

# Health Inequalities and MSK

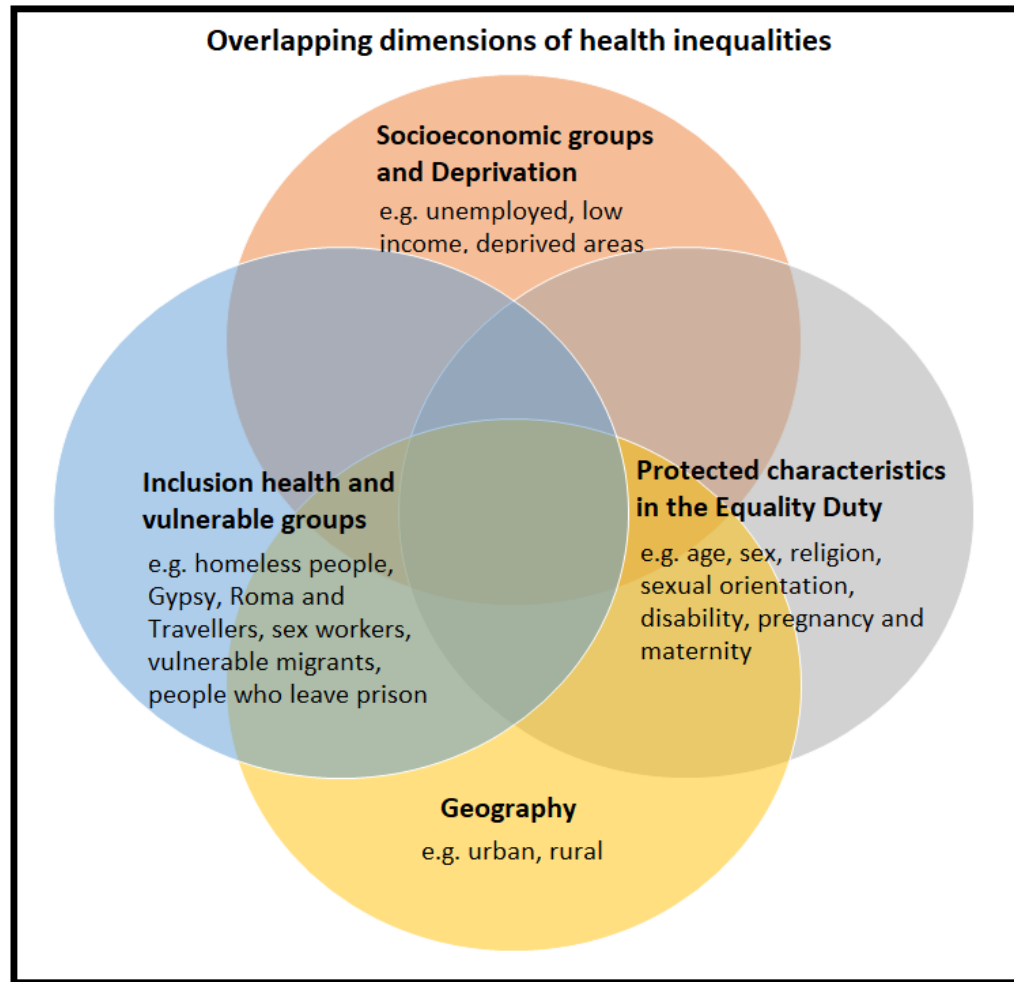
## West Yorkshire Health and Care Partnership

