

**one**northern**devon**

**REDUCING HEALTH INEQUALITIES**

**STAKEHOLDER WORKSHOP**

29 JUNE 2022  
AGENDA

# AGENDA

9.30-10.40	10.40 -11.15	11.30 -12.30	12.30- 13.15	13.15 - 14.15	14.30 - 16.00
HEALTH INEQUALITIES	SYSTEM THINKING	FOCUS AREAS		FOCUS AREAS	GOING FOWARD
<b>SETTING THE SCENE</b>	<b>SYSTEM THINKING</b>	<b>COMPLEX NEEDS</b>	LUNCH BREAK*	<b>HOUSING</b>	<b>INSIGHTS FROM TODAY</b>
WHAT DO WE WANT TO ACHIEVE TODAY? WHY CO-PRODUCE?	SYSTEM AIM COMPONENT PARTS	PERSPECTIVE OF A HIGH FLOW CLIENT PERSPECTIVE OF A SUPPORT ORGANISATION		PERSPECTIVE OF A LOCAL HOUSING AUTHORITY PERSPECTIVE OF A SUPPORT ORGANISATION	WHAT WERE THE SYSTEM BARRIERS THAT WERE IDENTIFIED? CAN ANYONE IN THE ROOM RESPOND TO THOSE BARRIERS NOW?
<b>HEALTH INEQUALITIES</b>	<b>REFLECTIONS</b>	<b>REFLECTIONS</b>		<b>REFLECTIONS</b>	<b>RESPONSES</b>
INSIGHTS GATHERED SO FAR	SYSTEM MAPPING: *WHERE ARE YOU IN THE SYSTEM?	TABLE DISCUSSION: YOUR ROLE COULD YOU HAVE A GREATER ROLE? WHAT MIGHT STOP YOU? WHO ELSE NEEDS TO BE INVOLVED?		TABLE DISCUSSION: SAME QUESTIONS TEA BREAK*	<b>NEXT STEPS</b>
<b>YOUR EXPERIENCE</b>	TEA BREAK*				WHAT WERE THE TAKE-AWAY ACTIONS? HOW DO WE CONTINUE TO LEARN FROM PEOPLE'S EXPERINCES IN BETWEEN NOW AND NOVEMBER? WHAT ARE THE NEXT STEPS IN CO-DEVELOPING THE STRATEGY?
WHAT IS YOUR EXPERIENCE? WHAT ARE THE DRIVERS? WHAT ARE THE BARRIERS?					

\*DURING ONE OF THE BREAKS, PLEASE VISIT RICHARD AND HIS KUMU BOARD IN THE SIDE ROOM. PLACE DOTS ON THE BOARD TO REPRESENT WHERE YOUR ROLE IN THE SYSTEM IS, AND THEN PLACE YOUR 'DOTS' ON THE BOARD WHERE YOU THINK IT WOULD HAVE THE MOST IMPACT ON HEALTH INEQUALITIES. RICHARD WILL EXPLAIN! WE'RE INTERESTED TO KNOW IF YOU FEEL OUR RESOURCES ARE IN THE PLACES YOU THINK WOULD HAVE THE MOST IMPACT. WE'LL LET YOU KNOW THE RESULTS AT THE END OF THE DAY.



# WHO IS HERE?

OUR SYSTEM: Representatives from primary care, secondary care, voluntary sector, social care, mental health services, housing, councillors, education, business, libraries, police, One Communities, charities, residents of Northern Devon.

# WHY ARE WE HERE?

**Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.**

**- King's Fund**



**Health inequalities can involve differences in:**

- health status**
- access to care**
- quality and experience of care**
- behavioural risks to health**
- wider determinants of health**

# WHAT DO WE WANT TO ACHIEVE?

We want to update the current One Northern Devon Health Inequalities Strategy and ensure it:

- a) is co-designed;
- b) involves all those who can have an impact
- c) addresses the systemic barriers

- **What do we want to achieve today?**
- Your commitment
- To start the process ... and work out how this can continue to be co-produced and delivered
- To surface the barriers and what needs to be done to remove or mitigate them.
- Better visibility of the 'system'- what we're all doing, what else we could do, where we could join up better
- Do we think our collective resources are targeted in the places that will have the most impact.
- To explore what you could do now and how we could support you in doing that.

- **What do YOU want to achieve today?**

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)	Northern Devon Biosphere
	7. Strong and resilient communities (pg 8)	One Communities Group
Economy, employment and 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

**TABLE DISCUSSION**

**GETTING TO KNOW YOU AND  
YOUR GROUP**

**WHAT DO YOU HOPE TODAY WILL  
LEAD TO? WHAT WOULD MAKE IT  
A SUCCESS?**

**WHAT WOULD MAKE IT A  
DISAPPOINTMENT?**

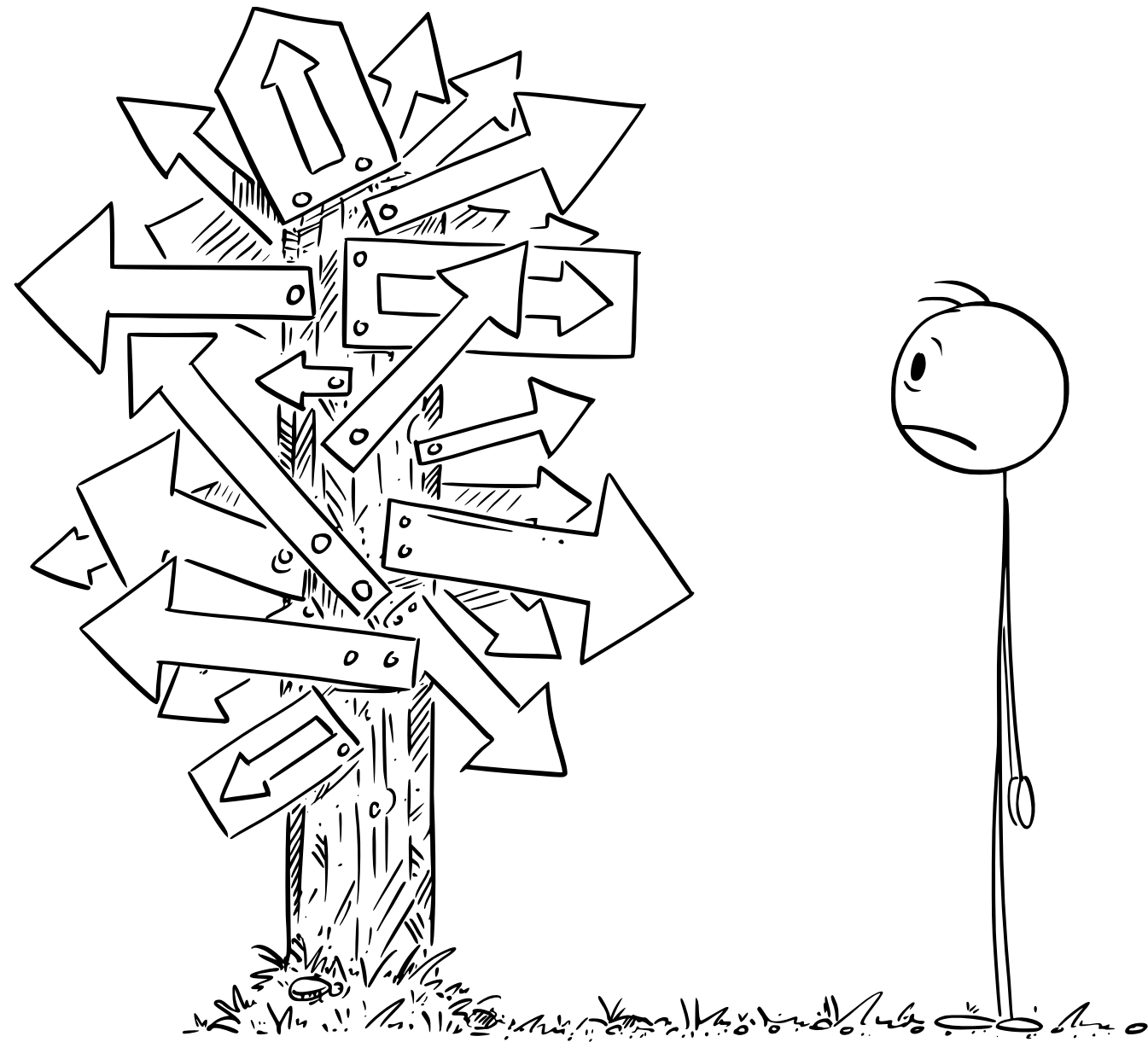
**TABLE ONE  
FACILITATOR: KATHERINE ALLEN**

**FEEDBACK TO MAIN GROUP**

# PLAN FOR THE DAY

- PRECIS OF INSIGHTS GATHERED SO FAR
- SYSTEM THINKING
- TWO FOCUS AREAS CHOSEN BY YOU:

PHYSICAL HEALTH OF PEOPLE WITH COMPLEX NEEDS



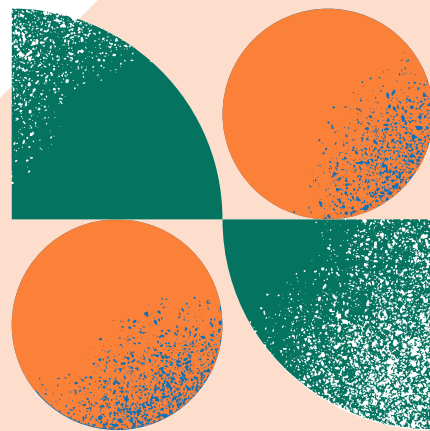
HOUSING



# THE FRAMEWORK

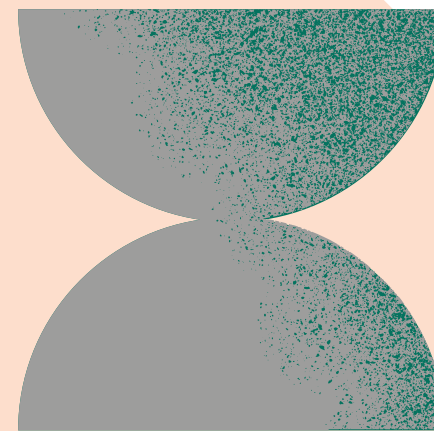
## DOUBLE DIAMOND

A structured design approach to tackle challenges in four phases:



