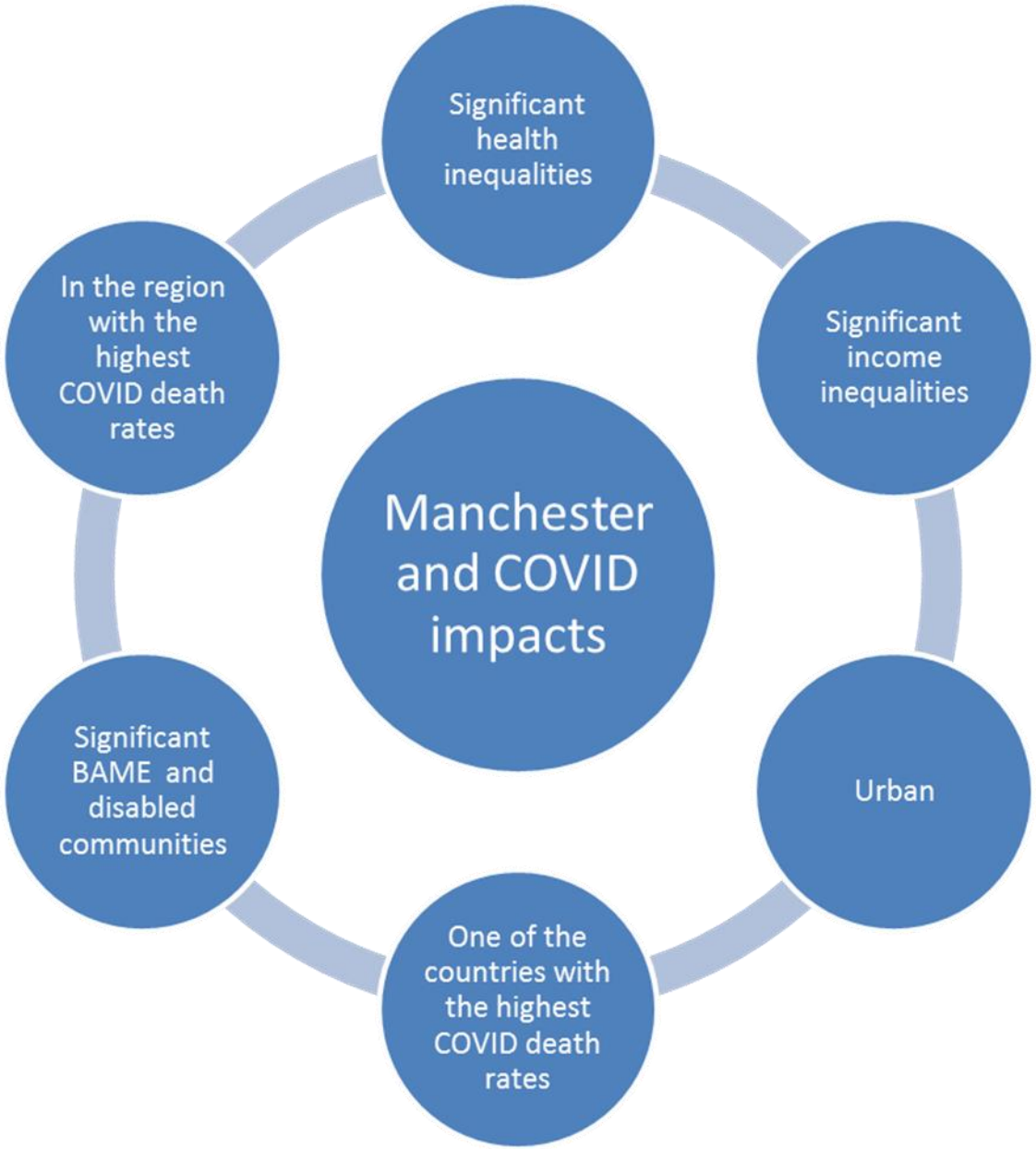
- What might the implications of the pandemic be for people's future health and health inequalities?
- What might the changes in people's social and economic circumstances mean for their future health?
- How can we learn from the pandemic to build a fairer society and what are the implications for government decision making?

The inquiry is spotlighting groups who have been disproportionately affected by the pandemic including:

- Disabled people
- Young and older people
- People with mental health conditions
- Minority ethnic communities
- Key workers
- Formal and informal carers

The Health Foundation

Find out more at: health.org.uk/covid-19-impact-inquiry


Manchester and COVID impacts
Significant health inequalities
Significant income inequalities
Urban
One of the countries with the highest COVID death rates
Significant BAME and disabled communities
In the region with the highest COVID death rates

