

# The development and use of health inequality indicators in the UK

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# Health in the UK

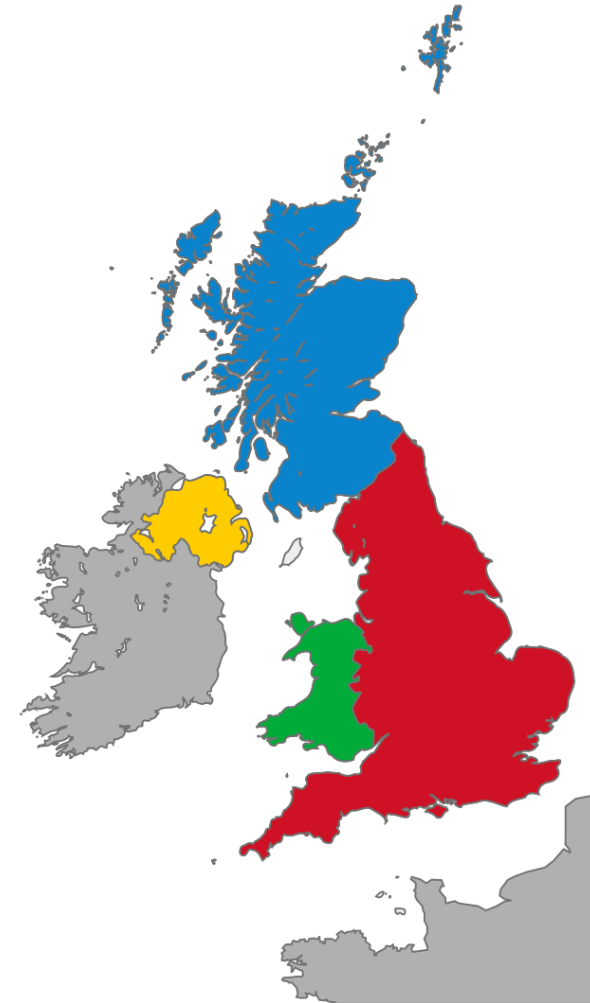
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## Health in the UK (2)

Health is a devolved issue within the UK:

- The UK Parliament legislates for England's NHS.
- The Welsh Assembly, Scottish Parliament and Northern Ireland Assembly are all responsible for health legislation within their own country.

This means that health policy is not shared between the UK's constituent countries.