December 2021

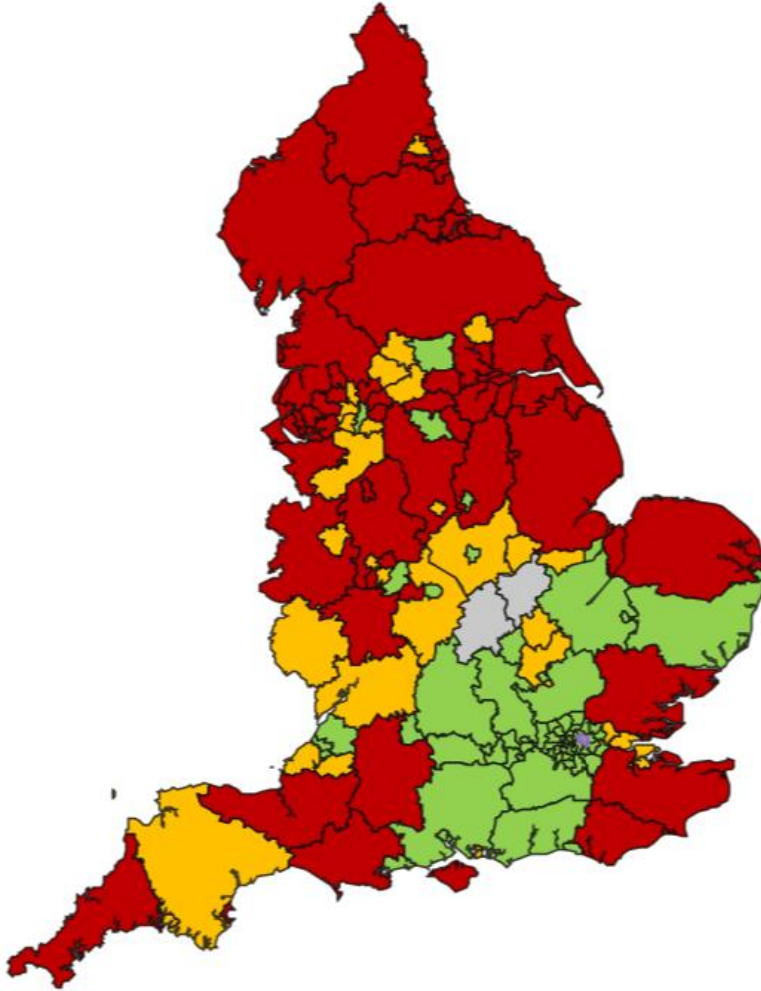
Sarah Smith, Consultant in Public Health, Programme Director Improving Population Health  
[Sarah.smith23@nhs.net](mailto:Sarah.smith23@nhs.net)