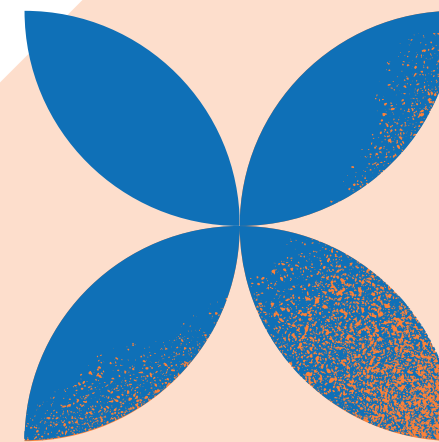
### DISCOVER

Research to understand and gain insight into the problem (divergent thinking)



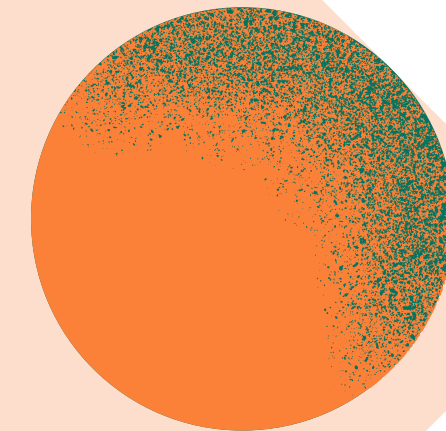
### DEFINE

Synthesise the insights gathered to define the challenge in a different way (convergent thinking)



### DEVELOP

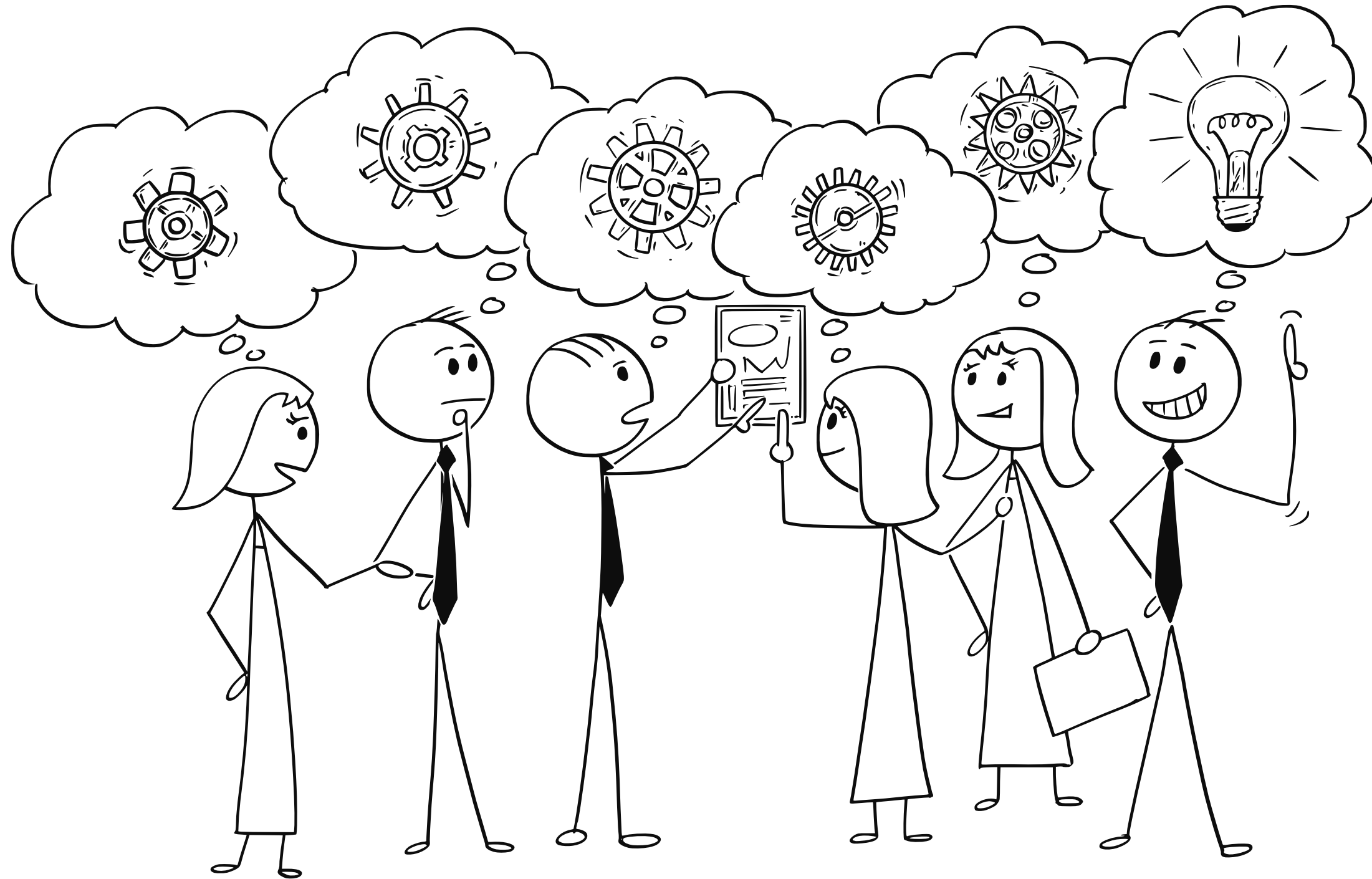
Create different potential solutions to a clearly defined problem. Seek inspiration. Co-design with different people (diverging)



### DELIVER

Test solutions at small scale, rejecting what won't work and improving what will (converging)