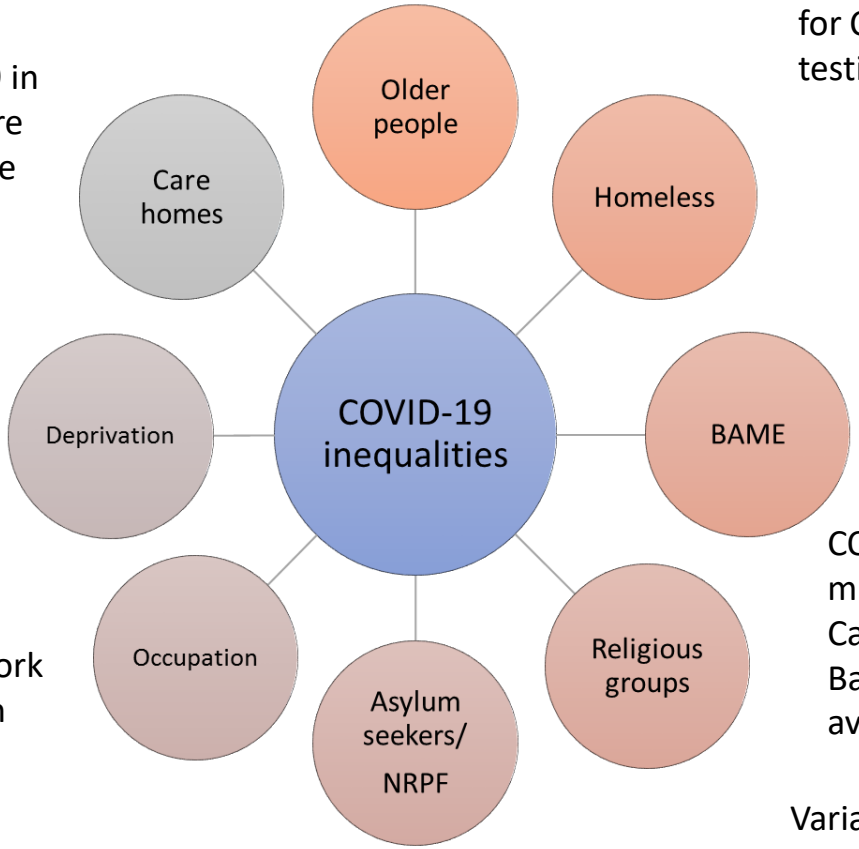
Manchester COVID-19

Local Prevention and Response Plan

People with COVID-19 aged 80 or older 70 times more likely to die than those aged under 40.

1,400 people in emergency accommodation. Many homeless people have chronic health conditions making them high risk for COVID-19. Complexities with testing, tracing and isolating.

1 in 5 deaths involving COVID-19 in Manchester have occurred in care homes. This is a highly vulnerable population.



Manchester population ~50% BAME. Higher risk of COVID-19 related deaths in many ethnic minority groups. Likely to be a combination of structural and individual risk factors.

The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas. There are high levels of deprivation in Manchester.

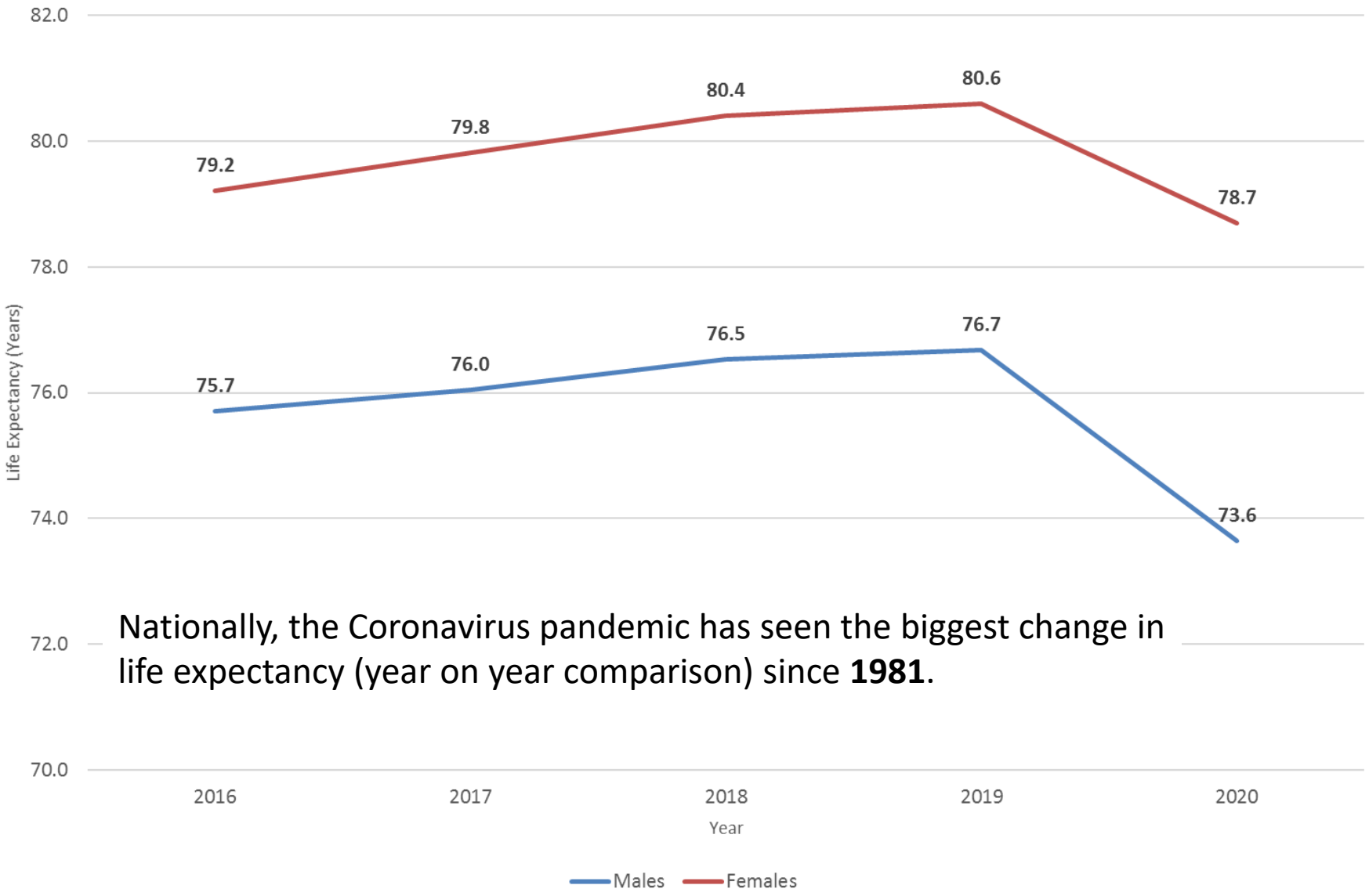
COVID-19 vaccination coverage is much lower in Black African, Caribbean, Pakistani and Bangladeshi people than the city average