# Health Inequalities and Musculo-Skeletal Conditions



# Percentage reporting Musculo-Skeletal Condition by county and UTLA in England (2020)



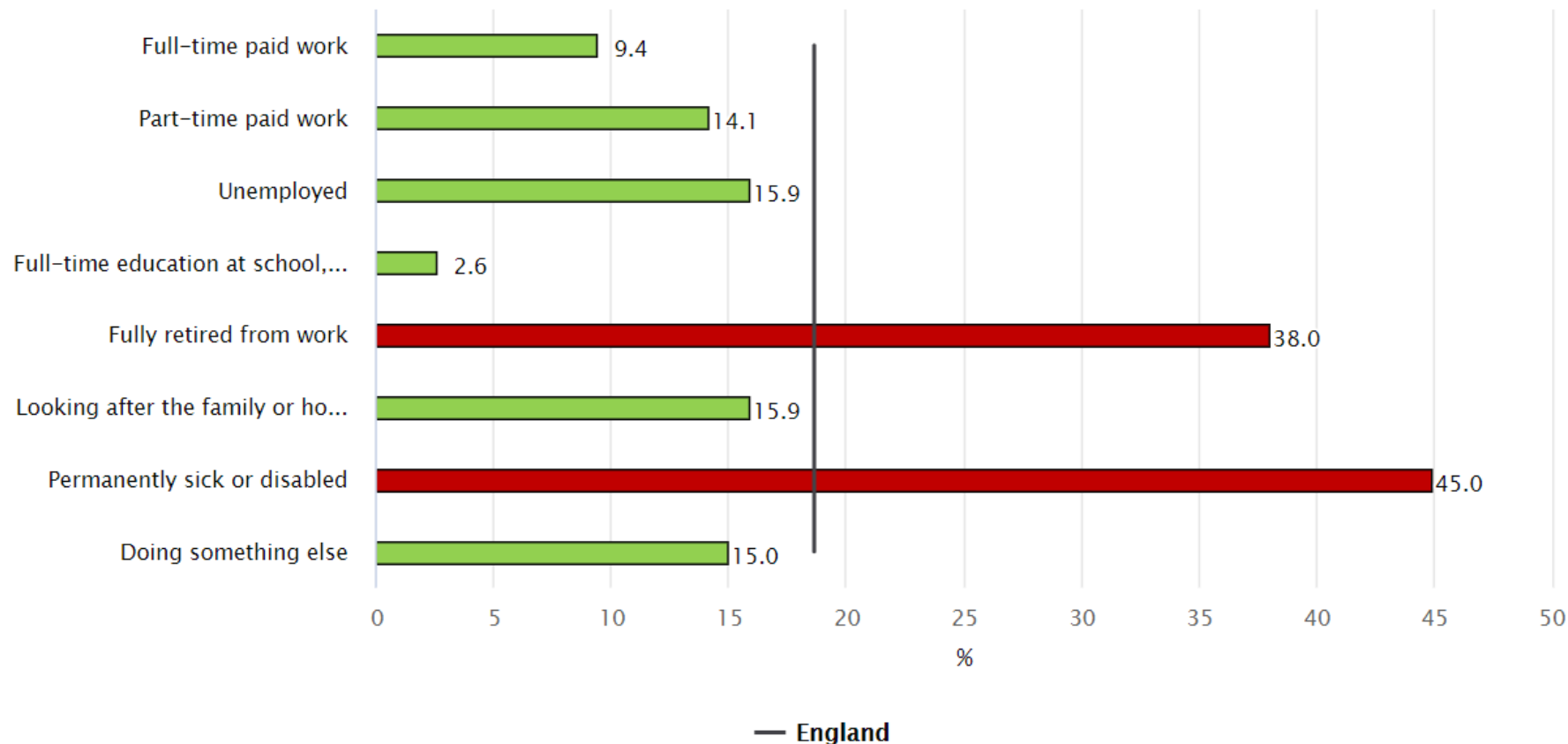
City of London 10.5%

England 18.6%

Sunderland 25.9%



# Percentage Reporting MSK Condition by working status, England 2020



## LUPUS (SLE)

Incidence and prevalence of SLE



9:1

9:1 female-male ratio

## SICKLE CELL (SCD)

Highest prevalence of SCD:  
Black African and African Caribbean



Largest population with SCD: Nigerian

## RACE: ETHNICITY IS AN INDEPENDENT RISK FACTOR

Genetic risks, Socioeconomic status,  
Institutional racism



## MSK PAIN MORE WIDESPREAD AMONG ETHNIC MINORITIES

May reflect social, cultural and  
psychological factors



HIGHER  
PREVALENCE  
of UK MSK conditions  
in black and minority  
ethnic communities  
than in white  
communities

LINKS TO  
HIGHER PREVALENCE  
in black and  
minority ethnic  
communities

## OSTEOPOROSIS

Pre-menopausal South Asian  
women at higher risk



## SIGNIFICANT GAP IN EVIDENCE

Rheumatoid arthritis  
Joint pain  
Back pain  
Use of opioids  
Non-drug-based therapies



POORER ADHERENCE  
to drug therapies in black and  
minority ethnic communities



DIFFERENT CULTURAL  
AND RACIAL ATTITUDES  
to pain, illness and drugs



DIFFERENT VIEWS ON  
NEED FOR THERAPY  
between black and minority  
ethnic and white communities



# Health Inequalities increased through living with Musculo-Skeletal Conditions

## Impact of MSK on productivity

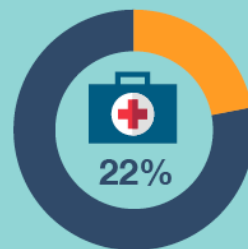
MSK 2nd biggest cause of days lost in work after cough and colds



**In 2016,**

**over 30.8 million**

working days are lost due to MSK conditions



that accounts for 22% of sickness absence

MSK conditions cost the UK an estimated



- MSK also impacts productivity and employers: only 59.4% of people of working age with a MSK condition are in work.











**2.7 million people live in West Yorkshire and Harrogate.  
Everyone bringing their experiences, strengths and commitment  
to community life.**

## Our big ambitions

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has 10 '[big ambitions](#)'. As we show below, several of these are either delivered from or closely aligned to the Improving Population Health Programme.

### In West Yorkshire and Harrogate we will:

- **1** Increase the years of life that people live in good health, and **reduce the gap in life expectancy by 5%** in our most deprived communities by 2024.
- **2** **Reduce the gap in life expectancy** for people with mental health, learning disabilities and autism by 10% by 2024.
- **3** **Reduce health inequalities for children living in households with the lowest incomes,** including halting the trend in childhood obesity.
- **4** **Increase early diagnosis of cancer,** ensuring at least 1,000 more people have the chance of curative treatment.

- 5** **Reduce suicide by 10%** overall by 2020/21 and achieve a 75% reduction in targeted areas by 2022. 
- **6** **Reduce anti-microbial resistance infections by 10%** by 2024, reducing antibiotic use by 15%.
- 7** **Reduce stillbirths, neonatal deaths, and brain injuries by 50%,** and reduce maternal morbidity and mortality, by 2025. 
- **8** Have a **more diverse leadership** that better reflects the broad range of talent in our area.
- 9** Become a global leader in **responding to the climate emergency.** 
- **10** **Strengthen local economic growth** by reducing health inequalities and improving skills.



