Overview of Inequalities

Dr Rammya Mathew, (Vice-Chair of the HWB), GP, Kings Edge Medical Centre
Ruth du Plessis, Interim Director of Public Health and Leisure
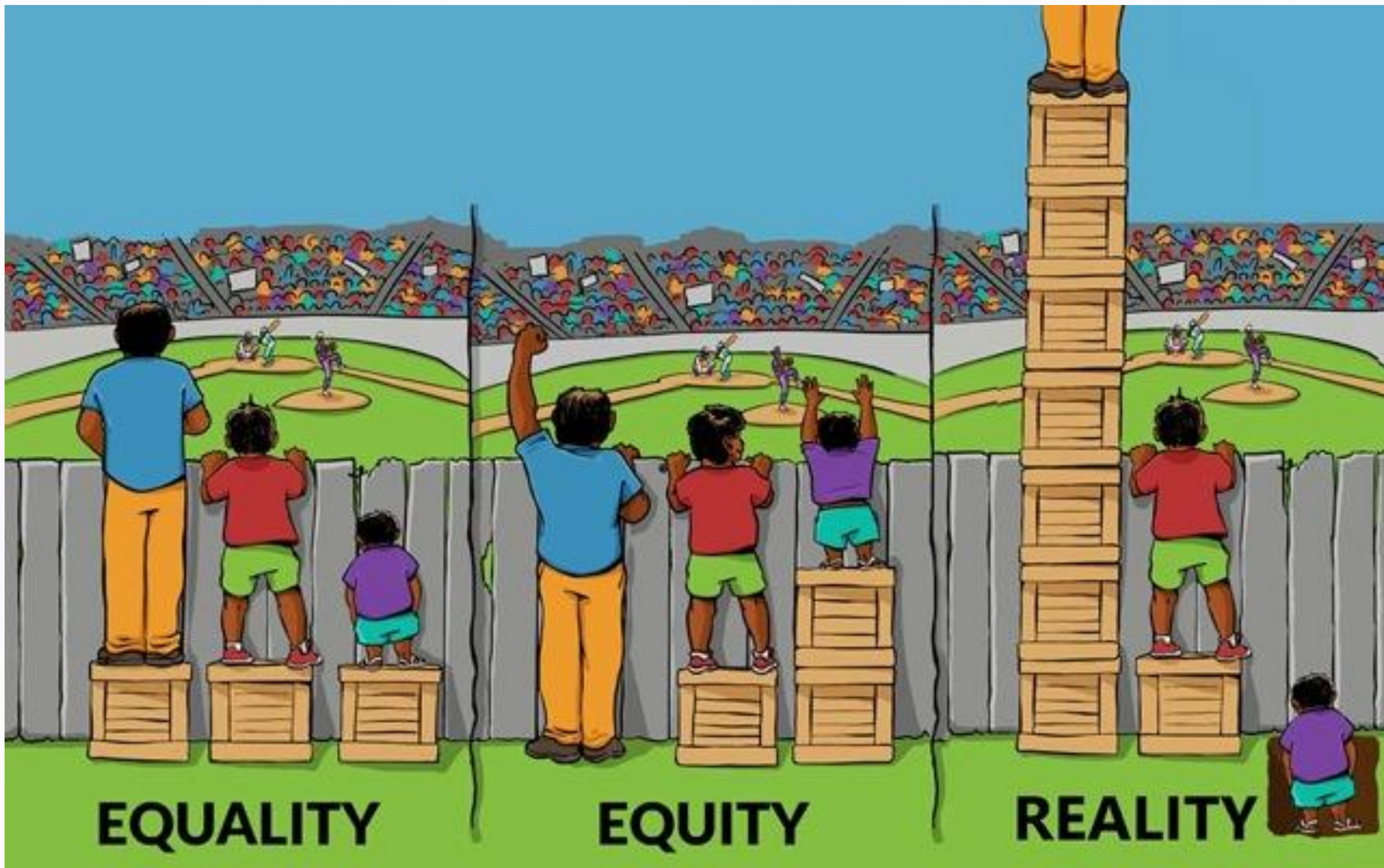
Health and Wellbeing Board - 29 January 2026