41% of Manchester residents work in sectors of the economy which have higher death rates from COVID-19 e.g. construction, transport and manufacturing.

Variation in COVID-19 related death rate by self-reported religious group. Highest age-standardised mortality rate in Muslims, also higher in people identifying as Jewish, Hindu or Sikh.

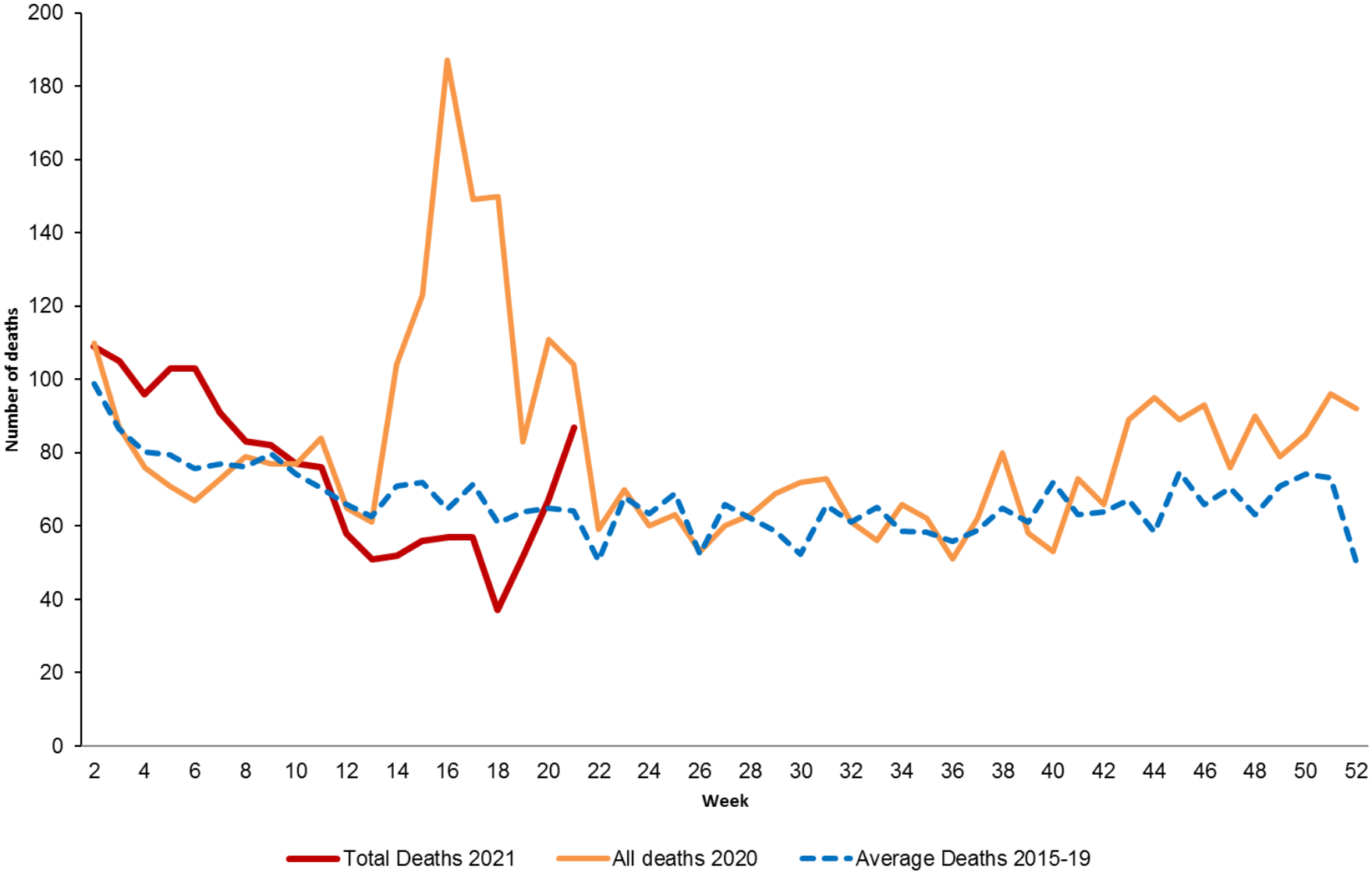
Estimated to be 6,000 asylum seekers in Manchester. Issues with over-crowed housing, lack of access to healthcare and language barriers.

