onenortherndevon

Tackling Health Inequalities

FEBRUARY UPDATE

Person-centred

Place-based

System Co-ordination

2022

WWW.ONENORTHERNDEVON.CO.UK

About One Northern Devon

One Northern Devon is a multi-sector partnership working together to improve wellbeing in North Devon & Torridge. It aims to reduce health inequalities through co-ordination of the activity of all partners involved in the wider determinants of health through an approach that is person-centred and place-focussed.

At its heart is an understanding that people need more than just good NHS services to keep well. A person's living conditions, work and social environment have a big impact on their health, even contributing to a difference in life expectancy of up to 15 years in some areas of North Devon.

If we can tackle problems like unsuitable housing, poor employment prospects and social isolation, we can help prevent the poor health that results from such factors.

The 3 Pillars

One Northern Devon has agreed **an approach** to working together on its strategy to address inequalities, namely, that:

• Services would work towards becoming truly person-centred. This would necessarily involve understanding what mattered to the service user.

• Services would be commissioned and delivered in a 'place-based' way, taking into account the individual needs and assets available in a place and supporting system infrastructure at community level. Just as context matters on an individual level, so it matters on a community level.

• Organisations would work together and co-ordinate their activities so that people didn't have to try and piece them together themselves.



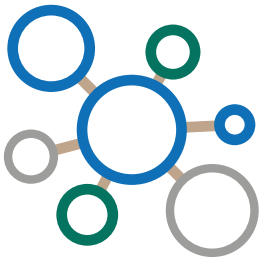
PERSON

One-to-one support for individuals



PLACE

Whole population support to communities



SYSTEM

Organisational support for system co-ordination

Inequalities are inter-related and place-based

Child poverty: N. Devon/ Torridge worst in Devon
Excess weight in 11yr olds: Torridge worst in Devon
GSCE attainment: Torridge worst in Devon
Teenage conception: Torridge worst in Devon
Physical activity: Worst in Devon
Alcohol related admissions: North Devon worst in Devon
Domestic violence: North Devon 2nd highest after Exeter
Rough sleeping: North Devon highest after Exeter
Fuel poverty: Highest in Devon

"Disadvantages are concentrated in particular parts of the population and can be mutually reinforcing" - King's Fund

One Northern Devon's 10 Year Wellbeing Strategy to address local inequalities can be found here



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Safe, Clean, Sustainable Places | Health & Wellbeing | Economy, Employment & Skills

10 Year Quality of Life Strategy – 2020-2030

VISION

One Northern Devon's Strategy covers a 10 year period starting in 2020, the year that saw a global pandemic transform the way we live and work. By bringing together our full range of partners in a united purpose, we can mitigate the threats and challenges brought about by the crisis and use every opportunity and advantage we have in Northern Devon to design a way of life that is fairer for all.

Our vision is that people in Northern Devon live **happy and healthy lives** in safe, clean and connected communities where people are supportive of one another and aspirations are achieved through **equal access to the best education & employment, whilst living in decent homes and enjoying our world-class natural environment**

Who are we?

One Northern Devon is a partnership of public services, businesses, voluntary & community groups

What do we do?

We **collaborate** together, influence policy & **work over the long term** to improve the quality of life, protect our shared natural environment and address local inequality

Why do we exist?

We exist because **concerted, systematic action** is needed across **multiple fronts** to address the causes of health & social inequalities. We need to work as **ONE system** to tackle complex, multifaceted factors involved

Our strength:

Our strength is in being able to **bring organisations and communities together** to change things for the better

Our approach:

Collaboration is key - there are things we can ogly do and problems we can only solve if we work together.

We create positive change by:

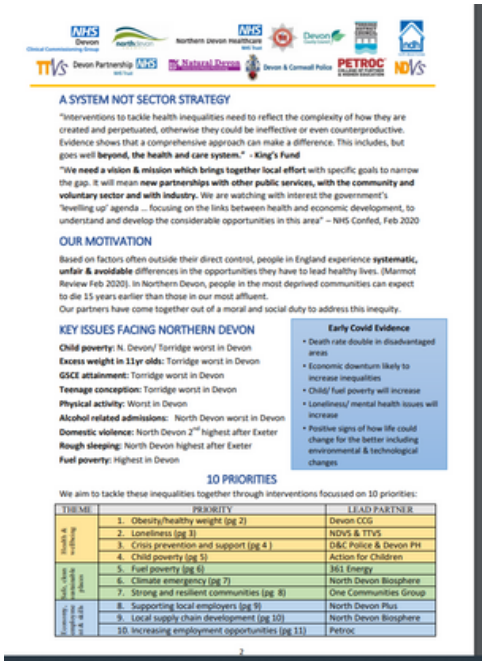
Empowering communities

Working together to improve services

Challenging each other to work in a way that benefits us all

Acting as a collective voice for Northern Devon

Attracting new resources to Northern Devon



A SYSTEM NOT SECTOR STRATEGY

"Interventions to tackle health inequalities need to reflect the complexity of how they are created and perpetuated, otherwise they could be ineffective or even counterproductive. Evidence shows that a comprehensive approach can make a difference. This includes, but goes well **beyond, the health and care system.**" - **King's Fund**