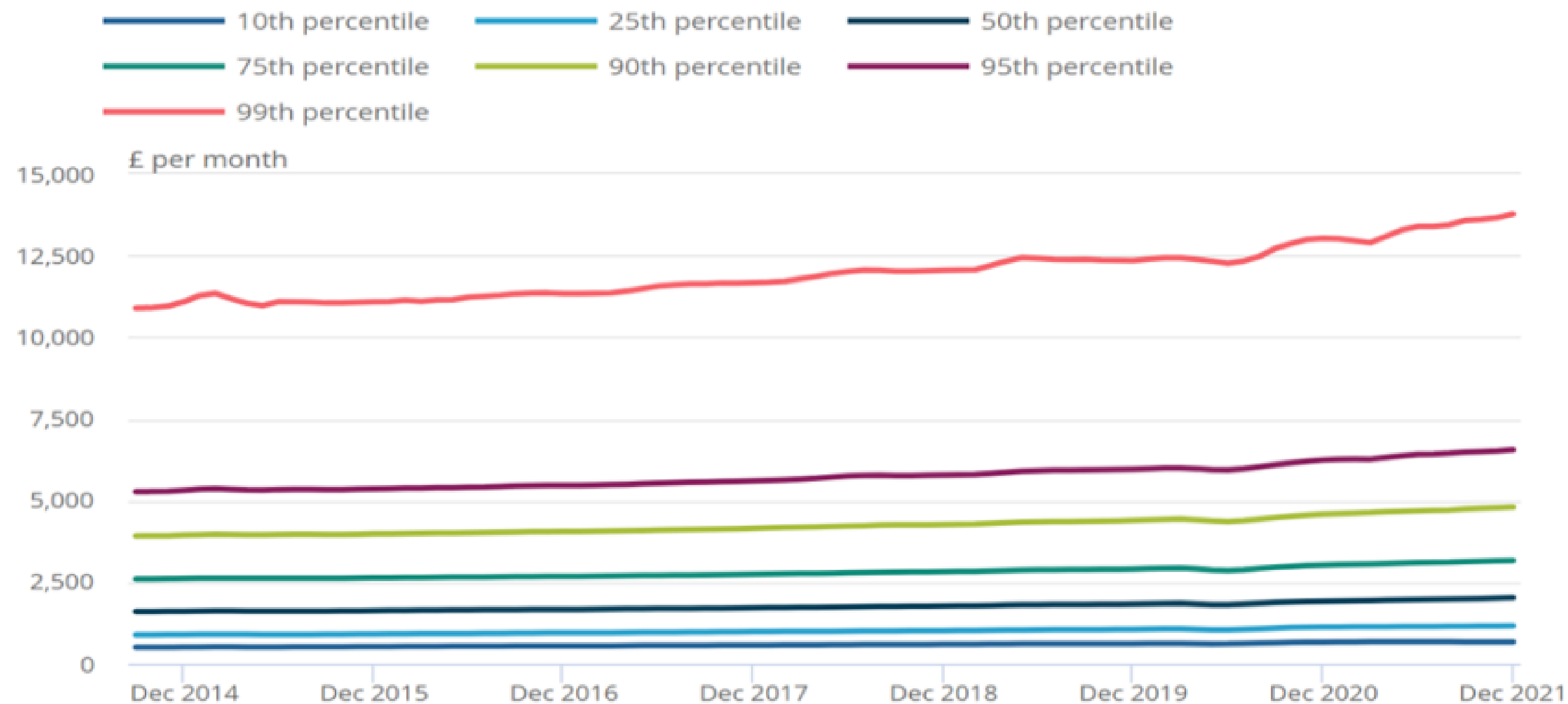COLLABORATE PROACTIVELY

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Brent

EQUALITY EQUITY REALITY

Brent

Pay per month, seasonally adjusted, UK, three months to September 2014 to three months to December 2021

Legend: 10th percentile, 25th percentile, 50th percentile, 75th percentile, 90th percentile, 95th percentile, 99th percentile

Pay per month in the UK, data from the Office of National Statistics (February 2022), indicates the gap between rich and poor is getting wider in the UK

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years
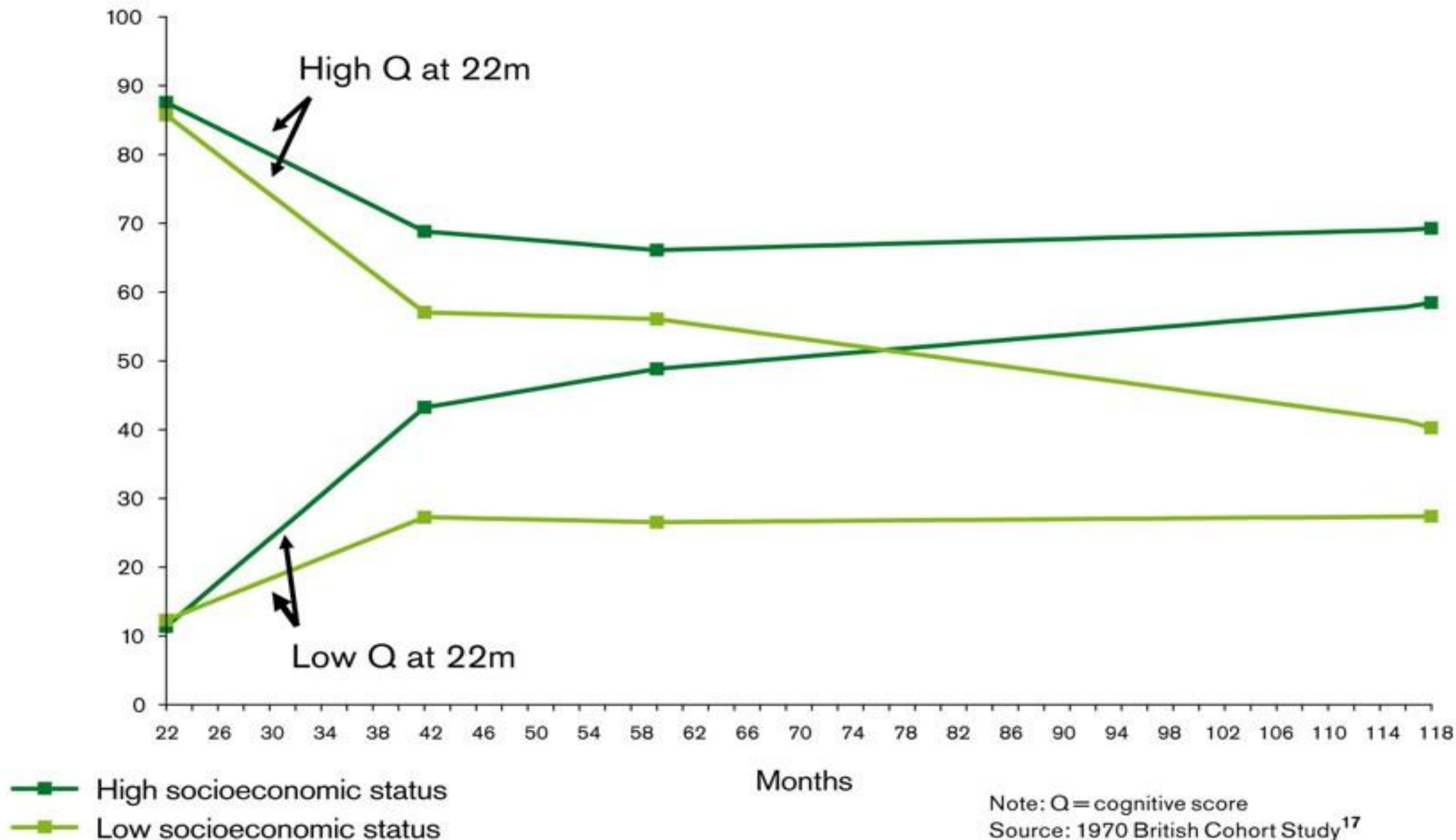
This chart is from the very first Marmot Report from 2010. It shows that well off children who were born with low cognitive score got more cleaver over time and intelligent children living in poorer circumstances became less cleaver over time. This is an illustration of example of why inequalities matter.