# CO-PRODUCTION BENEFITS & CHALLENGES



**TABLE DISCUSSION**

**WHAT DOES CO-DESIGN MEAN TO YOU?**

**WHAT ARE THE BENEFITS AND CHALLENGES OF CO-DESIGN?**

**PRINCIPLES WE'VE AGREED AS A GROUP**

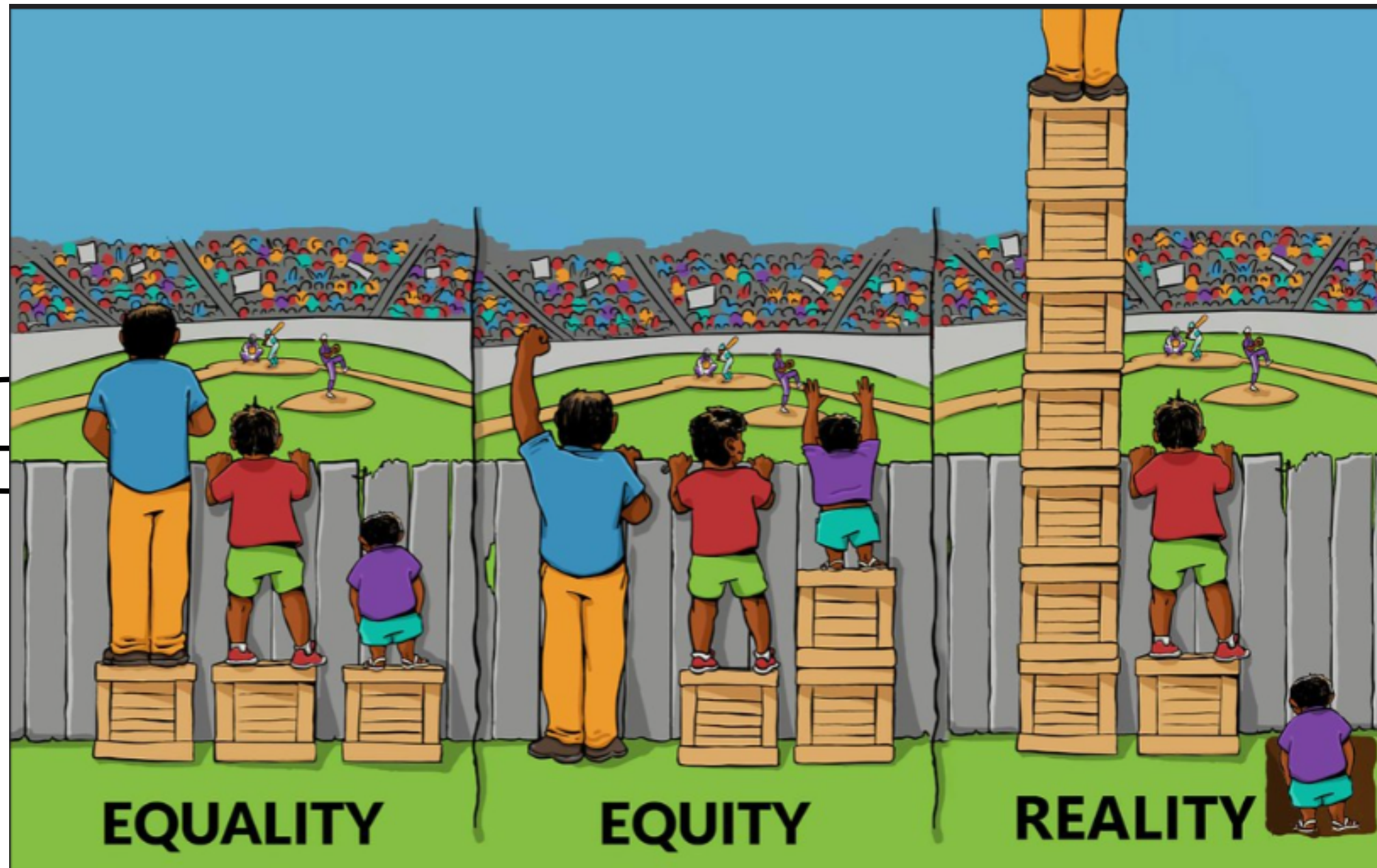
**FEEDBACK TO MAIN GROUP**



# HEALTH INEQUALITIES

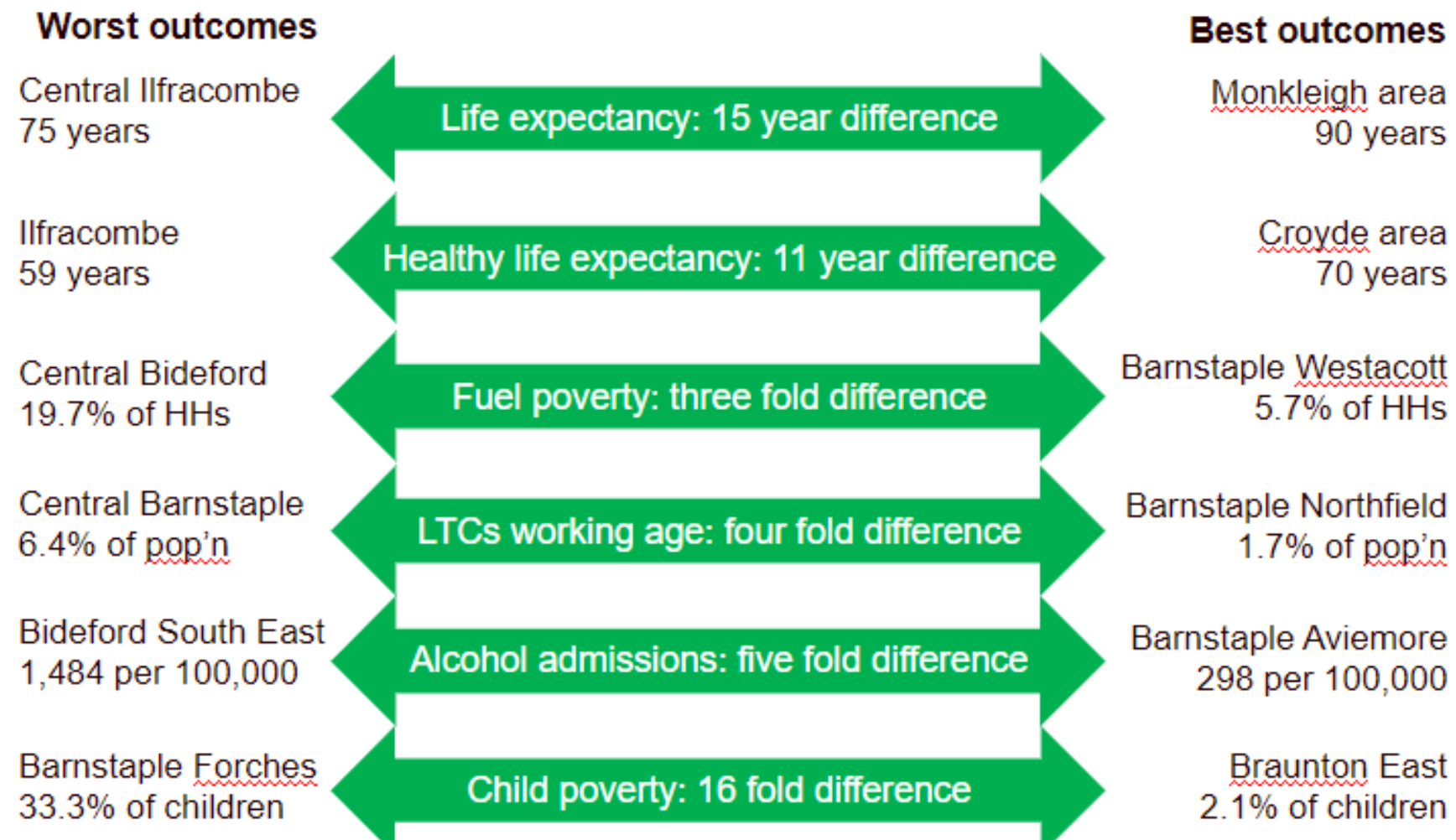
09.30-10.30

# WHAT DO WE MEAN BY HEALTH INEQUALITIES?



# WHAT DO WE KNOW ABOUT HEALTH INEQUALITIES IN NORTHERN DEVON?

## INSIGHTS FROM PUBLIC HEALTH DATA



## INSIGHTS FROM CITIZENS AND STAFF

One Northern Devon began an Engaging Communities project in June 2022 that runs until October 2022. An interim report can be found [here](#).

The engagement with organisations and community members has so far shown the biggest challenges people are facing to be:

- **Poor transport infrastructure**
- **Lack of affordable housing**
- **Poverty**
- **Geographical remoteness and rurality**
- **Social isolation and loneliness**
- **Low wage economy**

**TABLE DISCUSSION & FEEDBACK**

**WHAT IS YOUR UNDERSTANDING  
OF HEALTH EQUITY? DO WE  
AGREE?**

**WHERE HAVE YOU  
EXPERIENCED/NOTICED INEQUITY  
(PERSONALLY OR  
PROFESSIONALLY)?**

**WHAT ARE THE STRUCTURAL  
BARRIERS THAT MAKE IT DIFFICULT  
TO ADDRESS THOSE DRIVERS?**

**TABLE ONE  
FACILITATOR: KATHERINE ALLEN**

**FEEDBACK TO MAIN GROUP**

# WHAT IS A SYSTEM?

09.30-10.30

# System Thinking

## W. Edwards Deming *The New Economics*

- A system is a network of **interdependent components** that **work together** to try to accomplish the **aim of the system**.
- A system must have an aim. **Without an aim, there is no system**. The aim of the system must be **clear to everyone** in the system.
- The components need not all be clearly defined and documented: people may merely do what needs to be done. **Management of a system** therefore **requires knowledge of the interrelationships** between all the components within the system and of the people that work in it.
- A **system must be managed**. It will not manage itself. Left to themselves **components become selfish**, competitive, independent profit centres, and **destroy the system**.
- The secret is **cooperation between components** toward the **aim** of the organisation. We **can not afford the destructive effect of competition**.