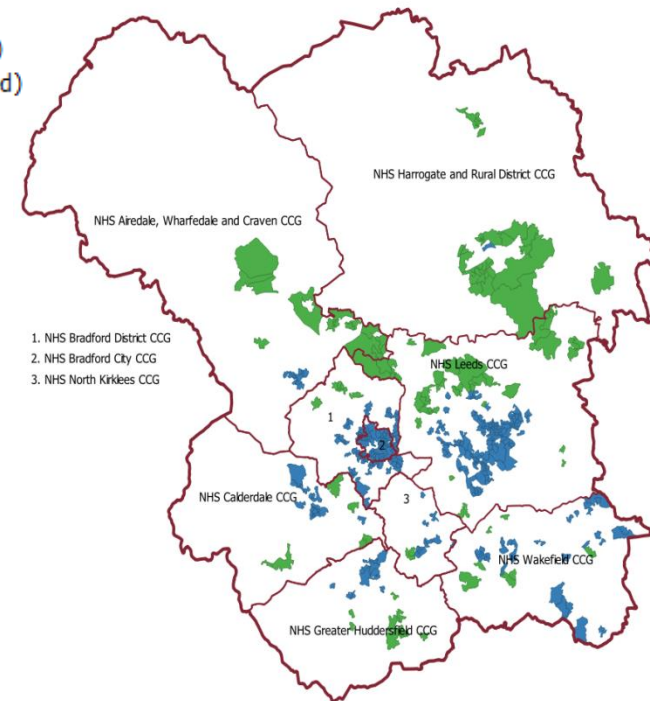
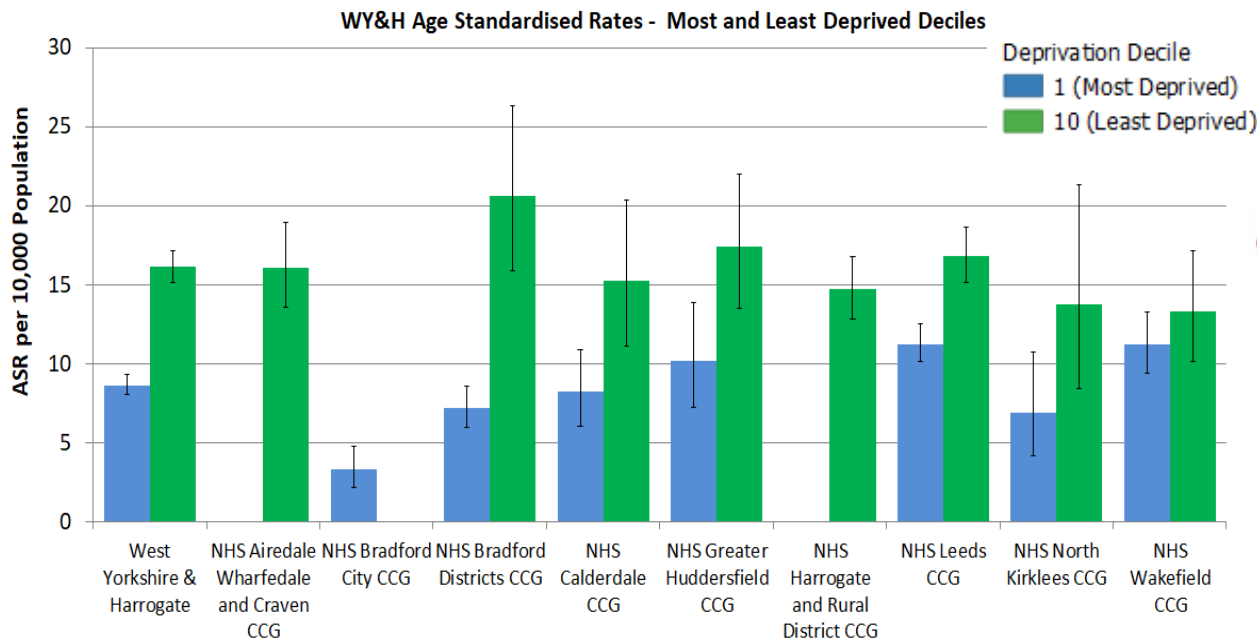


# Intelligence: Hip Replacement – Inequity Profile



# Comparison of Standardised Rates in Most and Least Deprived WY&H

After adjusting for the age demographics of the population, is there a difference in the rate of hip replacement between a CCGs most and least deprived population?