Deprivation in Brent

The Indices of Multiple Deprivation (IMD) 2025:

- There have been changes to the calculation process, with new features being added to some of the seven domains (income, employment, education, health, crime, barriers to housing and services, and living environment).

- 296 local authority areas are given a rank, with a rank of 1 being the most deprived, Brent is ranked **41st most deprived** area in England. Brent was ranked 79th most deprived on this measure in 2019.

- As Brent is a borough with comparatively low income, high benefit use and high housing costs this has had a significant impact on its overall position.

- Brent's **income deprivation score is the 12th highest** nationally out of 296 lower tier local authorities. Brent remains the **4th most deprived borough of the 32 London Boroughs**.

- Brent's Income Deprivation Affecting Children Index score of 58.7% (was 18.2%) of **children living in income deprived households is the 5th highest nationally.**

- Brents Income **Deprivation Affecting Older People Index score is 33.1%** (was 25.8%).

- Of the seven domains, Brent ranks the highest across barriers to housing and services – 73.5% of its Lower Super Output Areas (LSOAs) are in the most deprived 10% of LSOAs nationally. **This is the highest level in England.**

For more information: https://data.brent.gov.uk/dataset/indices-of-deprivation-2019-jsna-2rkw4

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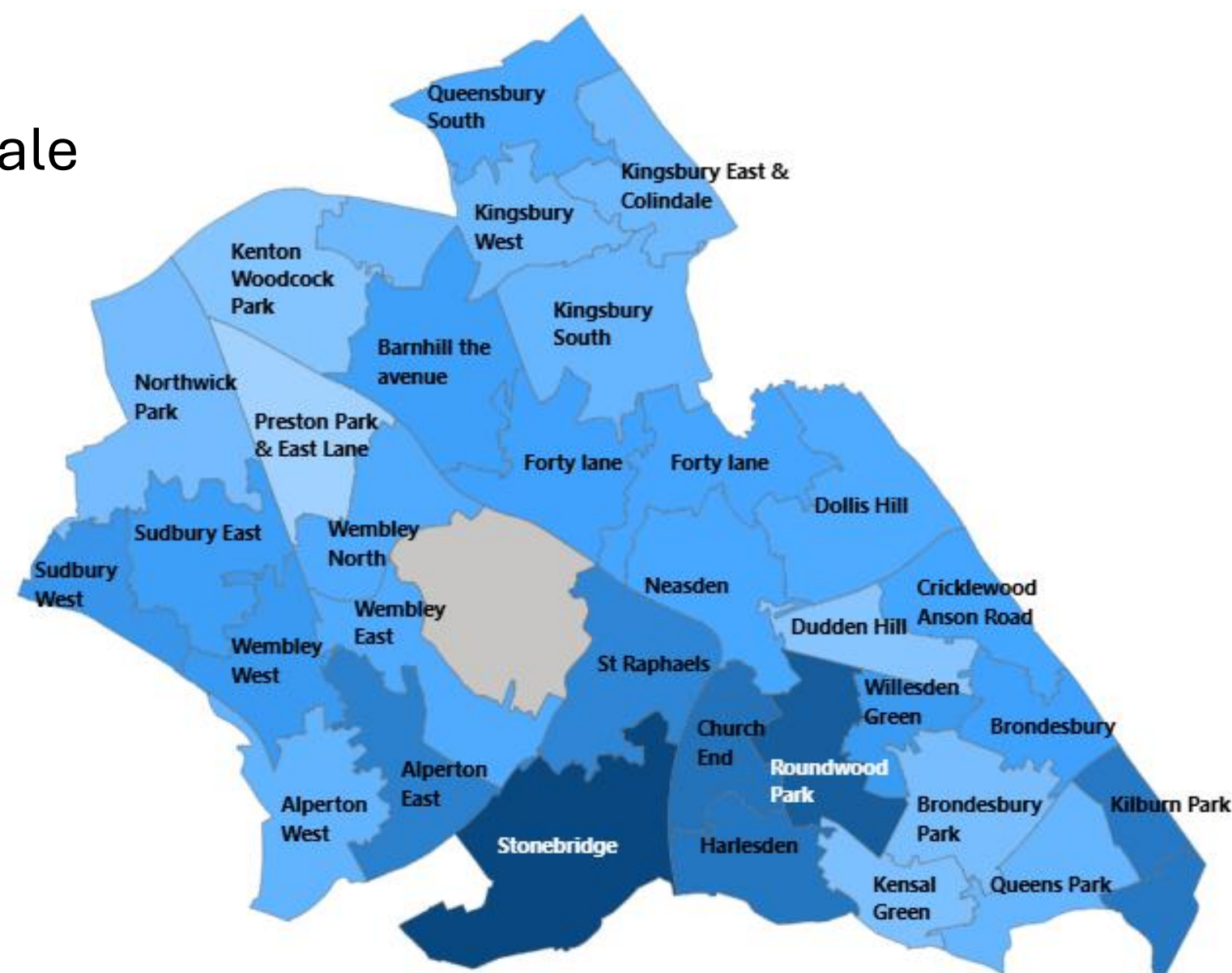EMBRACE CHANGE

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Life Expectancy by MSOA in 2019-2023

Male

Female

Shortest LE (73 yrs) — Brent average (79 yrs) — Longest LE (84 yrs)