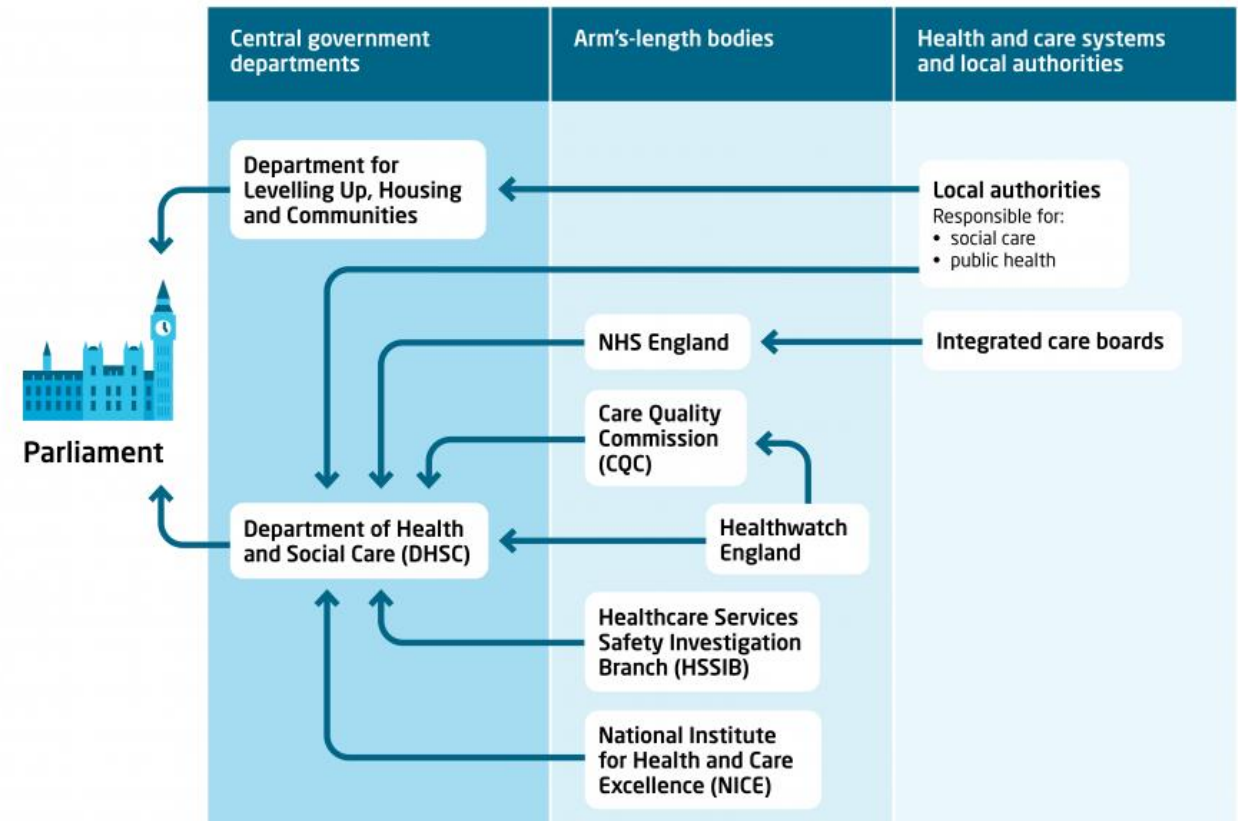
## Health in the UK (3)

The operation of the National Health Service is independent of Parliament and Government.

NHS England (NHSE) is an arms length body that has the responsibility for leading national health priorities.

Integrated Care Boards (ICBs) deliver those priorities, via funding from NHSE.

ICBs allocate budget, commission services and work with Integrated Care Partnerships (ICPs) on wider/ public health issues



# Health inequalities

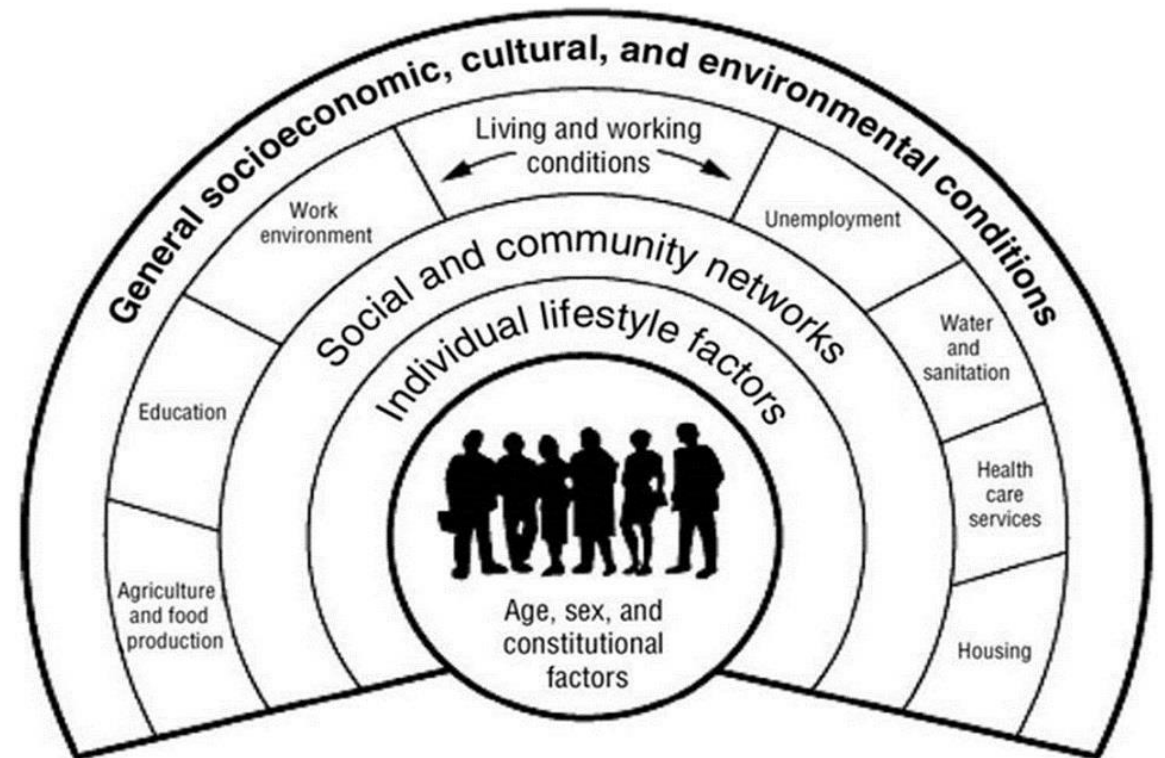
## Health Inequalities (2)