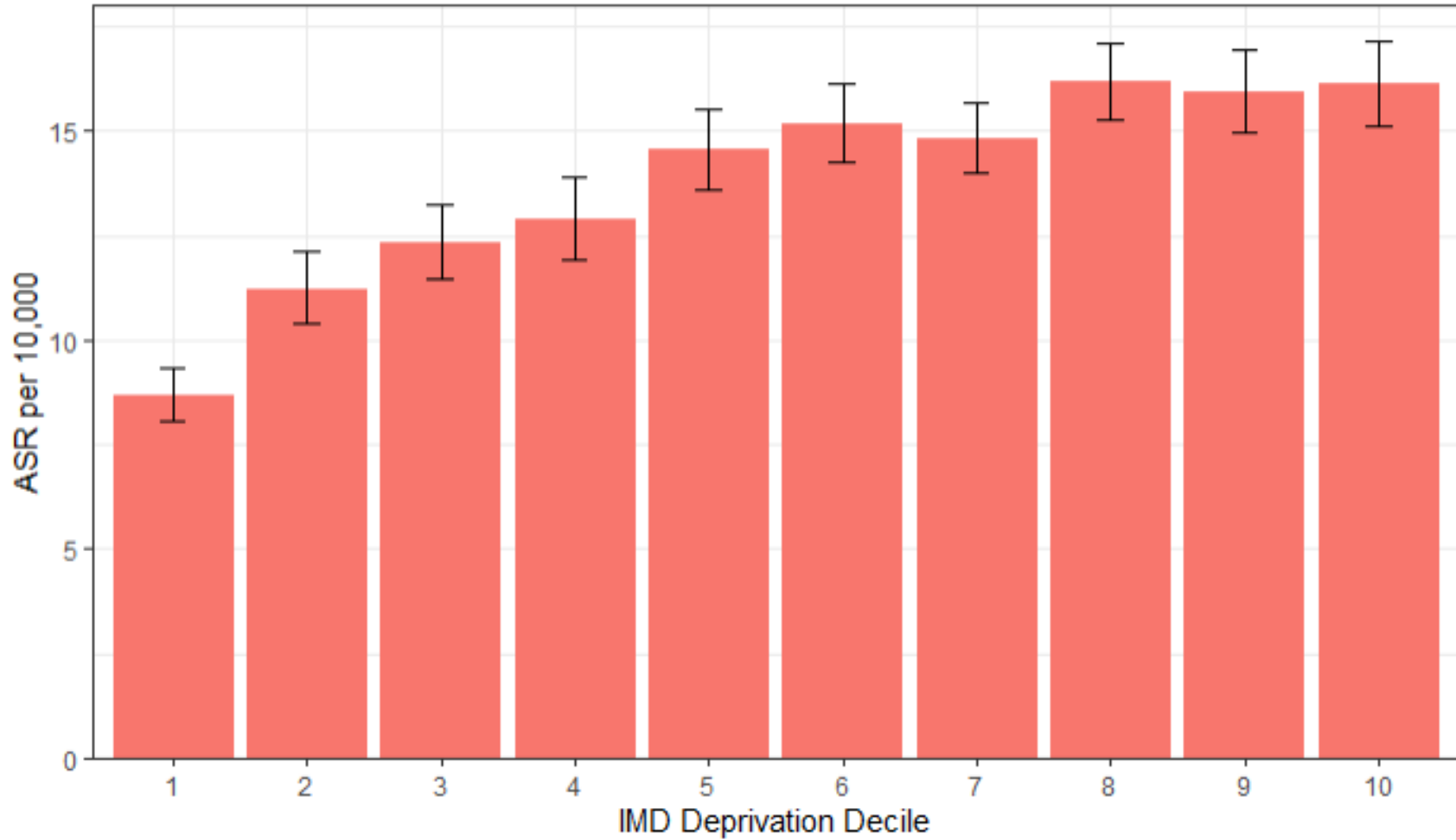
# Average Hip Replacement Age

CCG	Count of Elective Hip Replacement (2017)	Average Hip Replacement Age	Proportion of population from ethnic minority backgrounds
NHS Airedale Wharfedale and Craven CCG	273	69	
NHS Bradford City CCG	25	61	75.2%
NHS Bradford Districts CCG	392	66	
NHS Calderdale CCG	281	67	
NHS Greater Huddersfield CCG	333	68	
NHS Harrogate and Rural District CCG	247	70	8.9%
NHS Leeds CCG	1031	68	
NHS North Kirklees CCG	221	66	
NHS Wakefield CCG	571	68	11%



# Total Hip Replacement

WY&H ASR by Deprivation Decile





# Recommendations

- The factors related to the causes of these inequalities are likely to be complex, and require further consideration, as does the impact on reducing these inequalities on the health and care system as a whole.