Shortest LE (81 yrs) — Brent average (85 yrs) — Longest LE (88 yrs)
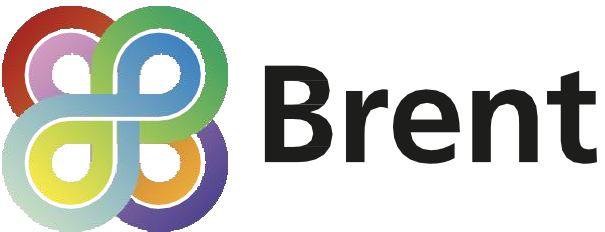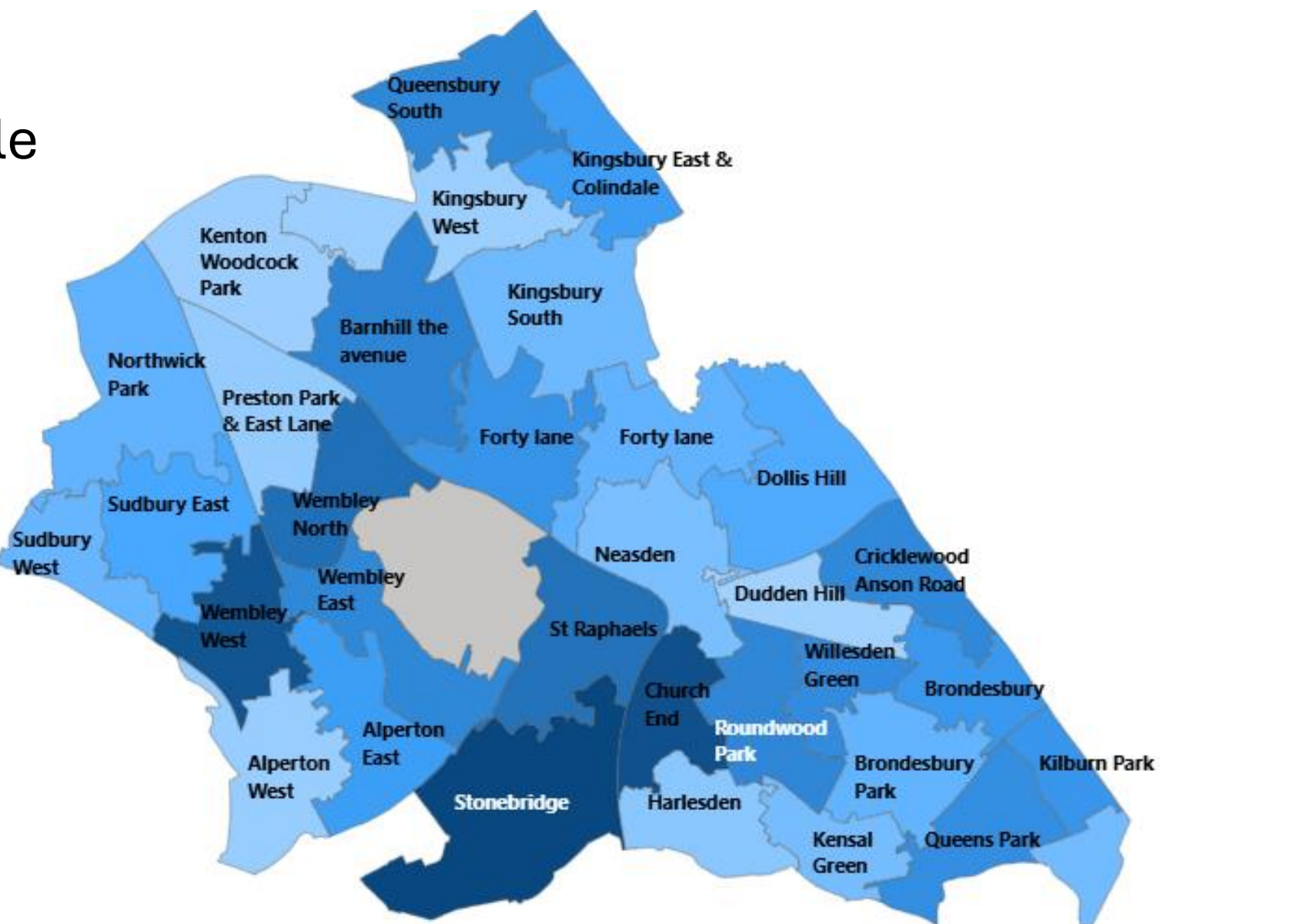
The maps indicate a clear gap in life expectancy at birth between the most deprived and least deprived areas across both genders.

There is also a gender gap with the average LE for males in Brent being 6 years less than the average for LE for females living in Brent.

Brent

Source: Fingertips

Life expectancy in Brent from 2022-2024

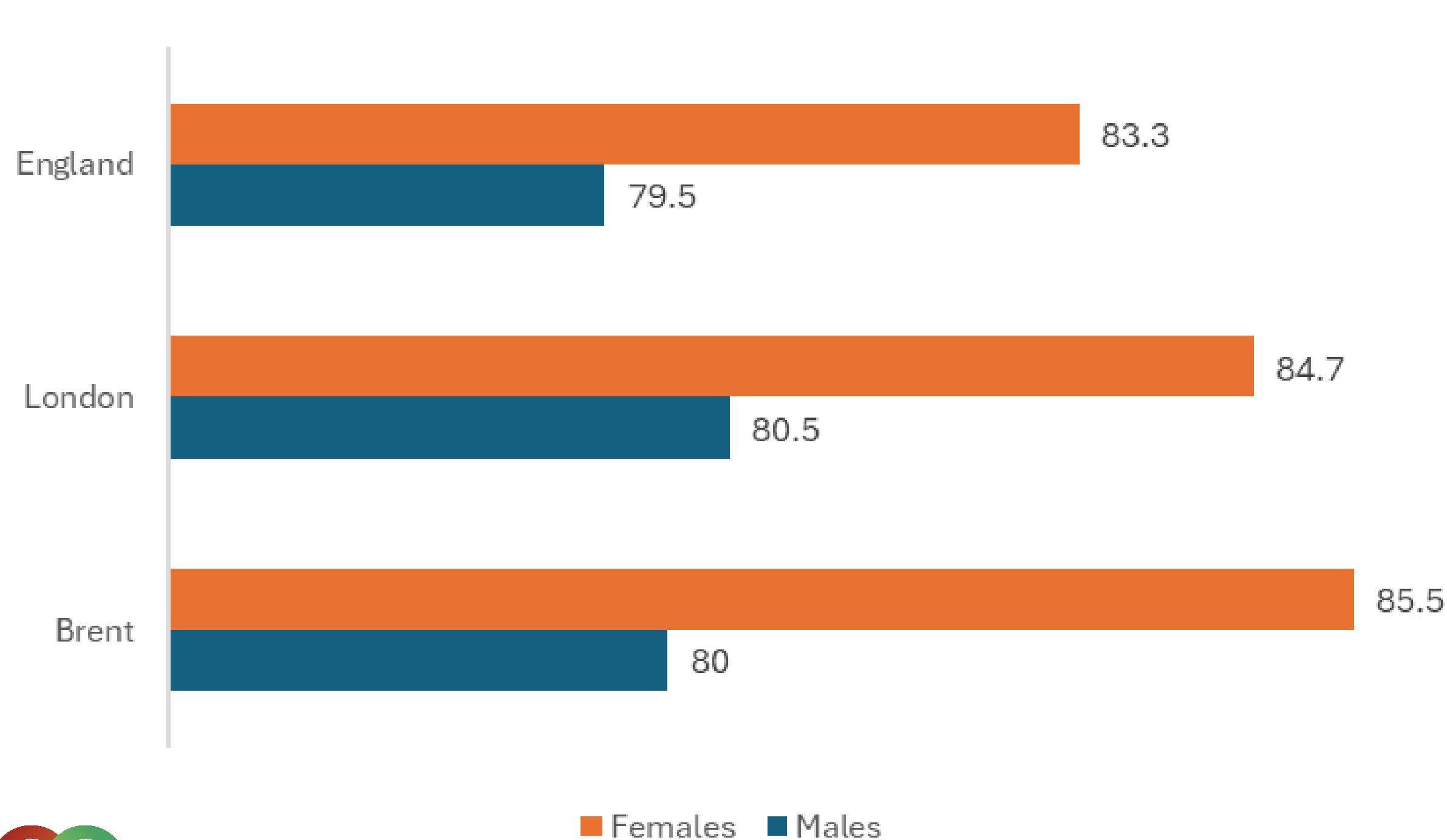The chart shows the life expectancy at birth in Brent compared to London and England for both males and females.

