Spin on the English indices of Deprivation 2019l

These presentations introduce a rural filter through an adjustment of the English Indices of Deprivation. "RDI Analysis Final" explains the background, there are three presentations and the maps show the distribution of the revised index across Lincolnshire, Norfolk and Devon is mapped.

https://cirican.co.uk/2021/06/28/rural-spin-on-the-english-indices-of-deprivation-2019/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attac hment data/file/1005216/cmo-annual report-2021-health-in-coastal-communitiesaccessible.pdf

CMO England annual report: Health in coastal communities

The last year has seen the public health focus dominated by combatting COVID-19. With other health colleagues, I intend to write a report on technical lessons learned from COVID-19, but the pandemic in the UK is still evolving rapidly. COVID-19, which has had its greatest effects on those with chronic health conditions, has however reinforced the importance of local variations in health, and the concentration of preexisting health conditions and chronic disease in certain geographies. It is important we do not lose sight of these enduring health challenges as we face the largest pandemic for a generation. The Chief Medical Officer's Annual Report 2021 concentrates on one of the most important of these challenges: health in coastal communities. Coastal communities, the villages, towns and cities of England's coast, include many of the most beautiful, vibrant and historically important places in the country. They also have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. For example, Blackpool, one of the country's favourite holiday destinations, has the worst life expectancy in the UK despite remarkable efforts by local health and civic leaders. The central argument of this report is that the health challenges of coastal towns, cities and other communities are serious, and their drivers are more similar than their nearest inland neighbour. This means a national strategy to address the repeated problems of health in coastal communities is needed in addition to local action. If we do not tackle the health problems of coastal communities vigorously and systematically there will be a long tail of preventable ill health which will get worse as current populations age. There are many reasons for poor health outcomes in coastal communities. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has led to Houses of Multiple Occupation which lead to concentrations of deprivation and ill health. The sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. Many coastal communities were created around a single industry such as previous versions of tourism, or fishing, or port work that have since moved on, meaning work can often be scarce or seasonal. Given the known high rates of preventable illness in these areas, the lack of available data on the health of coastal communities has been striking whilst researching this report. Coastal communities have been long overlooked with limited research on their health and wellbeing. The

focus has tended towards inner city or rural areas with too little attention given to the nation's periphery. Data is rarely published at a geographical level granular enough to capture coastal outcomes, with most data only available at local authority or Clinical Commissioning Group (CCG) level. As a result, deprivation and ill health at the coast is hidden by relative affluence just inland which is lumped together. This report aims to explore the experiences of local leaders, along with analysis of what data exist, to help us understand the health and wellbeing of coastal communities. Coastal communities are not homogenous, and each is shaped by its own unique history and culture. They do, however, share many similar characteristics, which should help some common policy responses. A resort town like Blackpool, for example, has more in common with Hastings, Skegness or Torbay than with Preston, just 18 miles inland. Fishing or port communities have particular, shared, challenges. A national strategy informed by these common groups, and underpinned by local actions aligned with a sustained evidence-informed strategy, will help reduce health inequalities in these areas.

https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities

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