Provisional Estimates of Life Expectancy at Birth for Manchester Residents by Gender Calendar Years 2016-2020

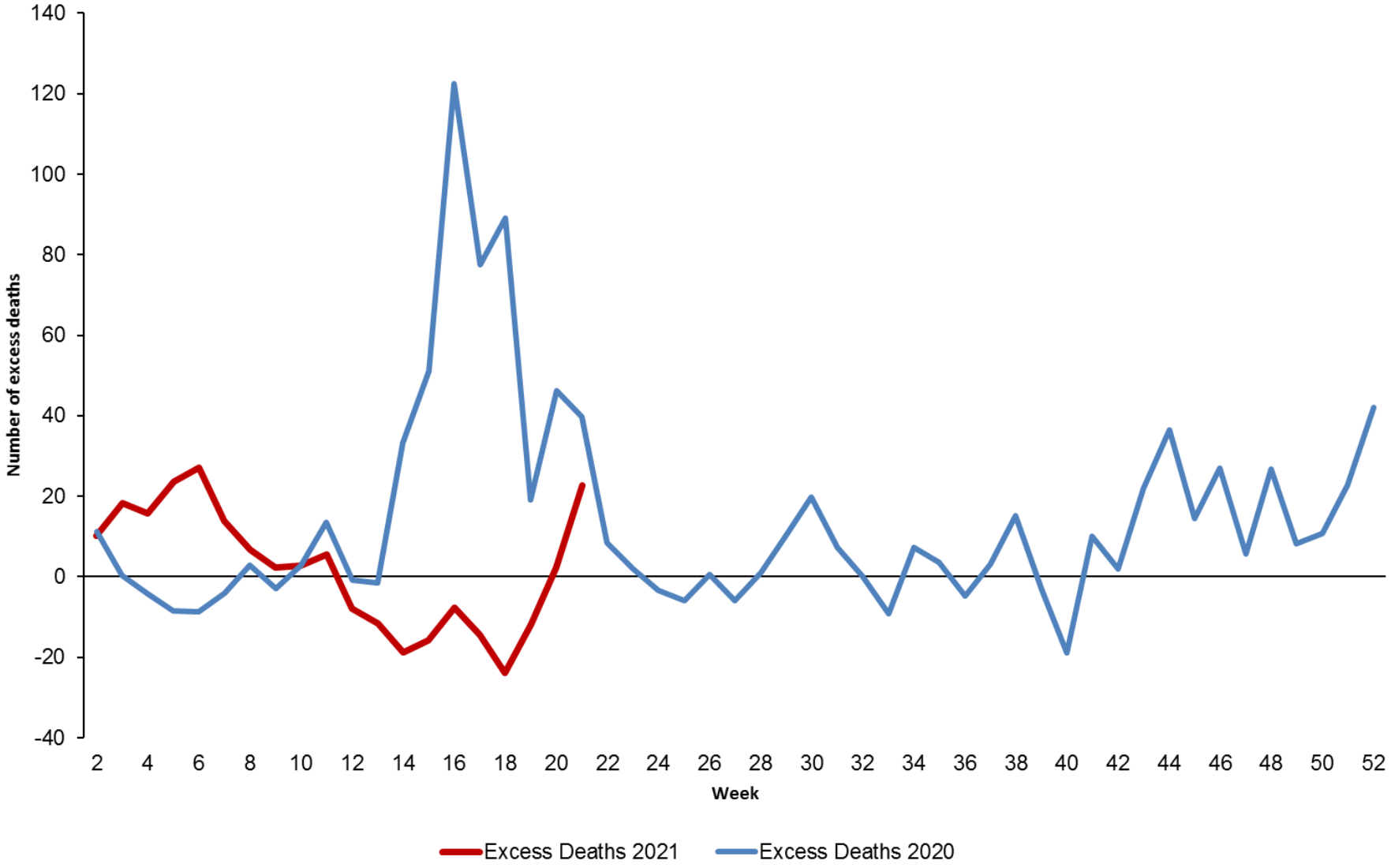


Nationally, the Coronavirus pandemic has seen the biggest change in life expectancy (year on year comparison) since **1981**.