# System Thinking - Translated

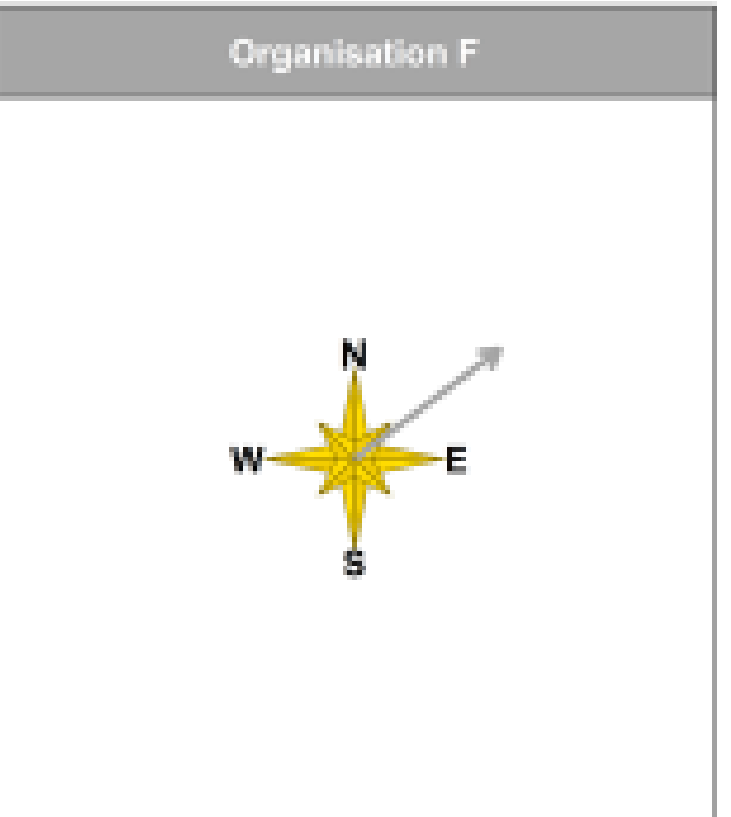
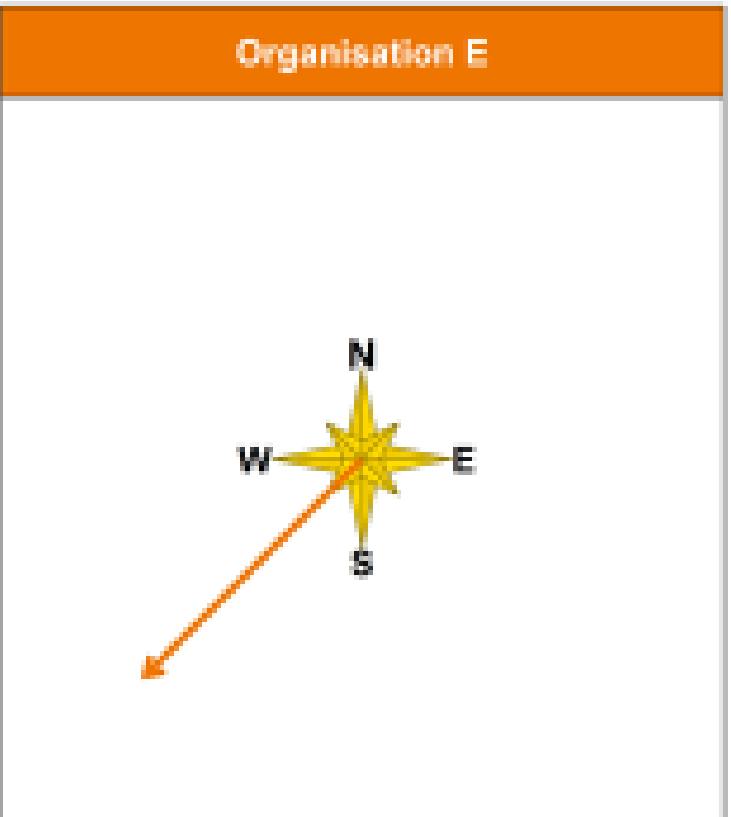
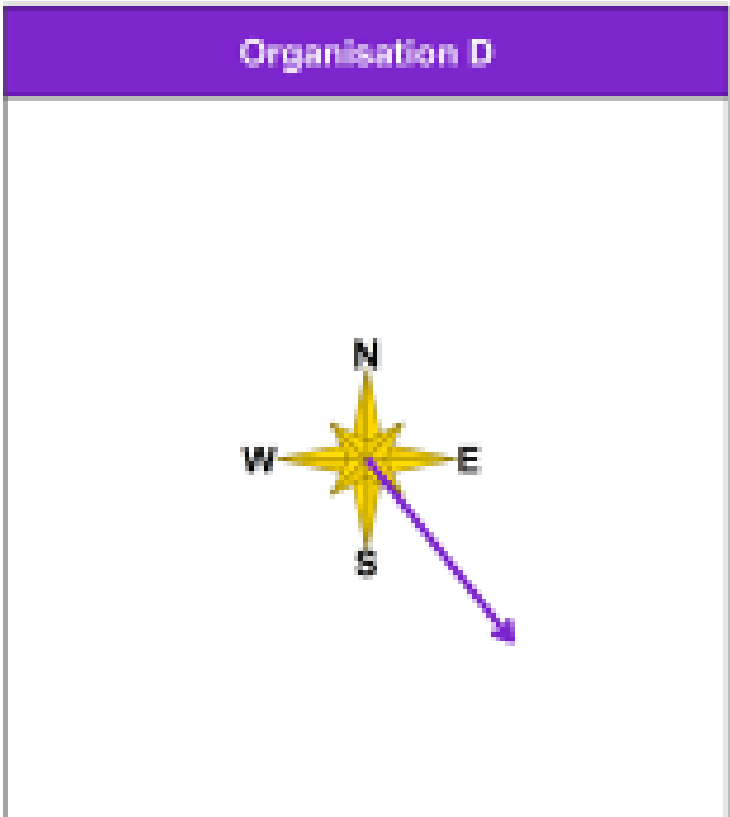
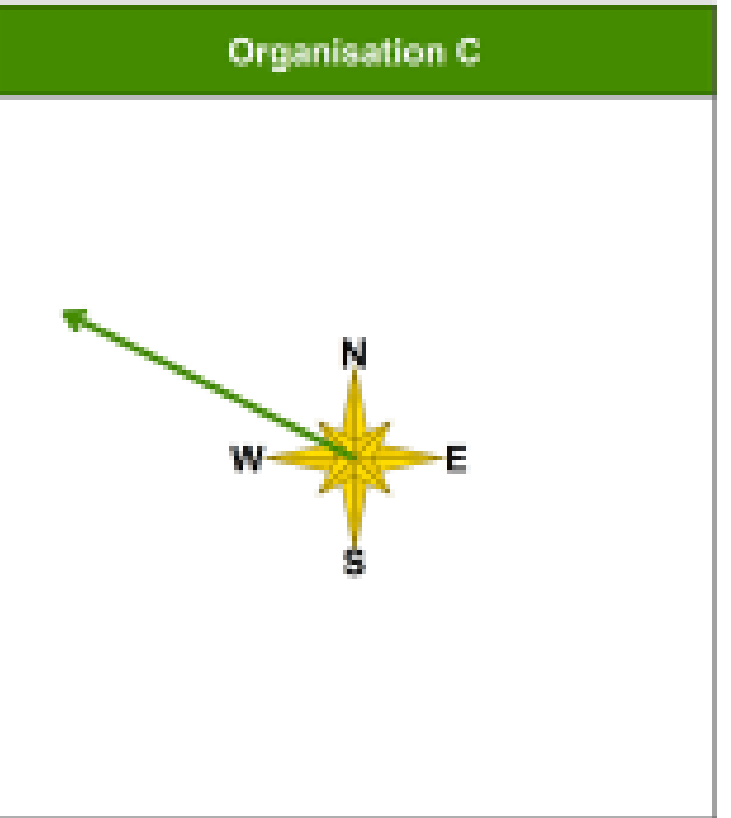
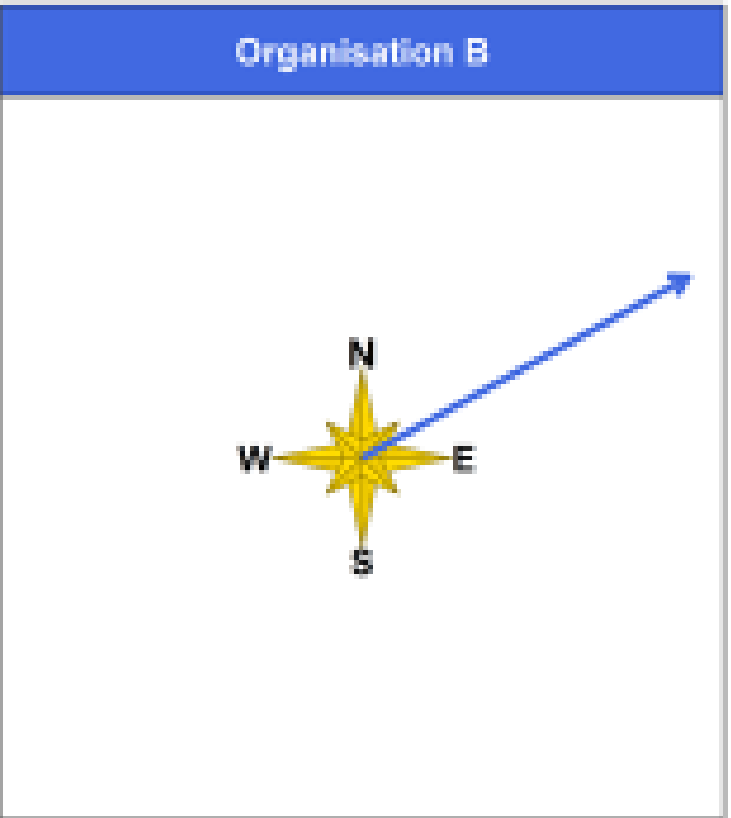
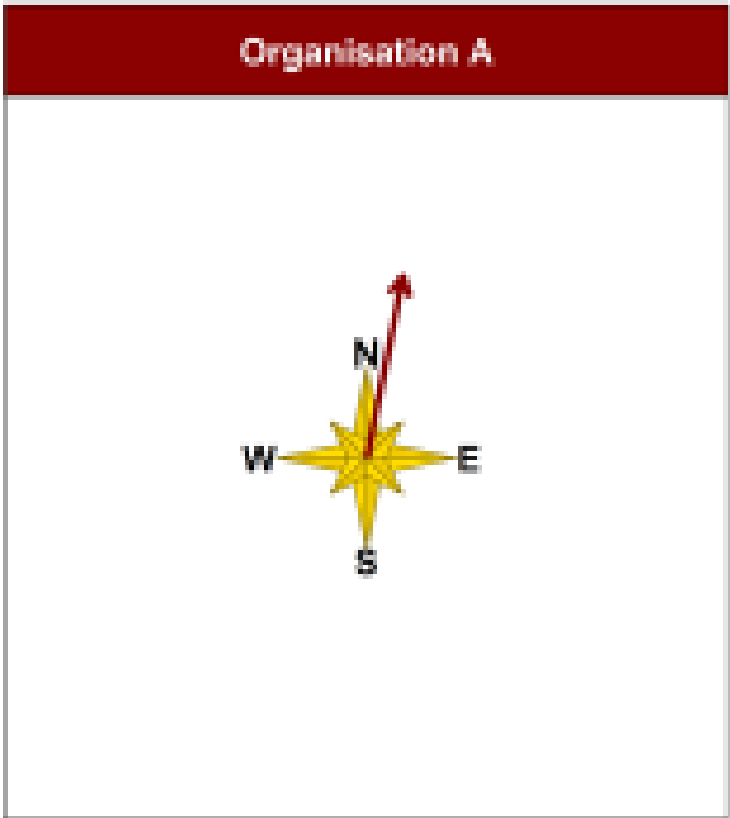
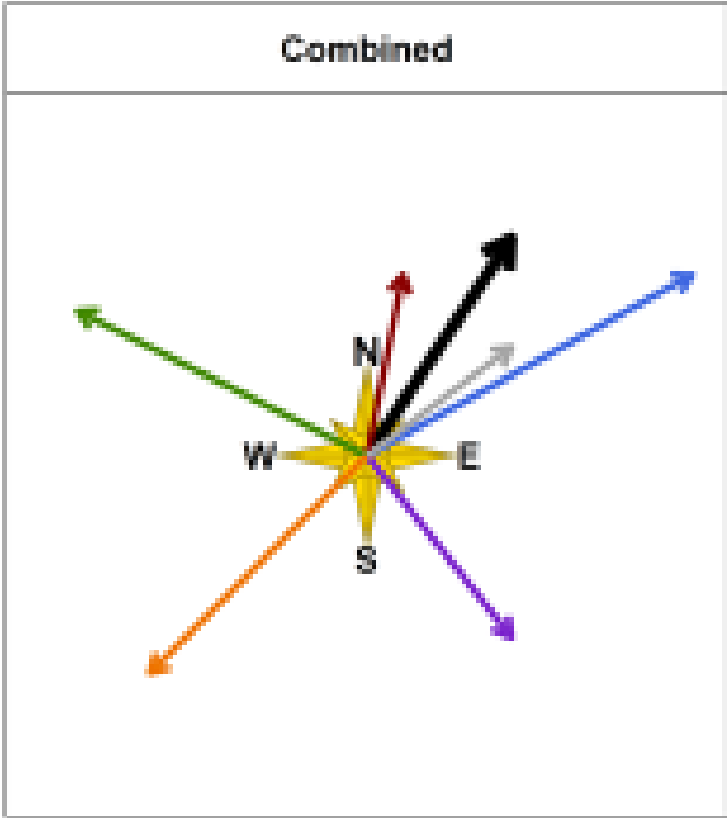
- A system consists of a load of cogs, those cogs can be many different things, they can be organisations, they can be services, they can be people
- These cogs work together to make things but we haven't really designed the system, it has just grown so it often makes things we don't want
- If we understand what we want the system to make then we can make sure the system always makes that
- To do this we need to understand how all the cogs link together
- If we don't keep oiling and maintaining the cogs they'll start doing odd things
- The secret is to make sure all the cogs work together smoothly to make the things that we want the system to make