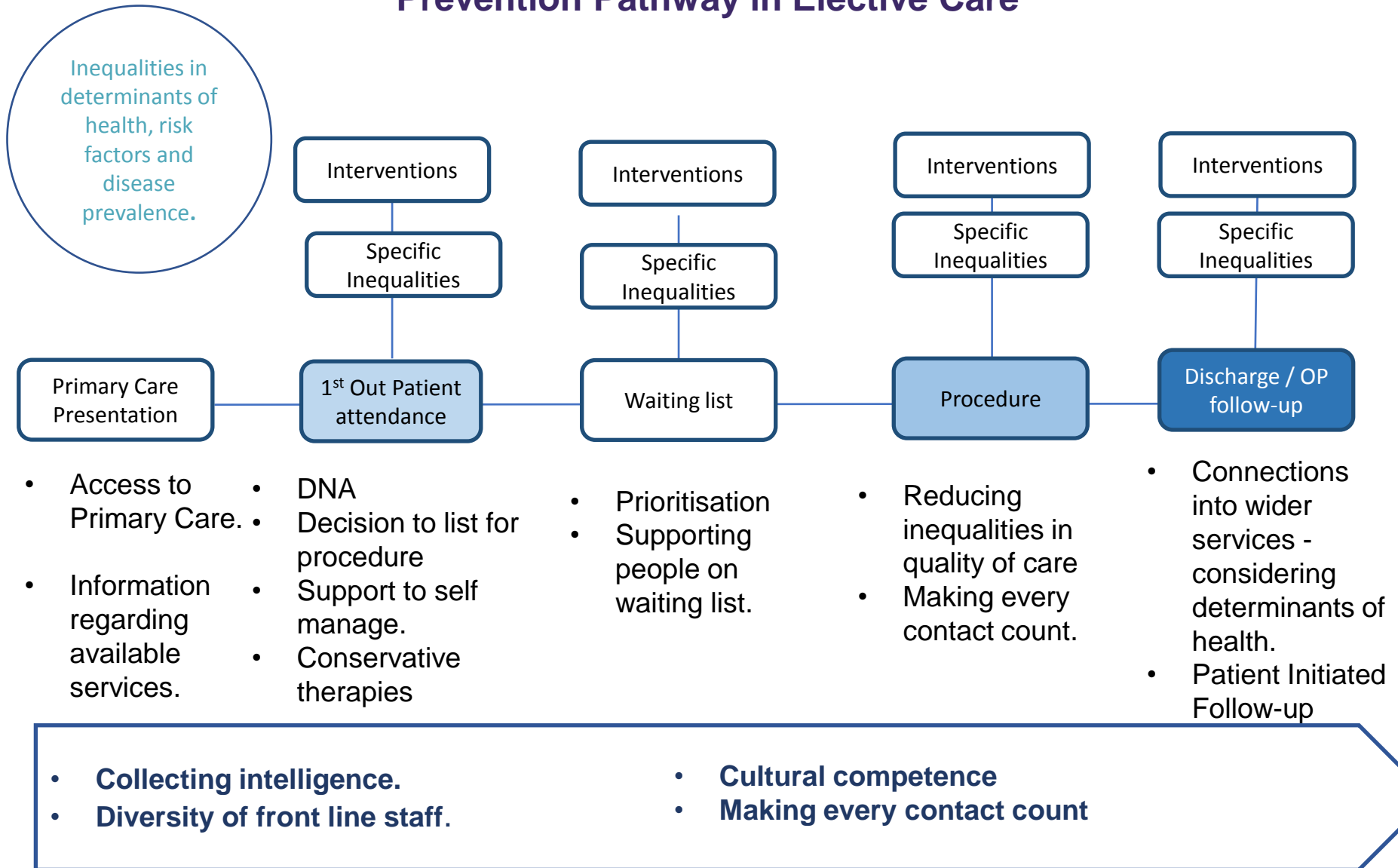
The causes of the inequalities could be linked to the following:

- Demand
- Access to Primary Care
- Referral to Secondary Care
- Greater prevalence of ill health
- Access to hospital appointments.
- Refusal of surgery due to perceived socio-economic barriers.
- Variations in commissioning policies or protocols/ policies within providers

The impact of inequalities could include:

- Prevalence of hip pain or reduced mobility
- Mental health prevalence.
- Reported disability.
- Prescribing.
- Social care activity.
- Primary care activity
- Non-elective hospital activity.