Health inequalities are underpinned by the conditions in which people are born, grow, live, work and age.

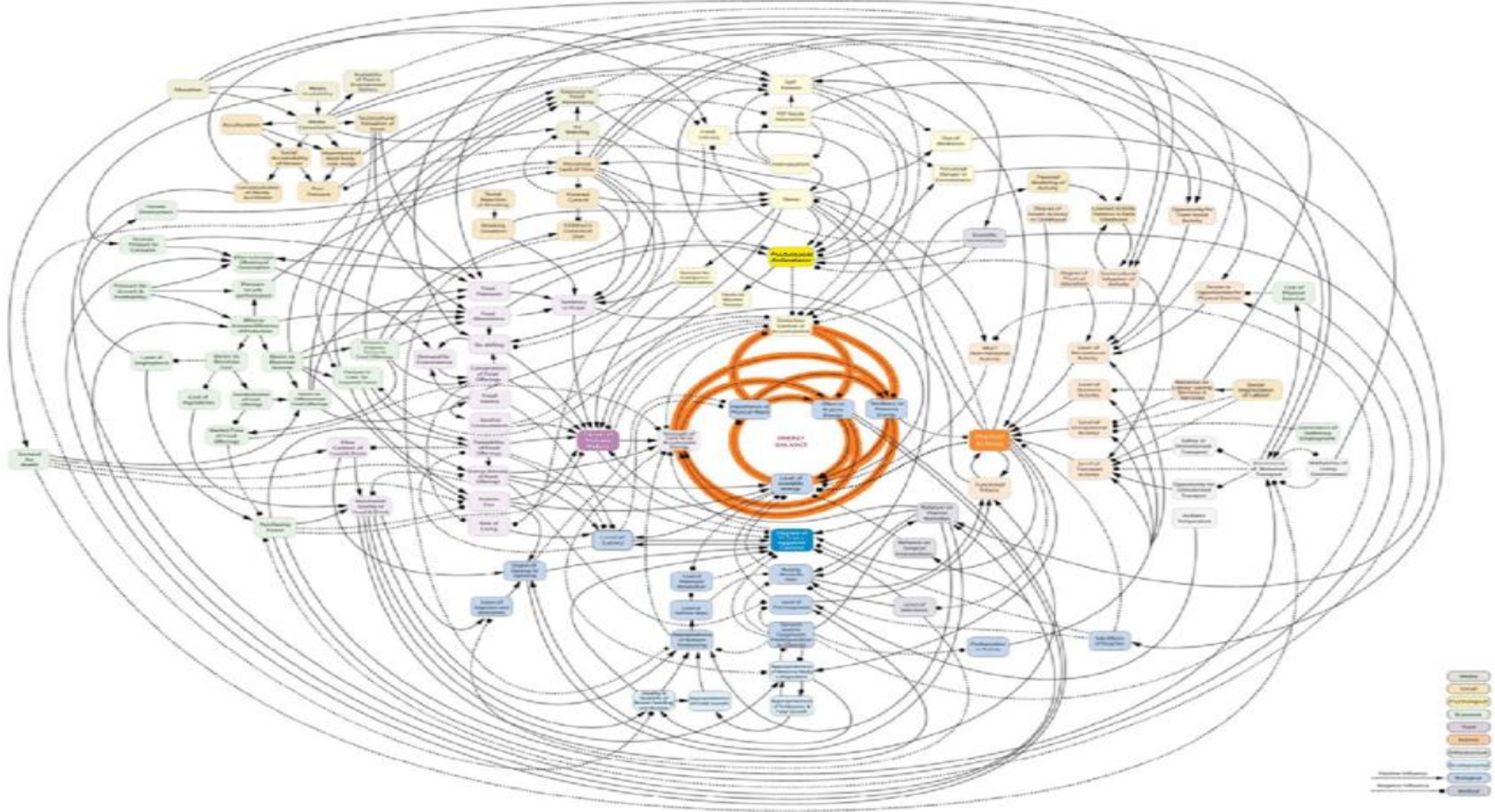
The life-course approach to health emphasises the role of risk and promoter factors from conception onwards.