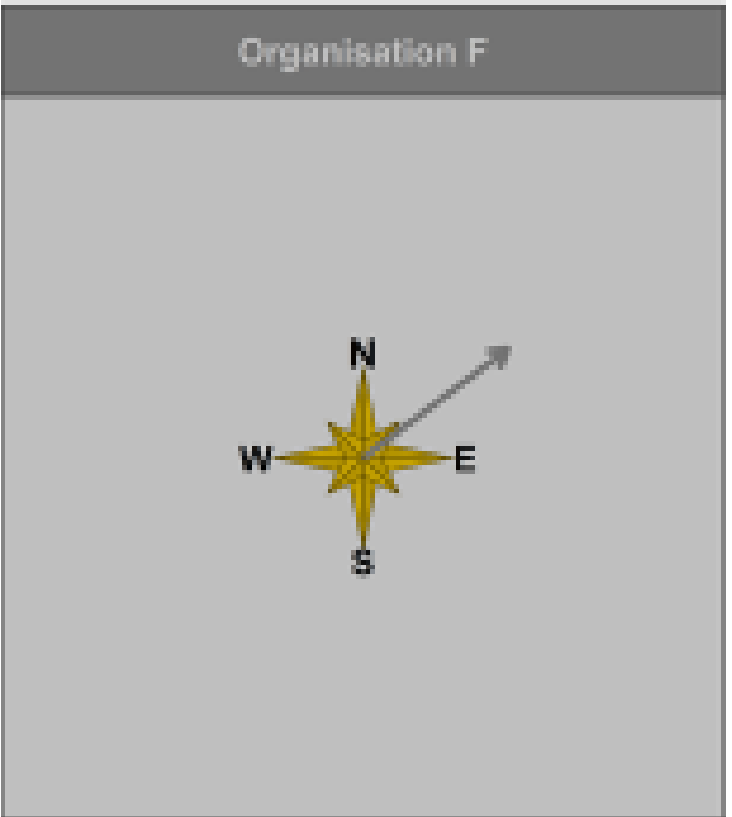
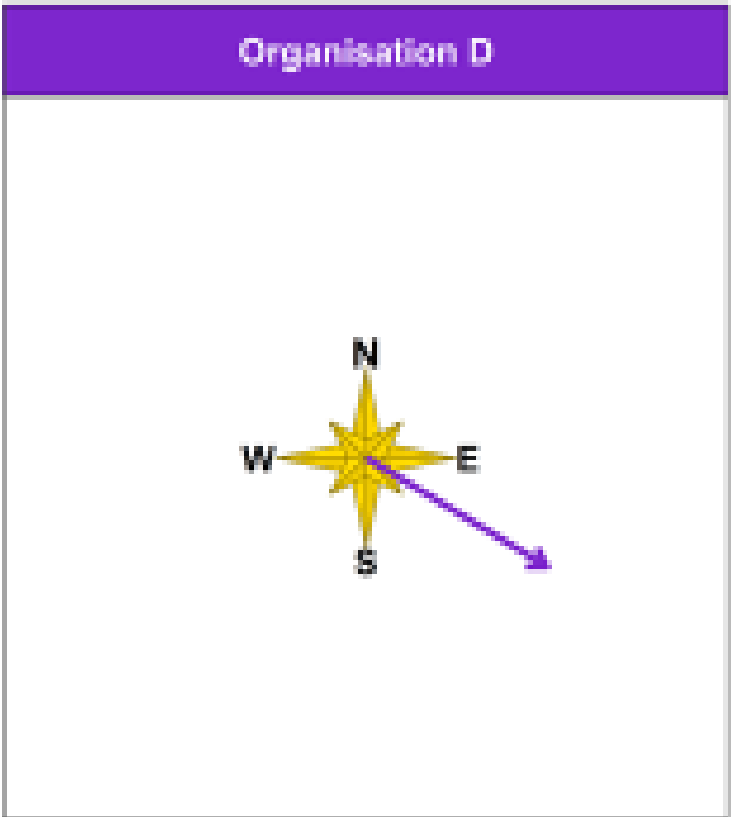
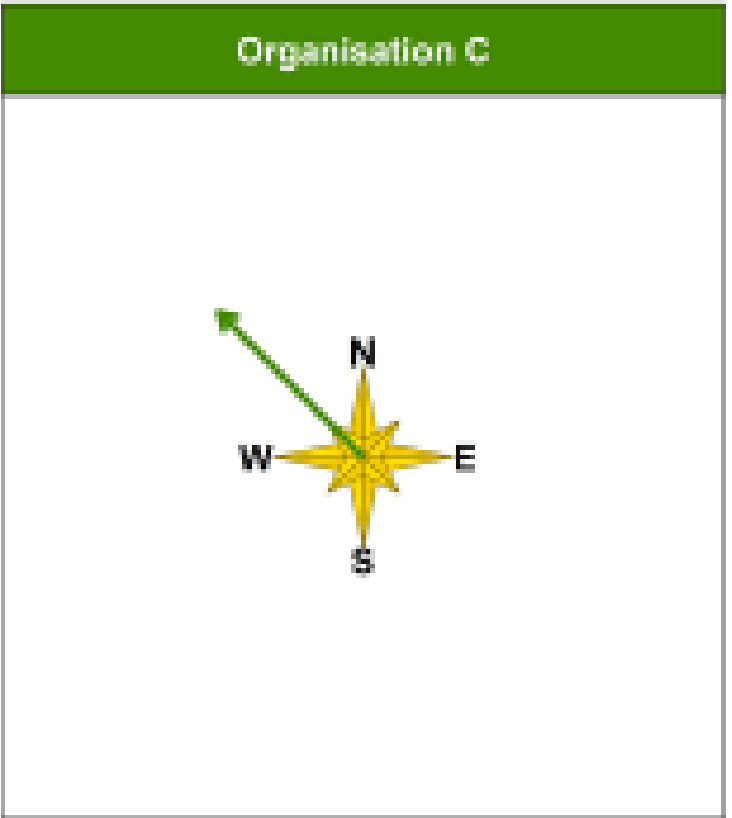
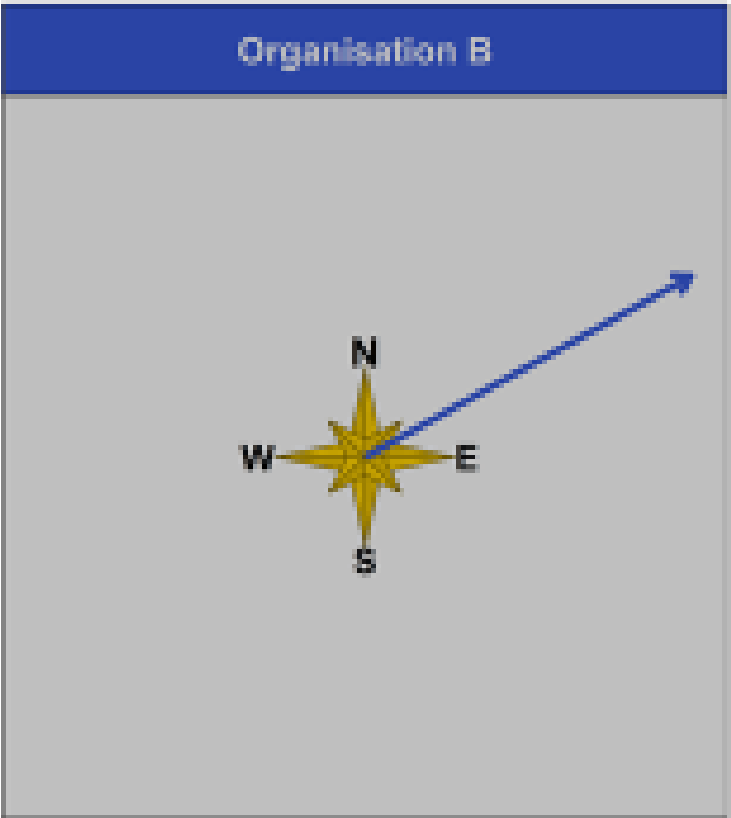
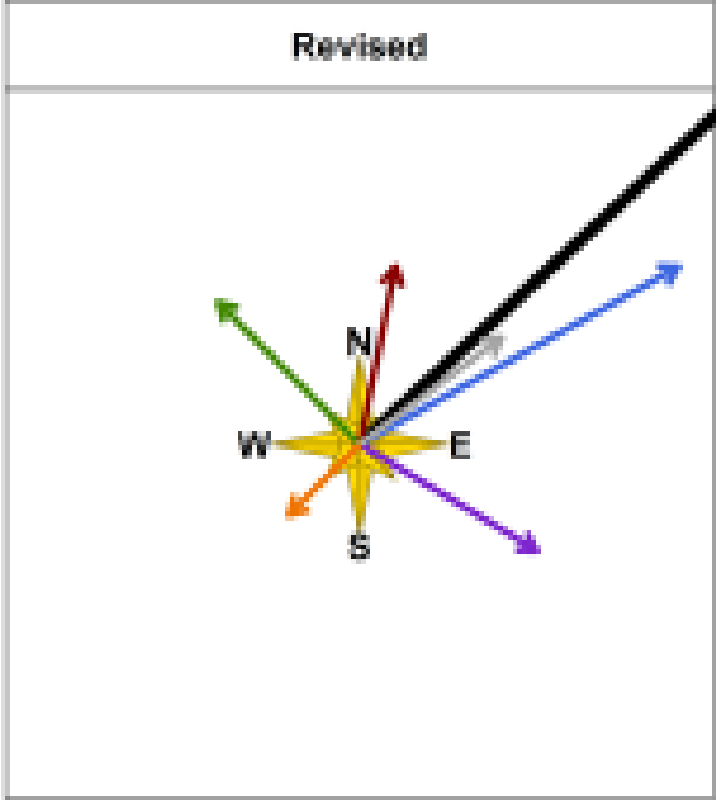
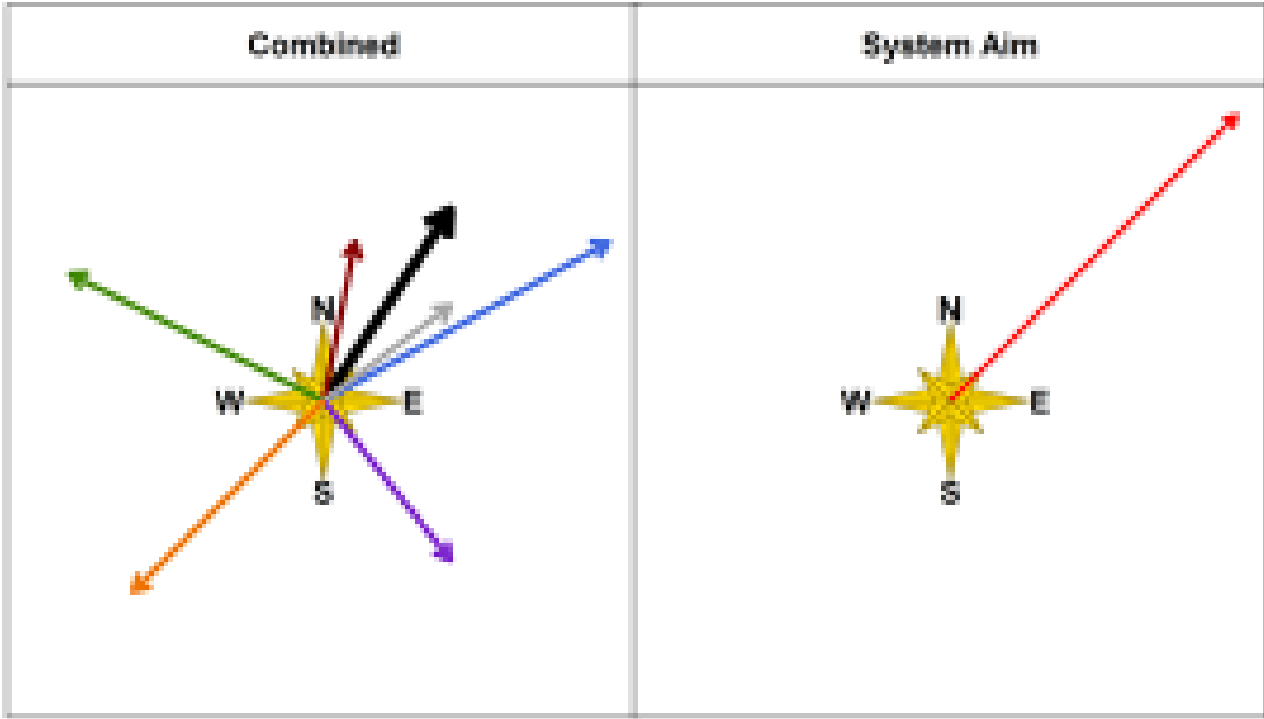
**SYSTEM AIM**