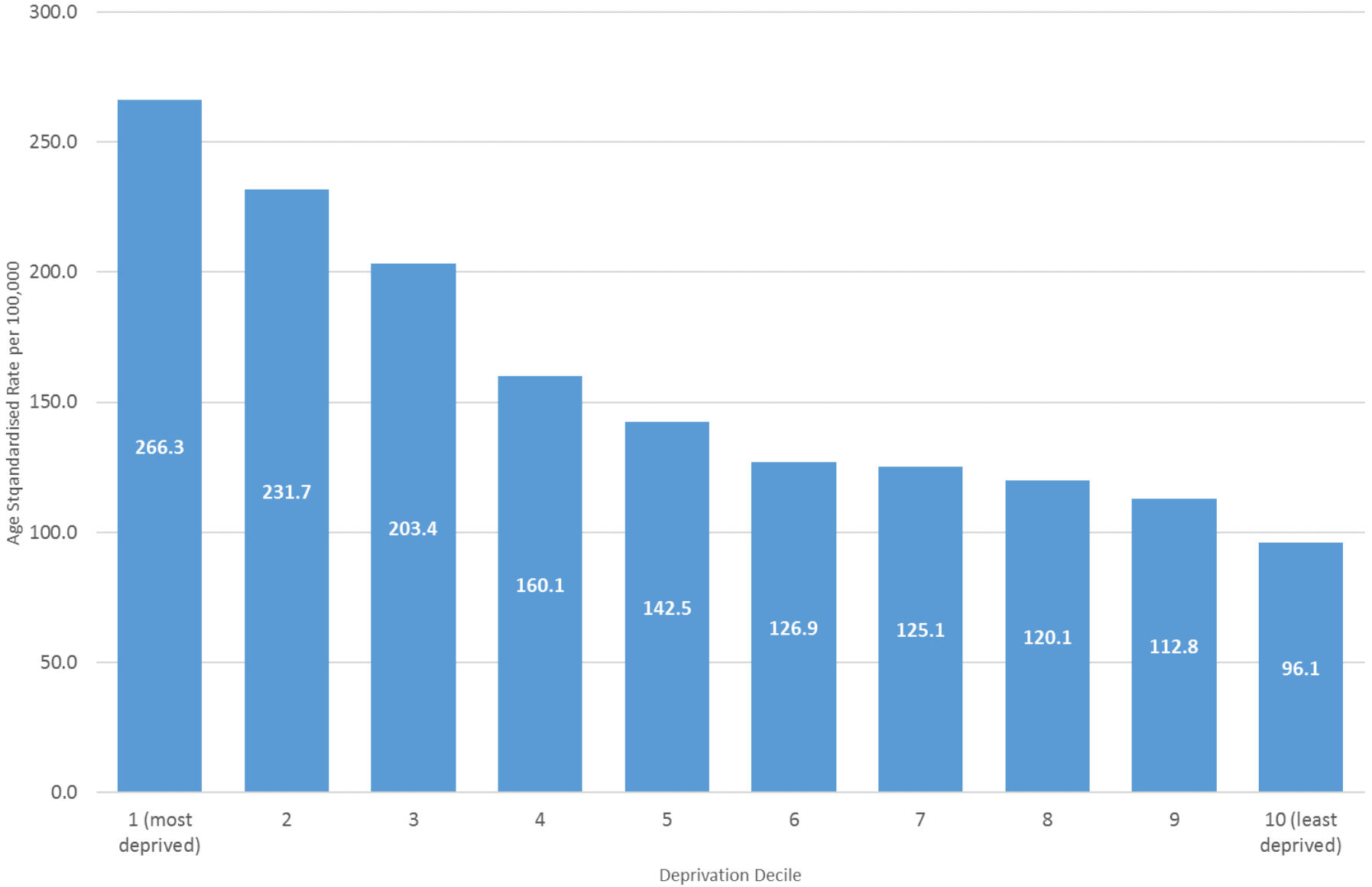
Total Number of Deaths (All Causes) per Week in Manchester Residents
Deaths Registered in 2020 and 2021 compared with Average for 2015-2019



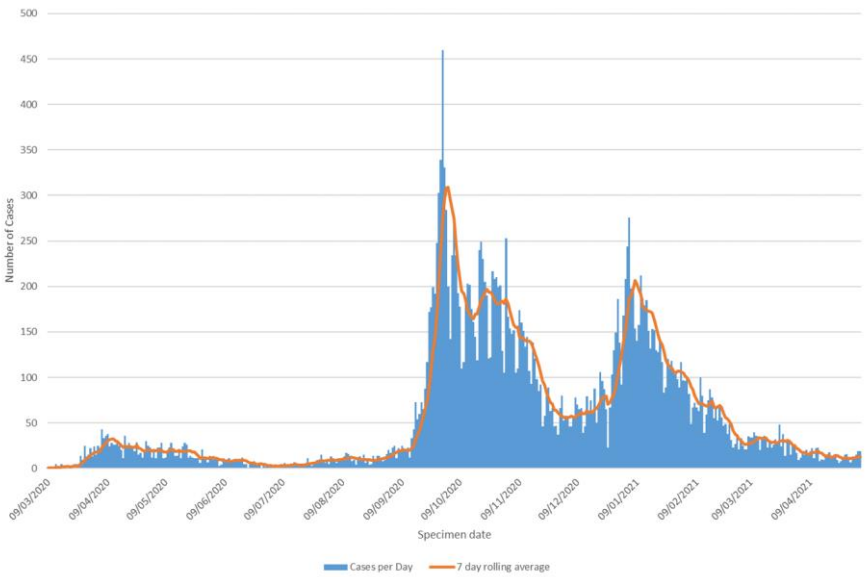
Total Number of Excess Deaths per Week in Manchester Residents
Deaths Registered in 2020 and 2021 compared with Average for 2015-2019