"**We need a vision & mission which brings together local effort** with specific goals to narrow the gap. It will mean **new partnerships with other public services, with the community and voluntary sector and with industry.** We are watching with interest the government's 'levelling up' agenda … focusing on the links between health and economic development, to understand and develop the considerable opportunities in this area" – NHS Confed, Feb 2020

OUR MOTIVATION

Based on factors often outside their direct control, people in England experience **systematic, unfair & avoidable** differences in the opportunities they have to lead healthy lives. (Marmot Review Feb 2020). In Northern Devon, people in the most deprived communities can expect to die 15 years earlier than those in our most affluent.
Our partners have come together out of a moral and social duty to address this inequity.

KEY ISSUES FACING NORTHERN DEVON

Child poverty: N. Devon/ Torridge worst in Devon
Excess weight in 11yr olds: Torridge worst in Devon
GSCE attainment: Torridge worst in Devon
Teenage conception: Torridge worst in Devon
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Fuel poverty: Highest in Devon

Early Covid Evidence

- Death rate double in disadvantaged areas
- Economic downturn likely to increase inequalities
- Child/ fuel poverty will increase
- Loneliness/ mental health issues will increase
- Positive signs of how life could change for the better including environmental & technological changes

10 PRIORITIES

We aim to tackle these inequalities together through interventions focussed on 10 priorities:

THEME	PRIORITY	LEAD PARTNER
Health & wellbeing	1. Obesity/healthy weight (pg 2)	Devon CCG
	2. Loneliness (pg 3)	NDVS & TTVS
	3. Crisis prevention and support (pg 4)	D&C Police & Devon PH
	4. Child poverty (pg 5)	Action for Children
Safe, clean sustainable places	5. Fuel poverty (pg 6)	361 Energy
	6. Climate emergency (pg 7)	North Devon Biosphere
	7. Strong and resilient communities (pg 8)	One Communities Group
Economy, jobs & skills	8. Supporting local employers (pg 9)	North Devon Plus
	9. Local supply chain development (pg 10)	North Devon Biosphere
	10. Increasing employment opportunities (pg 11)	Petroc

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Why needed

Based on factors often outside their direct control, people in England experience:

- **systematic**
- **unfair**
- **avoidable**

differences in the opportunities they have to lead healthy lives.



In Northern Devon, people in the most deprived communities can expect to die 15 years earlier than those living in our most affluent ones.

Our partners have come together out of a moral and social duty to address this inequity

OND HEALTH INEQUALITIES

FEB 2022

One Northern Devon, supported by the OND Health Inequalities Team, is updating OND's 10 year Wellbeing Strategy in the context of the Covid-19 pandemic.

To do this it is considering:

- the new NHSE/I Health Inequalities Strategy
- the Devon ICS framework for tackling health inequalities
- local statistical inequalities data
- local experiential data from citizens and service providers
- Existing evidence around causal factors & interventions that work

The following timeline is proposed:



In order to build the strategy, the sub group will be considering the following bullet points, which OND partners are asked to contribute their views on at the 22nd February 2022 meeting:

- **Latest inequalities data – where & what?**

Where are they focused geographically? What are the main inequalities in Northern Devon? Do they still correlate to the 10 priorities in OND's existing strategy or have other priorities emerged or become more significant since the pandemic?

- **What existing evidence is there of:**

1. The causal factors
2. Interventions that work

- **Engagement with people experiencing health inequalities** to get a better understanding of the factors involved and what they think could help
- **Engagement with service providers** to get a better understanding of the factors involved and what they think could help
- **Tests of change** to inform future investment proposals

OND HEALTH INEQUALITIES

On 26.10.21 The OND Partnership Board were asked four questions:

1.How do inequalities manifest themselves in the services you deliver?
2.Where are the greatest inequality issues and risks in terms of a) access to your services; and b) outcomes
3.Having heard back from partners, what areas might make the most difference to the people of Northern Devon if we worked on them together?

Feedback from the groups was noted as follows:

Housing
- The housing situation for young people is dire. Young people are being made homeless.
- Education is difficult due to housing difficulties.