09.30-10.30

# System Thinking Alignment



# System Thinking Alignment



# System Aim

Wider/Social Determinants of Health  
(or what affects our health outcomes)

- The Health Foundation - [What makes us healthy? An introduction to the social determinants of health](#)
- Marmot Review - [Fair Society, Healthy Lives](#)
- World Health Organisation - [Healthy, prosperous lives for all: the European Health Equity Status Report](#)
  
- GoInvo - [Determinants of Health: Health is more than medical care](#)

# GoInvo

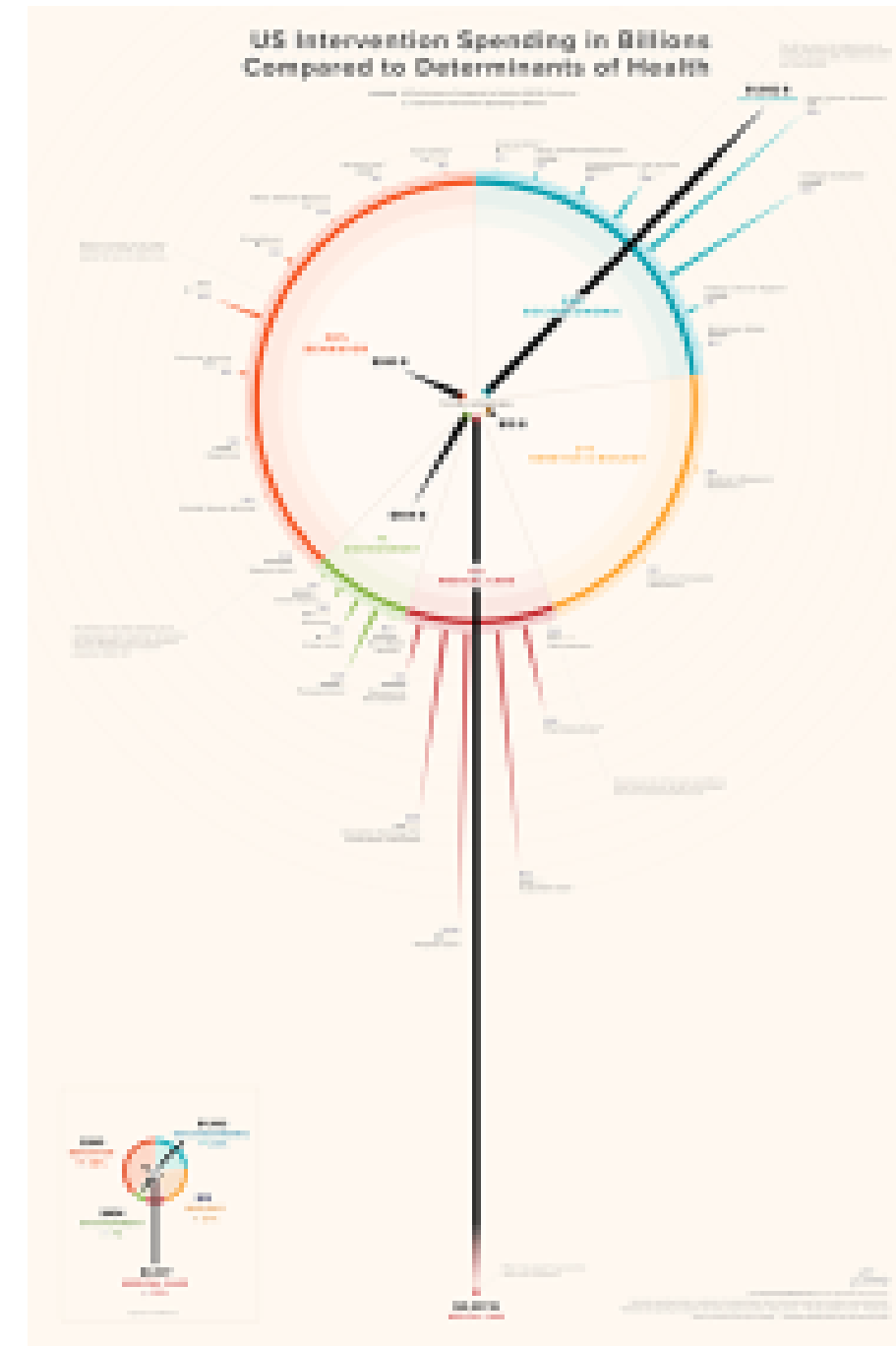
## Wider Determinants of Health and Sections

- Individual Behaviour (36%)
  - Psychological Assets
  - Negative Mood and Affects
  - Other Risk Related Behaviour
  - Physical Activity
  - **Sleep Patterns**
  - Diet Patterns
- Genetics and Biology (22%)
  - **Genetics**
  - Body Structure
  - Body Function
- Medical Care (11%)
  - **Access to Healthcare**
  - Quality of Healthcare
  - Patient Engagement
  - Health Literacy
- Social Circumstances (24%)
  - **Social Connectedness**
  - Social Status
  - Culture and Tradition
  - Race and ethnicity
  - Citizenship Status
  - Sexual Orientation
  - Military Service
  - Gender Identity
  - History of Incarceration
  - Discrimination
  - Work Conditions
- Environment (7%)
  - **Pollution**
  - Location
  - Exposure to Firearms
  - Allergens

# GoInvo

## Determinants Compared to Spending

- **Medical Care** receives 60% of the total spend yet has only 11% of the impact on health
- **Individual Behaviour** receives 5% of the total spend yet has 36% of the impact on health



# System Aim

- What do we want our system **not** to make? Inequity
- We want our system to reduce inequity across **any** and **all** of the things that affect our health
- For example:
  - Education level is one of those things that impacts our health
    - We can work with schools to get give everyone the levels of education
    - We can work with service providers to make sure that if people have lower levels of education that doesn't affect access to services
    - We can work with researchers to make sure that people taking part in research studies come from all education levels
- We are focussed on **health outcomes** but not on **health alone**