There is a clear gap in life expectancy across genders nationally which filters down to borough level. Compared with England and London, the gap in life expectancy is higher in Brent, with Females expected to live 6 years longer than males compared to 4 years nationally.

England
83.3
79.5

London
84.7
80.5

Brent
85.5
80

Females   Males

Brent

Source: ONS

The Black Report - 1980
Sir Douglas Black

INEQUALITIES IN HEALTH

REPORT OF A RESEARCH WORKING GROUP

DHSS
1980

INEQUALITIES
IN HEALTH
THE
BLACK REPORT
&
THE
HEALTH DIVIDE

The Acheson Report - 1998
Sir Donald Acheson

Public Health in England: The Report of the Committee of Inquiry into the Future Development to the Public Health Function. Chmn. Sir D.Acheson (Command Paper)

Acheson, Sir Donald

Note: This is not the actual book cover

Brent

The Marmot Review - 2010
Sir Michael Marmot

Fair Society, Healthy Lives
The Marmot Review
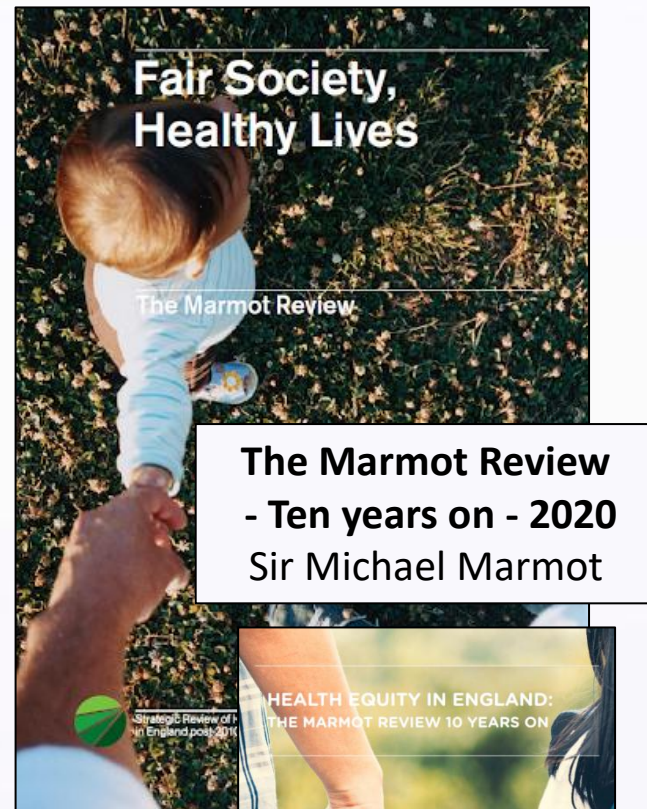
The Marmot Review
- Ten years on - 2020
Sir Michael Marmot

HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON

The Covid-19 Marmot Review
Build Back Fairer- 2020
Sir Michael Marmot

BUILD BACK FAIRER: THE COVID-19 MARMOT REVIEW
The Pandemic, Socioeconomic and Health Inequalities in England
Executive summary

Structural Racism, Ethnicity and Health Inequalities in London
Institute of Health Equity - 2024