Many of the factors are overlapping, and interact with each other.

Inequalities in each of these bands of the 'rainbow' will contribute to inequalities in health outcomes.



# Obesity system map from “Tackling obesity: future choices” (2007)









# EHRC's Measurement Framework



# Measuring Inequalities

Our Measurement Framework covers all nine protected characteristics, and 48 bell-weather measures, set across multiple areas of life (domains). Each domain is made up of indicators and measures, selected for their:

- Relevance for human rights
- Relevance for equality and non-discrimination
- Relevance for duty-bearers
- Impact on life chances
- Overview of social issues
- Comparison across place and time

<b>Education</b> The capability to be knowledgeable, to understand and reason, and to have the skills and opportunity to participate in the labour market and in society		Educational attainment of children and young people
		School exclusions, bullying and NEET
		Higher education and lifelong learning
		Employment
<b>Work</b> The capability to work in just and favourable conditions, to have the value of your work recognised, even if unpaid, to not be prevented from working and to be free from slavery, forced labour and other forms of exploitation		Earnings
		Occupational segregation
		Forced labour and trafficking*
<b>Living standards</b> The capability to enjoy a comfortable standard of living, with independence and security, and to be cared for and supported when necessary		Poverty
		Housing
		Social care
<b>Health</b> The capability to be healthy, physically and mentally, being free in matters of sexual relationships and reproduction, and having autonomy over care and treatment and being cared for in the final stages of your life		Health outcomes
		Access to healthcare
		Mental health
		Reproductive and sexual health*
		Palliative and end of life care*
<b>Justice and personal security</b> The capability to avoid premature mortality, live in security, and knowing you will be protected and treated fairly by the law		Conditions of detention
		Hate crime, homicides and sexual/ domestic abuse
		Criminal and civil justice
		Restorative justice*
		Reintegration, resettlement and rehabilitation*
<b>Participation</b> The capability to participate in decision-making and in communities, access services, know your privacy will be respected, and express yourself		Political and civic participation and representation
		Access to services
		Privacy and surveillance
		Social and community cohesion*
		Family life*