**SYSTEM THINKING**

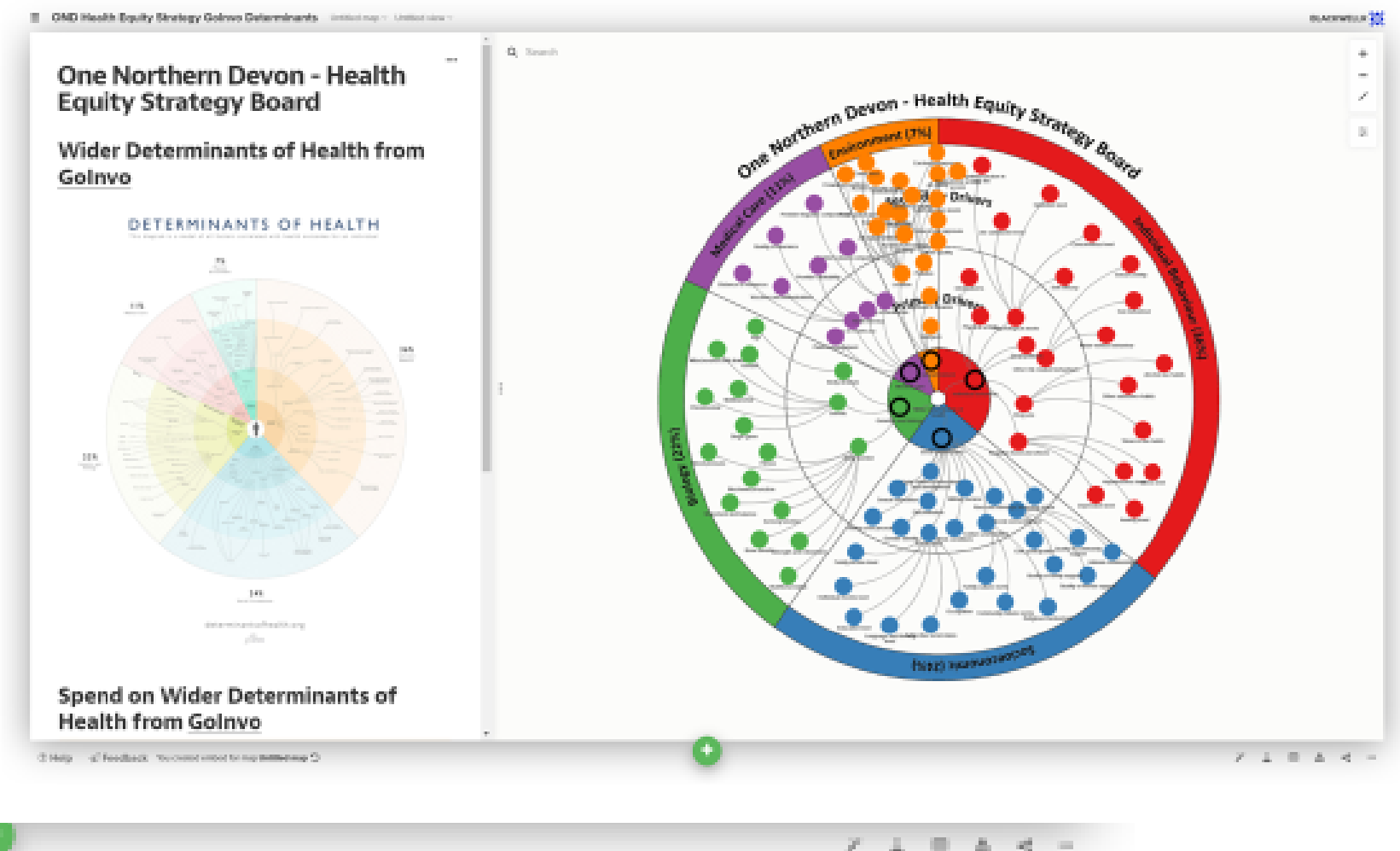
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**UNDERSTANDING THE COGS  
&  
HOW THEY WORK TOGETHER**

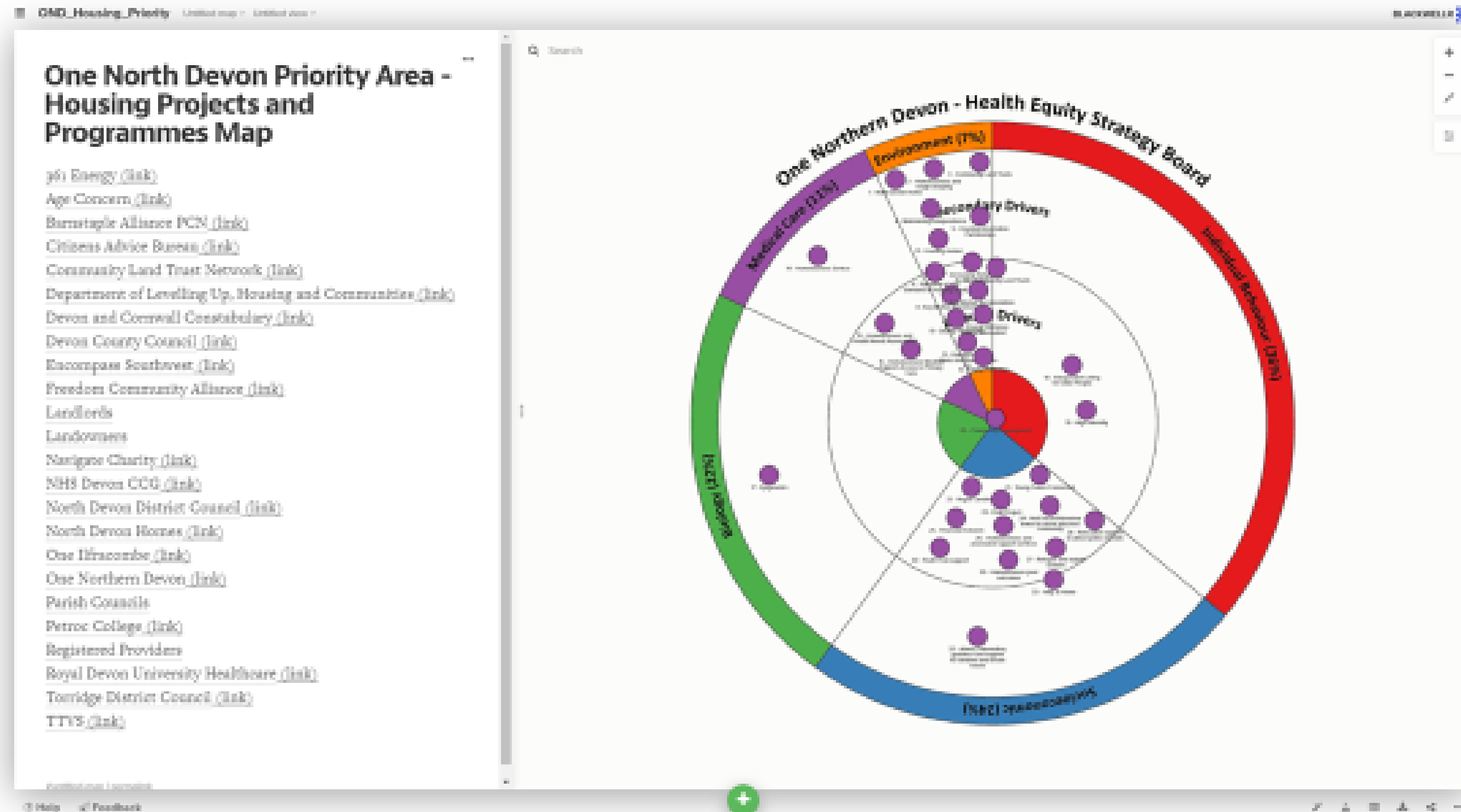
# Kumu Board (or the dartboard)