STRUCTURAL RACISM, ETHNICITY AND HEALTH INEQUALITIES IN LONDON
Executive summary

DARREN McGARVEY
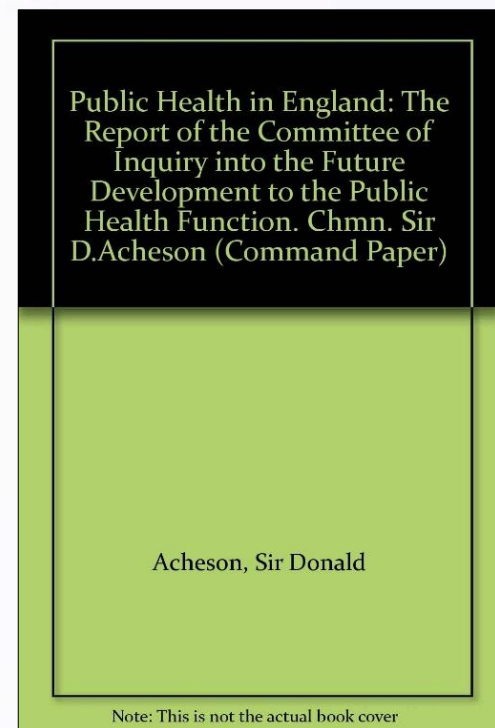THE SOCIAL DISTANCE BETWEEN US
How Remote Politics Wrecked Britain
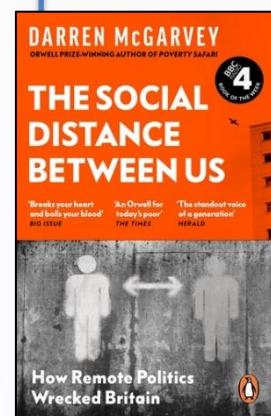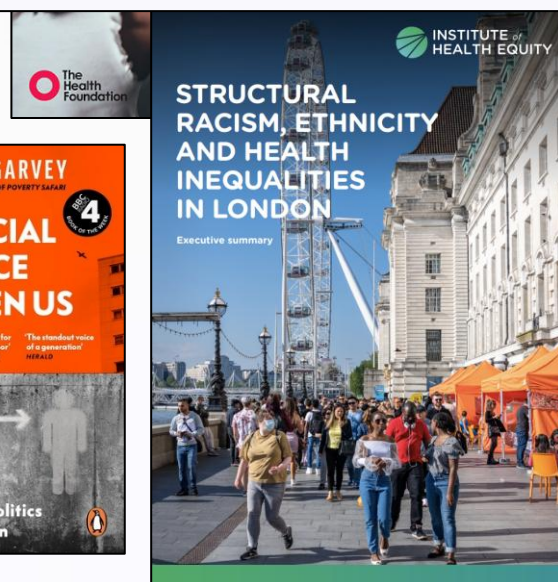
Disadvantage starts before birth and accumulates throughout life.

The review has 6 policy objectives with the highest priority being given to the first objective:

1. giving **every child the best start in life**

2. enabling all children, young people and adults to **maximize their capabilities** and **have control** over their lives

3. creating **fair employment** and good work for all

4. ensuring a **healthy standard of living** for all

5. creating and developing **sustainable places and communities**

6. strengthening the role and impact of **ill-health prevention**.
Subsequently Marmot added…

7. tackle **racism, discrimination and their outcomes.**

8. pursue **environmental sustainability** and health equity together.

INSTITUTE of **HEALTH EQUITY**

The Health Foundation

The Social Distance Between Us
Darren McGarvey
Chapter 7 – Health
Search Results for The social distance between us

www.instituteofhealthequity.org

www.health.org.uk

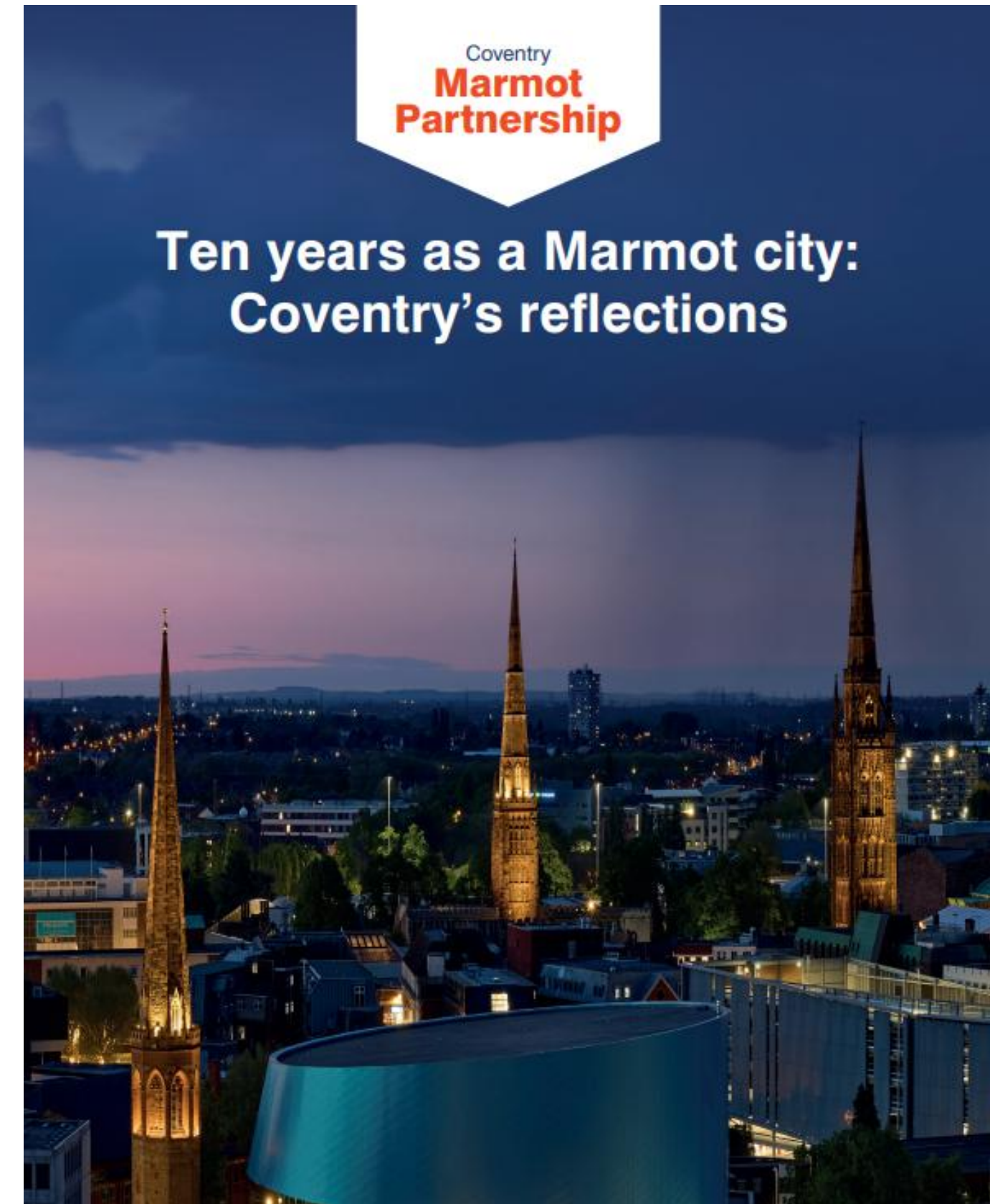# How do we work together to tackle inequalities?