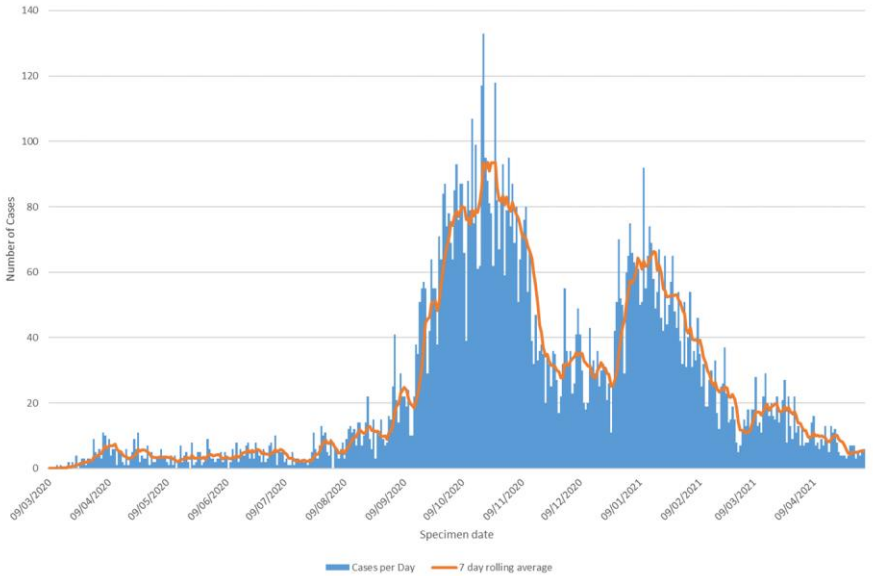
Age standardised rate of deaths due to COVID-19 by Deprivation Decile (England)
Deaths registered between March and December 2020