# Kumu Board (or the dartboard)



# Kumu Board Housing



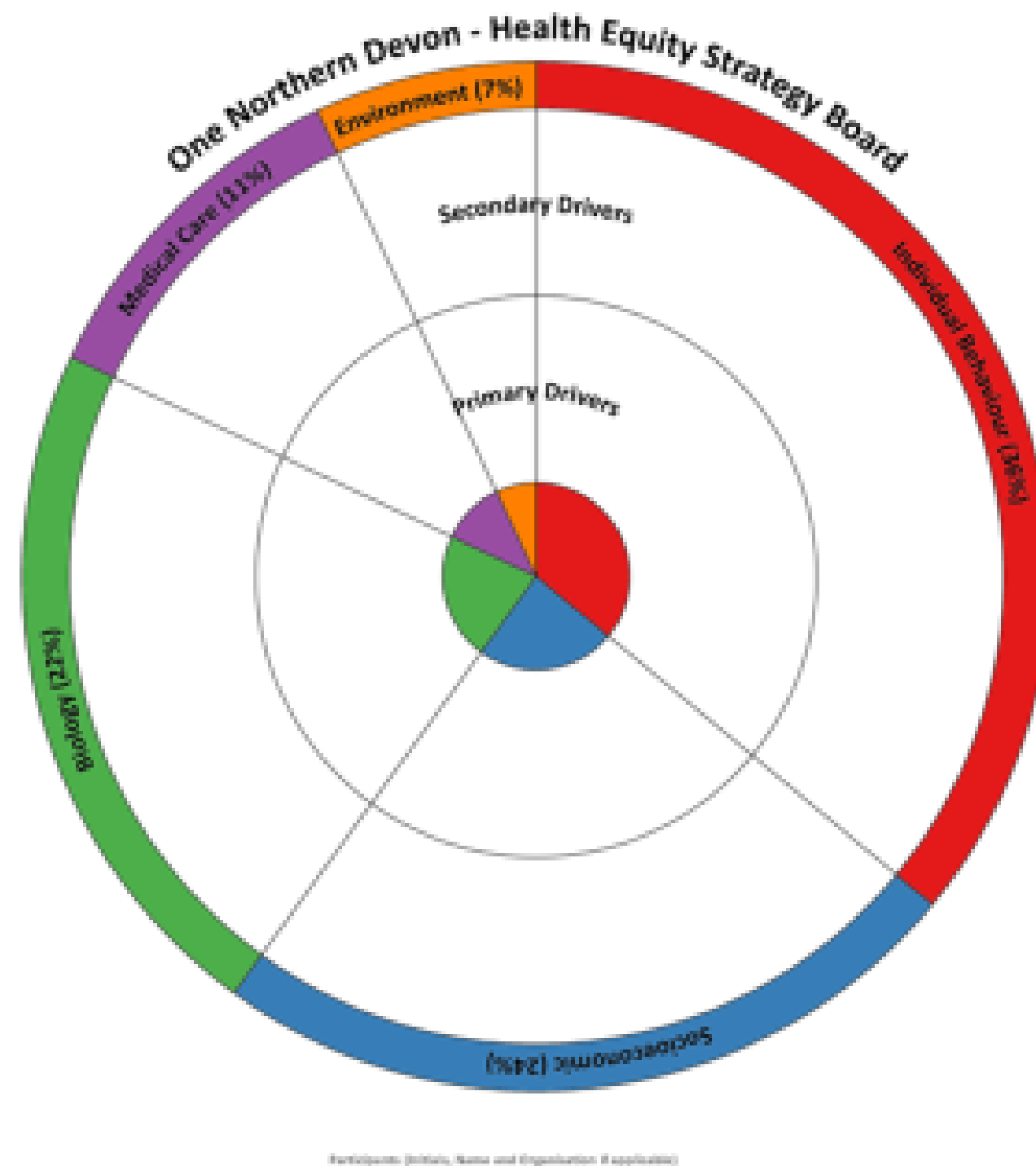


**SYSTEM THINKING**

**GROUP WORK, KUMU BOARD,  
RESOURCE ALLOCATION, ACTIONS  
& SYSTEM BARRIERS**

# Kumu

Focus Area: \_\_\_\_\_



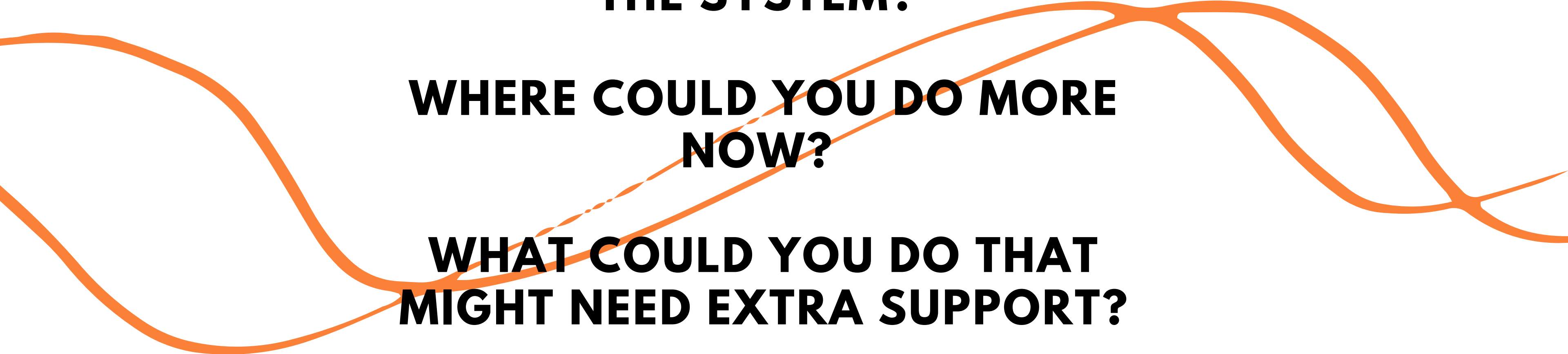
- On the dartboard add the names of the group at the bottom and their initials.
- For the focus area add the initials of anyone who is currently working on it but using the wider determinant as the place you mark it.
- Put the initials further away from the centre the longer the time it takes to see impact.
- In a different colour pen put the initials of anyone who isn't currently working on the focus area but wants to work on work on it.

# Resource Allocation

Everyone has 3 resource units (their initials) that they can use. Put you initials against the determinant that you would like to see get that resource.

<b>Resource Allocation - Wider Determinants of Health</b>
<b>Focus Area:</b>

Section	Primary Driver	Secondary Driver	Resource Allocation
Social circumstance	Citizenship status		
	Social connectedness	<i>Social connectedness overall</i>	
		Civic participation	
		Intimate relationships	
Quality of community support			
Quality of family support			
Social status	<i>Social status overall</i>		
	Education level		
	Family income level		
	Individual income level		
	Language and literacy level		
	Occupation		
	Subjective social status		
Work conditions			
Individual behaviour	Diet patterns		
	Drug use	<i>Drug use overall</i>	
		Alcohol use habits	
		Other substance habits	
Tobacco use habits			



**WHERE DO YOU HAVE A ROLE IN  
THE SYSTEM?**

**WHERE COULD YOU DO MORE  
NOW?**

**WHAT COULD YOU DO THAT  
MIGHT NEED EXTRA SUPPORT?**

**WHAT MIGHT THAT SUPPORT BE?**

**ADD THE ANSWERS TO THE KUMU DASHBOARD**

**FOCUS AREA #1**

**COMPLEX NEEDS**

**MY EXPERIENCE**



**PERSPECTIVE OF A  
SUPPORT ORGANISATION**

# Supporting people with Complex Needs



**ENCOMPASS**



# High Flow

- Based on relationships and trust - Collaborative
- Whole Person approach
- Team Around the Person (TAP)
- Giving back control to clients/patients
- "We've got your back" approach



**ENCOMPASS**

# Seeing the Whole Person

- being human and professional and working with all of ourselves rather than denying our common human fallibility and struggle.
- Acknowledging adverse childhood experiences in a person and how this leads to certain learnt behaviors.
- Multiple layers of trauma and issues
- One size does not fit all



**ENCOMPASS**

# Being Trauma Informed

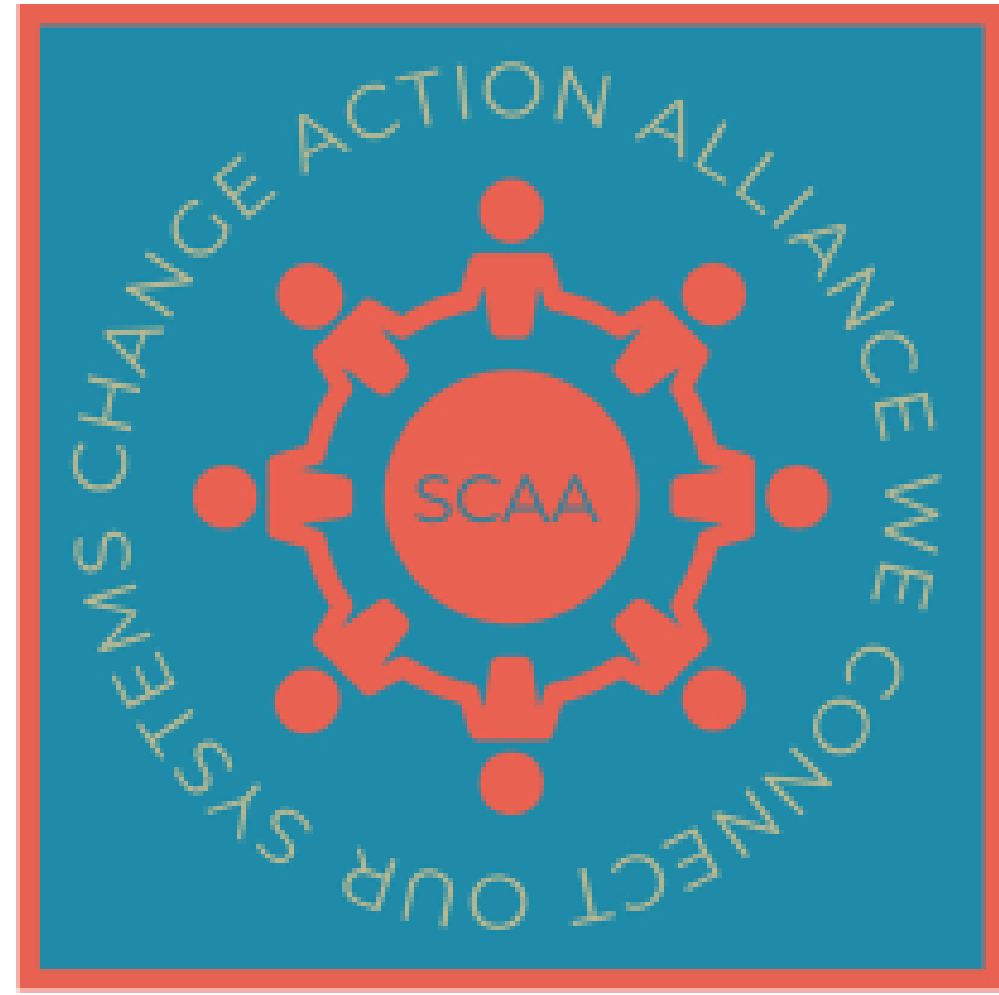
- Asking “What has happened” and NOT “what is wrong”
- Collaborative working – the value of lived experience cannot be ignored.
- Co-production
- Elastic Tolerance approach
- Support for frontline staff and volunteers – good supervision and support



**ENCOMPASS**



# System Change Action Alliance – Complex Needs



**ENCOMPASS**

**MY EXPERIENCE**

**PERSPECTIVE OF A HIGH  
FLOW SERVICE USER**

**MY EXPERIENCE**

**PERSPECTIVE OF A LOCAL  
SUPPORT ORGANISATION  
DIRECTOR & SERVICE USER**



**WHAT ARE YOUR THOUGHTS ON  
WHAT YOU HAVE HEARD?**



**FOCUS AREA # 2**



**HOUSING**

**MY EXPERIENCE**



**PERSPECTIVE OF A  
LOCAL AUTHORITY**

# What is the problem?

Lack of Affordable Housing

Lack of private rental

Rents too high

House prices too high

Affordability

Too many second homes

Air BnB

Housing conditions

Fuel Poverty

Homelessness

Lack of supply

etc

# Implications

- Health Issues
- Drop in living standards
- Increased calls on other sectors
- Increased costs
- Disruption
- Community cohesion
- Recruitment difficulties

# Stats

## Homelessness

20/21 – 1063 approaches for homelessness  
21/22 (Dec) – 868

## Section 21 evictions

20/21 – 39  
21/22 (Dec) – 80

## Affordable Housing

21/22 – 113 completions

## House Prices

January 2020 - £245k  
October 2021 - £295k  
April 2022 - £325k

## Private Rental market

67% reduction from August 2019 – August 2021

## Second Homes and Holiday lets

Increased by 467 from Oct 2019 – April 2022

## Households in TA

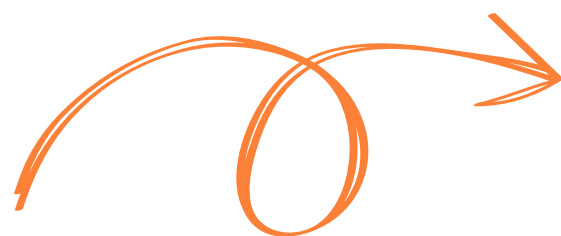
Current – 58  
21 – 39  
20 - 32

## Energy efficiency

78 interventions



**WHAT ARE YOUR THOUGHTS ON  
WHAT YOU HAVE HEARD?**



# **NEXT STEPS**

THANK  
YOU