Some Principles

- Prevention is better than cure
- Population health
- Wider determinants of health
- Evidence based interventions
- Tailored to local need and resources
- Insight, data and intelligence

Key approaches

- Inequalities in all policies
- Progressive universalism
- Polices which are destigmatising
- Making the healthy choice the easy choice
- Capacity building
- Best start in life

Brent

Case study: Coventry

- In 2013, Coventry became the first place to announce it would become a "Marmot city".

- Between 2015 and 2019, Coventry saw an improvement on its IMD ranking. Coventry raised 22 places in the IMD rankings, whilst 10 of the 11 other West Midlands areas went lower in the rankings.

- They report that the Marmot approach was a fundamental way of working, a philosophy rather than a strategy.

- Notable successes were reported for the Marmot Principle to give every child the best start in life. Coventry's support people who face the biggest barriers to employment, education, and training as well as ongoing work to form Businesses Committed to a Fairer Coventry and promoting an equitable social value agenda was also seen as key to the success.

Coventry
Marmot
Partnership

Ten years as a Marmot city: Coventry's reflections

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We must design health services through a **wider determinants of health lens**

Socioeconomic status is the strongest predictor of health outcomes.

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
Copyright-free

Healthy People 2030

Healthcare access and quality matter – but cannot offset disadvantage on their own

Health services and health and care professionals
need to recognise that people start from very different places

Their ability to:
- engage with their health
- make healthy choices
- self manage
- navigate the healthcare system

A one-size-fits-all health system risks widening inequalities

Brent

Neighbourhood health: embedding inequalities into everything we do

Neighbourhood health is our opportunity to make tackling inequalities core business – not a bolt-on

Focus on how people experience services locally, not organisational boundaries

- Embed health inequalities into:
    - Design of services
    - Resource allocation
    - Workforce culture and behaviours

- Shift from reactive care to proactive, preventative support
- Shared ownership across health partners in Brent
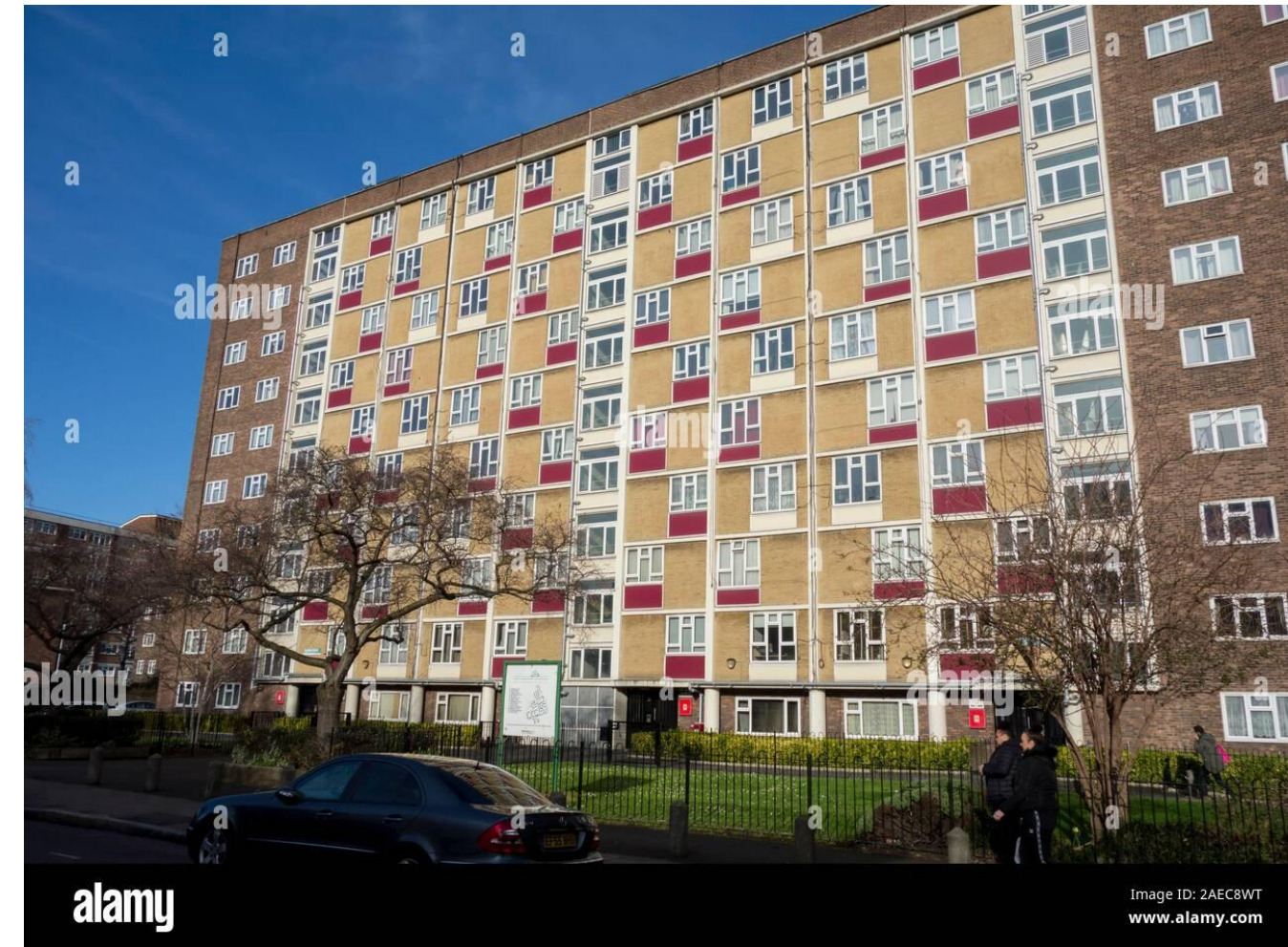
Our ambitions for neighbourhood health are underpinned by three strategic workstreams

Brent

Workstream 1: No wrong front door

Recognise barriers to accessing care across the system

- Identify individuals and groups who may need additional support
- Take a joined-up, system-wide approach to supporting vulnerable residents
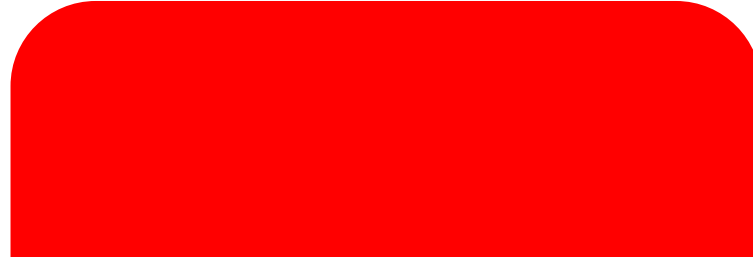
Do we have effective ways to flag people who need extra support?