Poor physical health of those with complex needs
- There have been a number of deaths due to poor health in High Flow. Should more healthcare be in place for people with complex needs.
- Poor physical health of those with severe mental illness. Access to annual physical health checks

Fuel poverty
- In OND's existing strategy & more relevant than ever

Mental ill health & substance abuse (esp. alcohol)
- Growing need, and disparities are increasing so need to shift focus to preventative measures such as licencing and availability. Also the impact on family units and impact to children.
- From a police perspective the main issue is mental health due to increase of people in crisis & lack of dedicated place of safety in North Devon.
- There is a correlation between wealth and health inequalities and there is an increased risk of mental health within primary care setting and it is forecast that issues of economic deprivation will increase.

Transport
- There is a lack of transport, preventing people from getting to support.
- Some rural parishes don't have the opportunities of larger communities, including transport.

Digital
- Lack of digital support, and skills to access, or health issues that prevent them from accessing. Lack of communication between communities.
- Although digital access is the most efficient way of delivering a service this has also digitally excluded some people.

Social connections
- Social connections provide support in the community but where they are lacking it results in delayed discharges and poorer outcomes.

Young people
- COVID is impacting the ability of young people to interact with others resulting in increased safeguarding reports and anti-social behaviour.
- Young carers don't have the same opportunities and they are not recognised across professions.

What else is needed?
- The workforce needs to be able to access other services quickly
- Shared understanding of what is meant by inequality
- Better understanding of the benefits of and access to the 'green agenda'

Actions:
Each partner to provide a case study on how inequalities have impacted their service users

OND HEALTH INEQUALITIES

Notes of the 8th October 2021 meeting of the OND Health Inequalities sub-group can be found here
Notes of the 27th January 2022 meeting of the OND Health Inequalities sub-group can be found here

Headlines identified so far

JSNA health outcomes inequalities

• Low life and healthy life expectancy and high self reported ill health/work limiting ill health and premature death correlated with deprivation
• The proportion of children in poverty across Devon as a whole is greatest in Torridge, with a strong correlation to deprivation across the board (as expected)
• Emergency admissions (for both acute illness and ACS conditions) across Devon as a whole ranks North Devon and Torridge in the top 3 for each of the three indicators (if not the top 2), again a deprivation correlation
• Mood and anxiety disorders is significantly greater in Torridge and North Devon compared to other localities (Highest in urban city/towns in sparse settings and Ilfracombe, Barnstaple, Bideford, Holsworthy top ranking towns)

Health Outcome Inequalities - Devon Health and Wellbeing

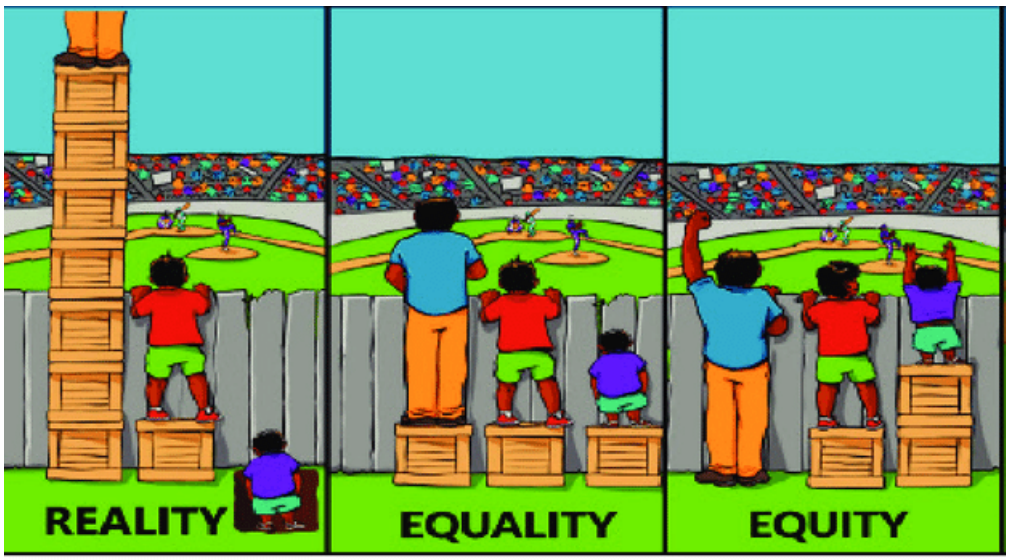
The JSNA headline tool - Devon Health & Wellbeing more broadly shows (NB data is not always timely):
• Starting well:
o Note child poverty above (15.5%, Devon 12.2%)
o GSCE attainment lower (36.2%, Devon 40.9%)
o Self harm admissions (10-24 yo) higher than Devon 4.097/100,000 vs 3017/100,000 for Devon County Council
• Living well:
o Lifestyle behaviours aligned to deprivation – 27.5% inactive, 23.5% harmful alcohol use, 15% smoking, 30,4% excessive weight (2018 figures, so pandemic is likely to have exacerbated these)
o Mental health data too dated (2011!) but national evidence has shown an increase in need due to the pandemic (and the point above suggests this would be even greater in N Devon).
• Aging well:
o No meaningful insight to draw out
• Most prevalent mosaic group in N Devon is "well off owners in rural locations enjoying the benefits of country life." To me this sounds alarm bells in that much of the data is too blunt at this level and will be masking further granular inequalities. Therefore I would suggest we go with these headlines to cross ref with the feedback but do an additional piece of analysis (supported by the Public Health Intelligence team) to further drill down to inform smaller locality inequalities - Charlotte Pavitt