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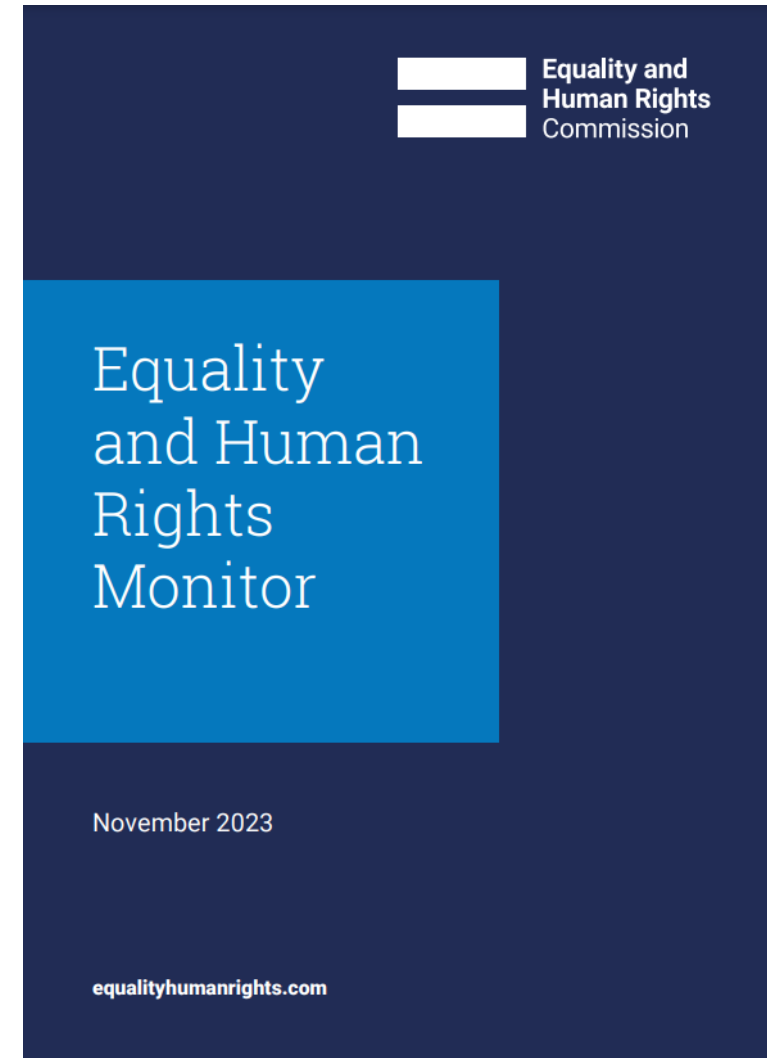
## How we use our Measurement Framework

The Framework is used as the foundation of our Statutory Review process, which monitors equality human rights outcomes in Great Britain and informs horizon scanning and the development of our strategic priorities.

We gather data for all protected characteristics against all measures, and analyse each in turn in a multi-variate model that is relevant to

This process culminates in our state-of-the-nation report, laid in parliament at least every five years, highlighting the most important changes in equality and human rights.

We could not write this report in a systematic way without a comprehensive measurement framework.



# Access to healthcare in Great Britain

## Access to healthcare in Great Britain (2)

England	Scotland	Wales
Waiting times increased rapidly during the pandemic, affecting older people and women in particular	Waiting times for all healthcare services increased following service reconfiguration in response to COVID-19	Waiting times increased rapidly during the COVID-19 pandemic, despite having improved from 2010 to 2019
Trans people reported barriers to accessing care for their physical and mental health	The waiting times for Gender Identity Clinics (GICs) have increased	Women are less likely to report feeling satisfied with their primary care
Women from ethnic and religious minorities report feeling their culture and beliefs were not respected when accessing maternity care.	LGBT people report barriers to accessing sexual and reproductive healthcare	Wales now has a GIC, so patients no longer have to travel to England, but there is no service for children

# Lessons learned

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# What next for the EHRC's Measurement Framework?

Seven years on, the domains of the framework are still relevant. However the measures are not necessarily valid

- Data quality
- Data availability
- Social change

Mid term review:

- Data quality assessment
- Horizon scanning
- Meeting user needs

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## What have we learned?

1. Consider the purpose of your framework, and measures, and design backwards
2. Know the limits of what you can infer
3. Make sure you have a revision protocol
4. Context, context, context!
  - Political
  - Economic
  - Social
  - Technological
  - Legal
  - Environmental
5. Understanding user needs leads to better impact

**Thank you**