Are we making reasonable adjustments for people who struggle to access services?

How are DNA's handled? – do we explore the why, not just record the outcome.

Do frontline teams have the professional curiosity and autonomy to problem solve?

Brent

Worsktream 2: Community connectedness

- **Building trust, capability and connection with Brent's diverse communities**
  - Align community-based roles:

    - Social prescribers
    - Community connectors
    - Health educators

Strengthen trust between communities and health services

Better insight to inform service design

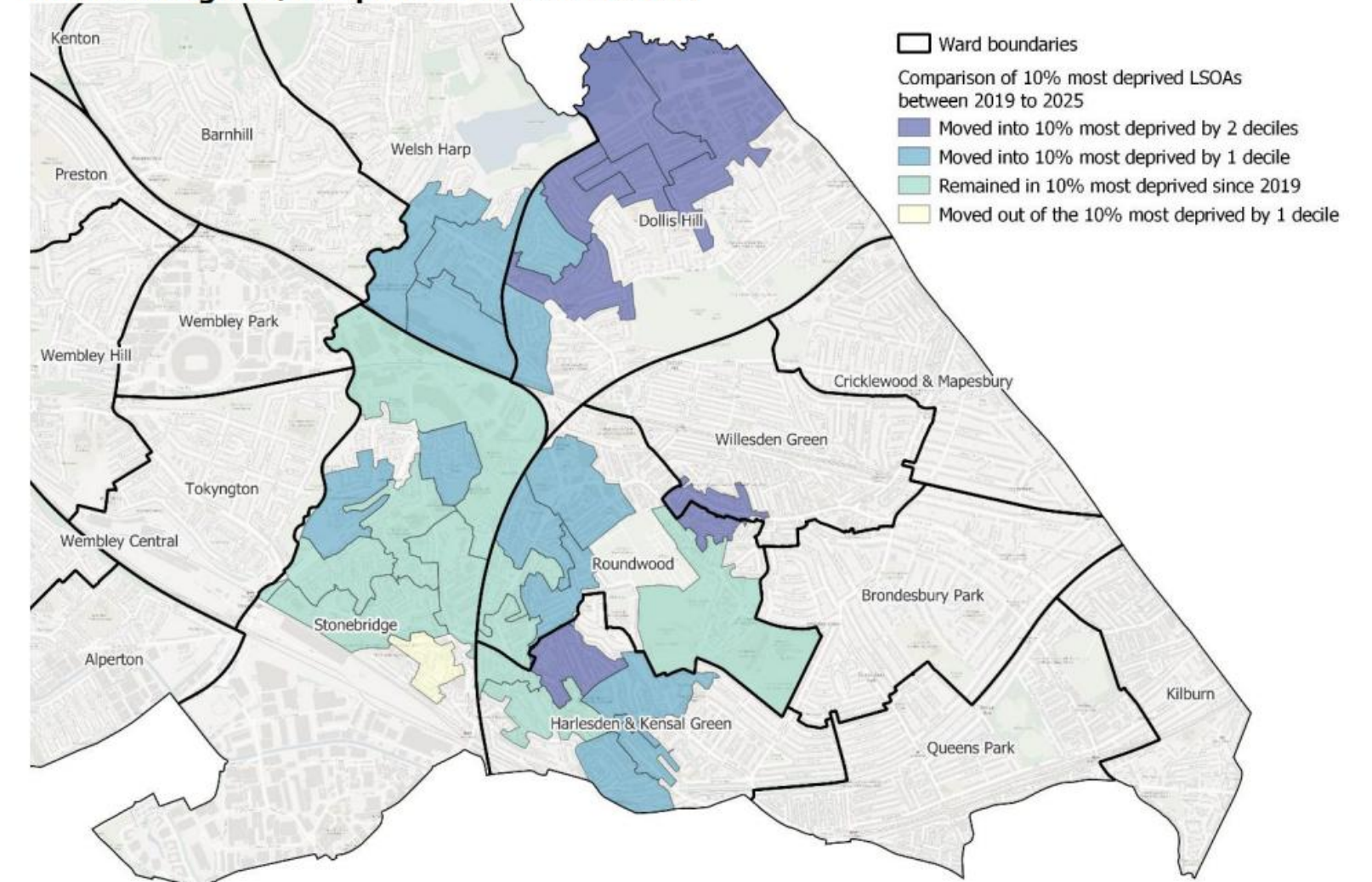Connecting people to the right services/ support

- **Embed VCSE partners into the health inequalities programme**
  - Review community grants to ensure alignment with:
    - Resident-identified needs
    - Population health priorities

Brent

Workstream 3:Population health management

- Using data and insight to target resources where they are most needed

- **Equity approach:**
  - Use IMD and local intelligence to guide decision-making
  - Apply **proportionate universalism**:
    - Universal services for all
    - More intensive support for communities with the greatest need

- **Proactive approach**
  - Reaching patients with unmet clinical/ social needs
  - Moving away from an events-based approach
  - Targeted data driven proactive care

Map 2: Index of Multiple Deprivation: Brent LSOAs that are within the 10% most deprived LSOAs in England, comparison of 2019 to 2025

☐ Ward boundaries
Comparison of 10% most deprived LSOAs between 2019 to 2025
■ Moved into 10% most deprived by 2 deciles
■ Moved into 10% most deprived by 1 decile
■ Remained in 10% most deprived since 2019
☐ Moved out of the 10% most deprived by 1 decile

Source: English indices of deprivation 2025 - Ministry of Housing, Communities & Local Government
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