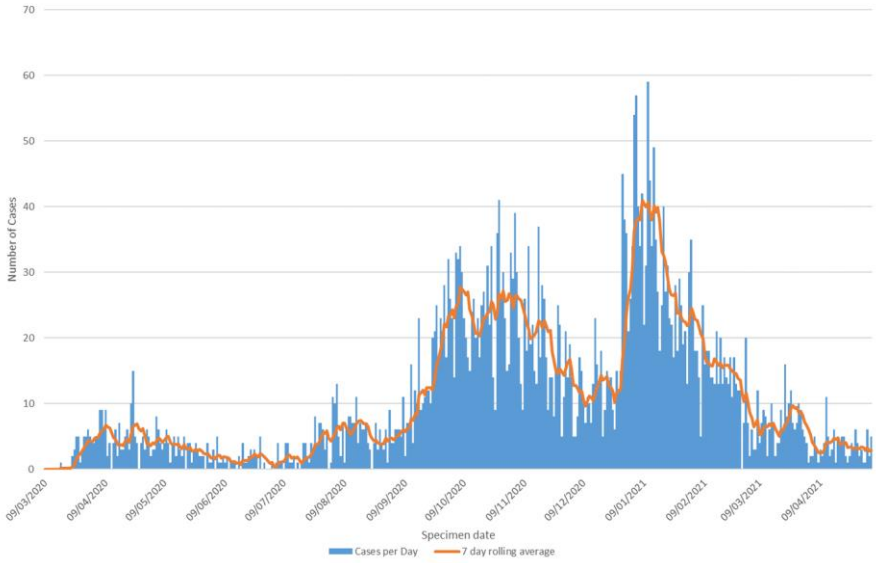
White



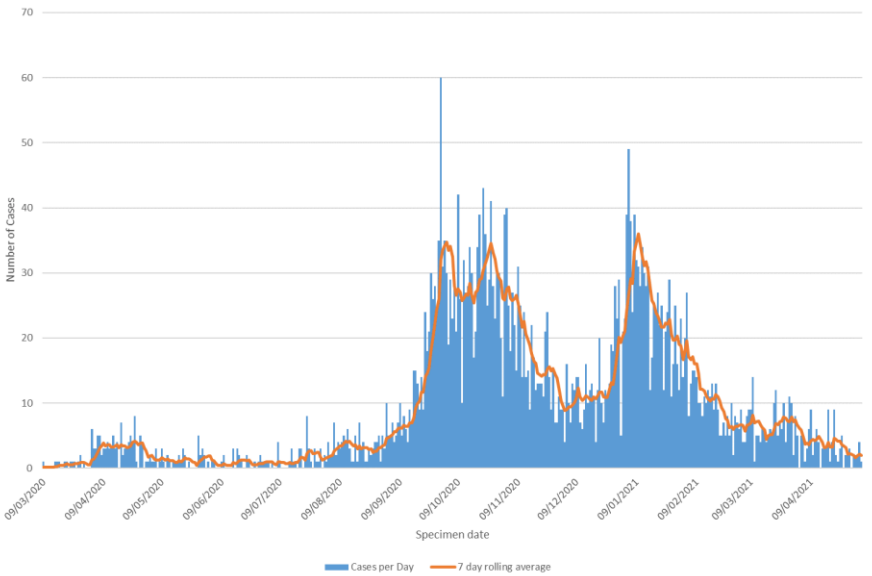
Asian

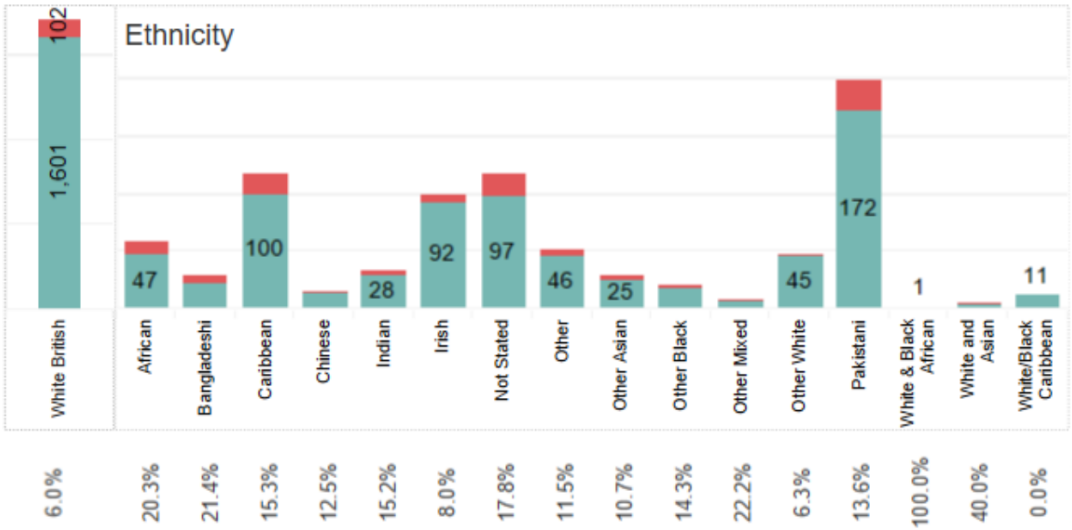


Black



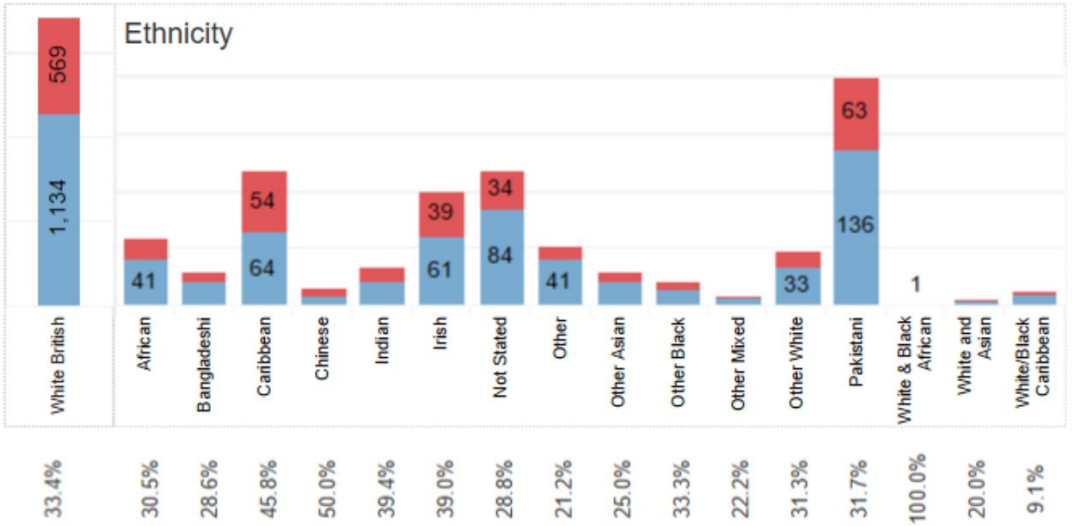
Other / Mixed

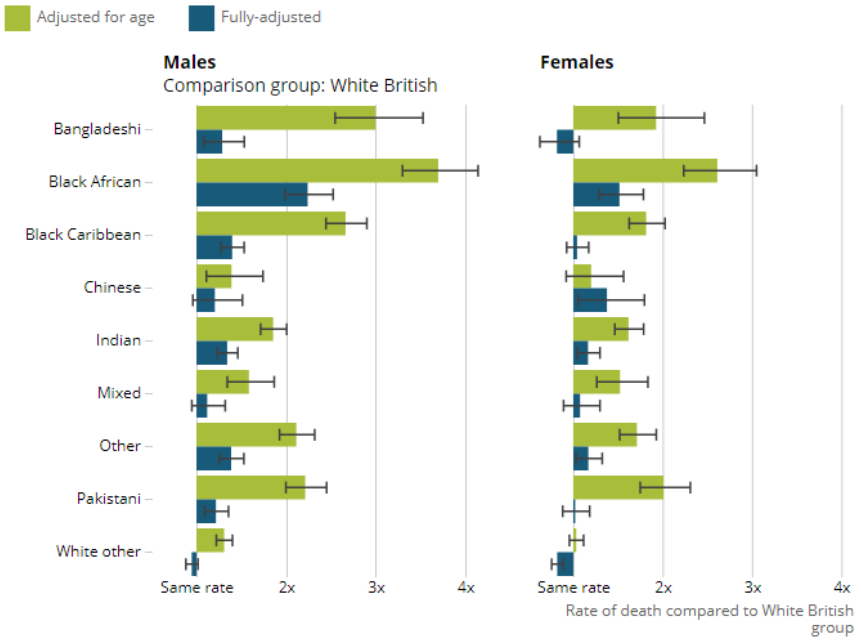


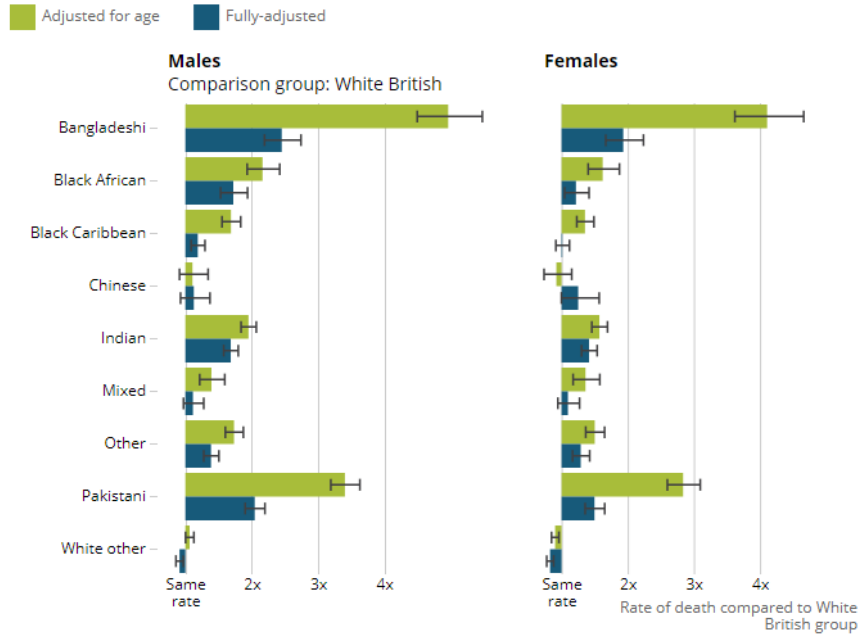


Hospital admissions requiring critical and non-critical care by ethnic group (April 2020 -March 2021)

Hospital discharges and deaths by ethnic group (April 2020 -March 2021)





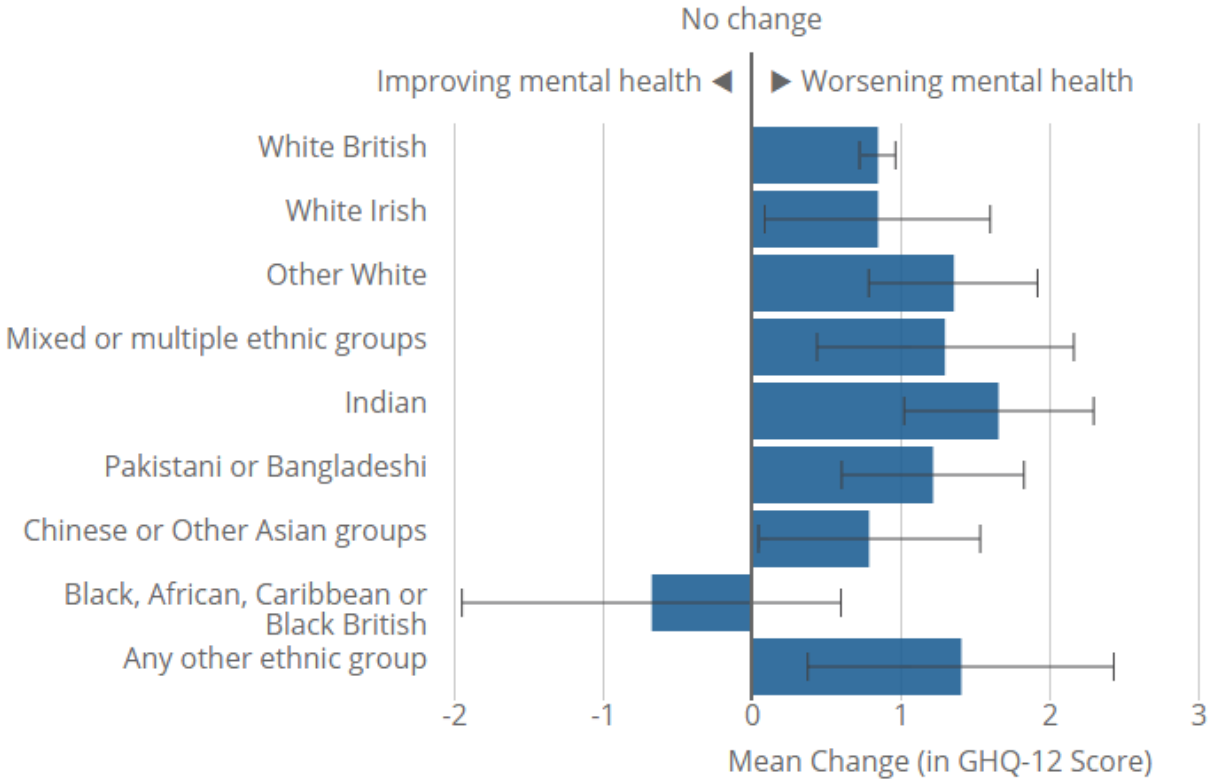


Ethnic contrasts in deaths involving COVID-19, England: 24 January 2020 to 31 March 2021 (ONS)

During the first wave of the pandemic (24 January to 11 September 2020), the rate of death involving COVID-19 was highest for the Black African group (followed by the Bangladeshi, Black Caribbean and Pakistani ethnic groups).

In the second wave of the pandemic (12 September 2020 onwards), most Black and South Asian groups remained at higher risk than White British people even after adjusting for location, measures of disadvantage, occupation, living arrangements and pre-existing health conditions.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021

Fully adjusted average change in GHQ-12 scores of those aged 16 years and over between 2019 and April 2020 by ethnic group

Nearly all ethnic groups reported a deterioration in mental health in April 2020 compared with 2019. Over a third (36%) of those from the Indian ethnic group and around a third (35%) of those from a Black, African, Caribbean or Black British ethnic group reported increased or persistent loss of sleep over worry, compared with less than a quarter (23%) of White British respondents.