PHE fingertips data Public Health Outcomes Framework - Data - PHE

For North Devon the following stands out:
• Sickness absence both short and long term stands out (which may be linked to mental health problems)
• Homelessness (households owed a duty) 2019/20 is significantly higher(N Devon is the worst in the SW)
• Emergency admissions for YP injuries (15-24yo), for intentional self harm is significantly higher (as above)
• Adult obesity & overweight is high – North Devon ranked 3rd in region – will also have a deprivation gradient
• Alcohol related admissions – top 95% in England
• Diabetes rates are top 95% (but data modelled from 2018) so treat with caution
• Dementia diagnosis rate (65y +) ranked in top 95% nationally (2021)

In summary – Mental Health resulting in self harm and sickness absence; alcohol use; obesity and inactivity; homelessness; dementia might be the key points, with all bar dementia being correlated to deprivation in terms of further inequality. More work is needed to understand inequalities at a more local/granular level.

TACKLING INEQUALITIES IN HEALTH // AUGUST 2021



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NHS England's priorities and planning guidance for 2021/22 for delivery through local Integrated Care Systems (ICS) includes some key priorities for reducing health inequalities:

One Northern Devon has been working on each of these for some time

- Population health management techniques will be used to aid targeted recovery strategies, promote equitable access and optimal outcomes for all groups
- Personalised care: proactive, multi-disciplinary, cross-sector support to be provided by systems to at-risk groups, those with greatest health inequalities or most complex needs, and awaiting multiple appointments. NHSEI is working with systems to develop real-time data tools and techniques to identify these patients
- Systems will develop plans for the prevention of ill-health, covering both primary and secondary prevention deliverables as outlined in the Long Term Plan, and setting out support for the expansion of smoking cessation services, improved uptake of the NHS diabetes prevention programme and CVD prevention
- Funding for Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators; and the acceleration of existing Comprehensive Model for Personalised Care requirements, including personal health budgets, social prescribing referrals and personalised care and support plans
- Implementation - working collaboratively across systems to deliver on these priorities

OND HEALTH INEQUALITIES

What can be done? What is the evidence?

Useful resources

Levelling up health: a practical, evidence-based framework, found here, reviewed the existing evidence and identified 5 principles to guide levelling up area level health:

Healthy-by-default and easy to use initiatives
Initiatives that make healthy choices the default and services easy to use tend to be 'upstream interventions' that target structural factors and do not require much agency to improve health (i.e. individuals do not need to invest much of their own resources or effort to benefit). On the other hand, high agency interventions tend to increase inequalities.

Long-term, multi-sector, multi-component action
Any programme of levelling up health needs actions across multiple sectors and which are cross-government to address this unequal balance of the wider determinants of health.

Locally designed focus
Services and programmes need to be designed around the specific needs of places and communities, especially in disadvantaged or ethnically diverse areas. Evidence suggests that programmes with good community engagement are more likely to be effective.

Targeting disadvantaged communities
Disadvantaged areas and communities need bespoke interventions above and beyond what is provided to the rest of the population.

Matching of resources to need
More resources should be given to those with more need to enable the extra support they need to enjoy good health.

Relevant policy recommendations:

- A clear vision for levelling up health and what success would look like is needed informed by an agreed set of metrics.
- Local policies to level up should be informed and checked against the evidence-based principles outlined above.
- Local areas supporting the levelling up agenda need adequate resources to effect change, working closely with local communities.
- Allocating resources in proportion to need should be used for distribution of public funds rather than competitive bidding.
- There is a need to broaden the public narrative on health outcome disparities from being perceived as a predominantly health service issue (dealing with the impact) to a social/structural issue that everyone needs to invest in.

Relevant research recommendations:

- Research studies should routinely examine the distribution of impacts of interventions across socio-economically disadvantaged areas and groups.
- Health inequalities programmes need robust evaluation
- There needs to be more research into multiple disadvantage and intersectionality.
- More support is needed to help local systems translate research evidence into practice.