# Quality Improvement Type Approaches: Application of the Health Inequalities Prevention Pathway in Elective Care





# Action: Waiting Well



# Population Intervention Triangle

- The assets within communities, such as the skills and knowledge, social networks, local groups and voluntary, community and faith organisations, as building blocks for good health.

Civic-level Interventions

- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives; disincentives
- Economic development and job creation
- Spatial and environmental planning
- Welfare and social care
- Communication; information; campaigns
- Housing

- Delivering intervention systematically with consistent quality and scaled to benefit enough people.
- Reduce unwarranted variation in service quality and delivery
- Reduce unwarranted variability in the way the population uses services and is supported to do so.

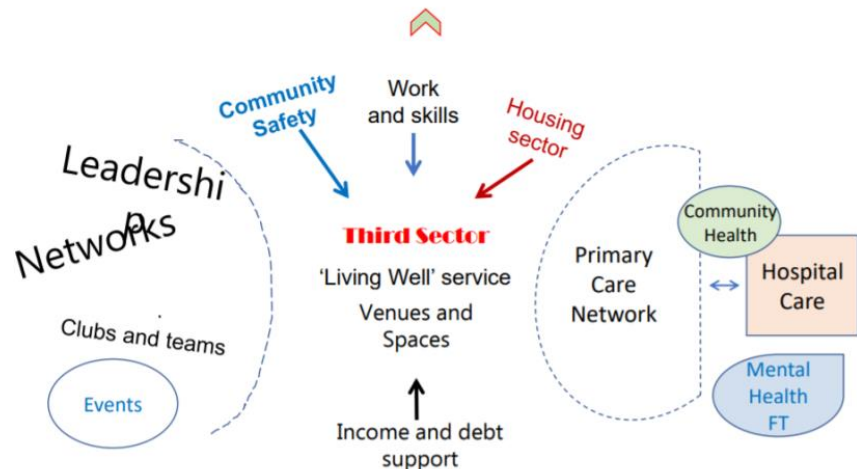
Community-based Interventions

Service-based Interventions

Bridging 'No-man's Land'

Community

Services





# Background and Projects

- £65K Health Equity programme resource.
- Two – PCN/VCSE partnership pilots to target alternative approaches to pain management in the community for people on long waiting lists for MSK procedures.

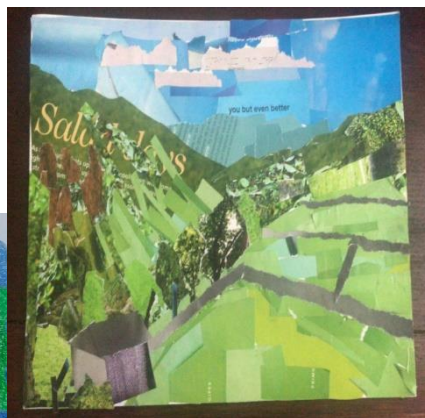
## **1. Ease My Pain – HALE and Affinity PCN**

- Co- design a new offer with Clinicians, Patients and HALE (VCS partner)
- Open up possibility that pain can be managed differently to traditional clinical methods – Patients and Clinicians
- Facilitate opportunity to test out a range of activities and assess their impact
- Activities: Massage - 4 online group instruction sessions delivered, Craft, art and model making - 24 group sessions delivered, Exercise sessions - 30 group sessions delivered

## **2.MSK Connect: Keighley Healthy Living (KHL) and Project 6 (P6), and Modality PCN**

- Mix of online and in-person activities including: MSK Conditions Peer Support Group (with guest speakers), Cookery courses, Walks (outdoors, including opportunities to share food & socialise), Conversation café (outdoor café with activities & social opportunities), One-to-one breathing therapy for pain management and reducing anxiety, Chair based exercises.

# Outputs



- *“the art sessions provided distraction from the pain I am living with. The positive feeling would last for the rest of the day” Patient attending Art Group*



**Pathway 1:** Feedback from patients showed good results and led to service improvements.

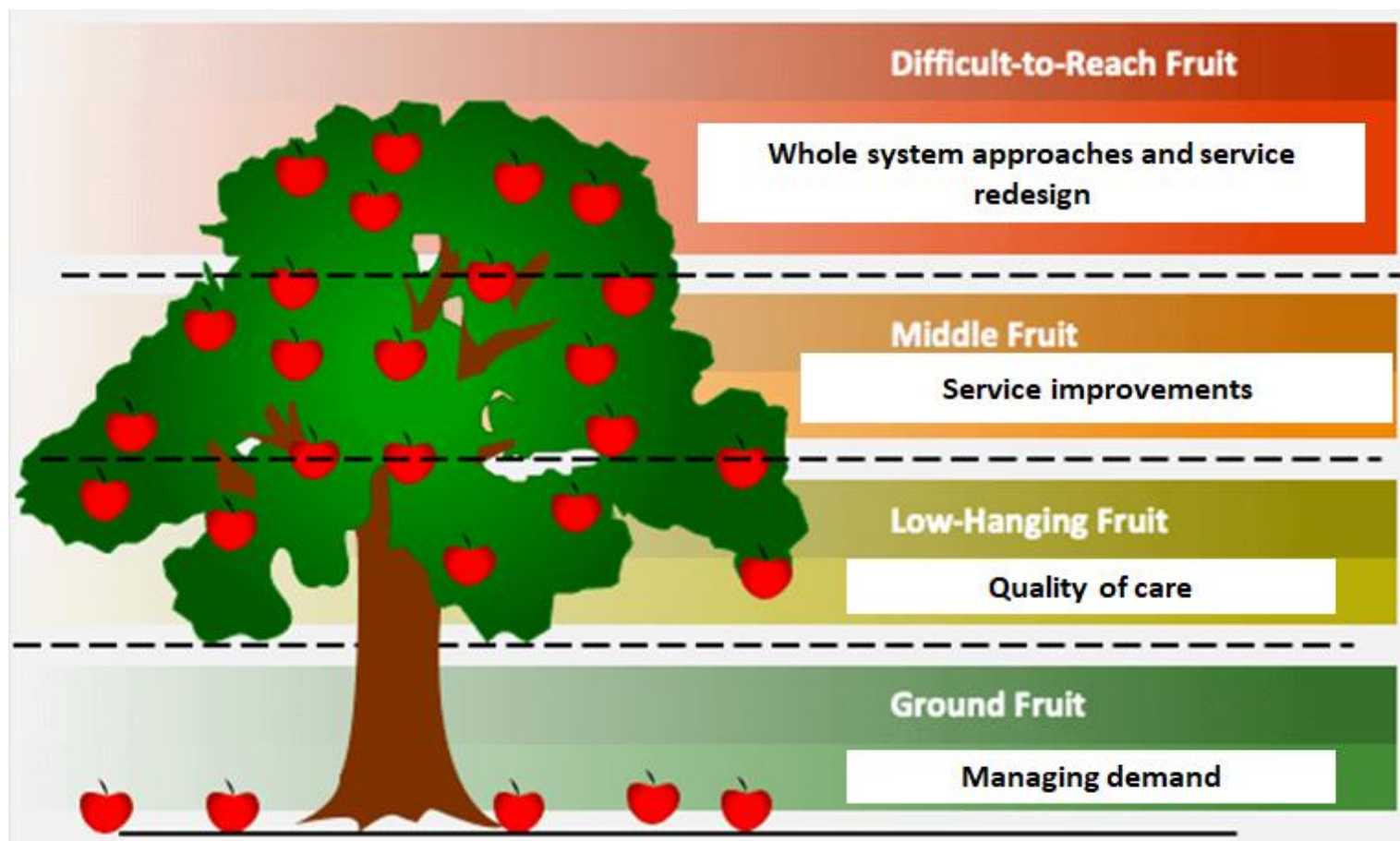
**Pathway 2:** Strong focus on co-design

- Feeling more positive and boosted confidence.
  - Sense of community
- Space for oneself or distraction from symptoms  
Change in mood

## Improvements Needed:

- Additional work is needed for both pathways on better engagement for ethnic minority populations.
- Experience of programmes being transient.
- Time to embed a new programme.

## Targeted approaches for different population groups



Focus on those with most **unequal access and outcomes**.

Interventions integrated, **co-ordinated and person centred**

Health and care services should always be allocated based on healthcare need, striving for equity of outcome, **proportional universalism embedded**