onenortherndevon

REDUCING HEALTH INEQUALITIES

STAKEHOLDER WORKSHOP

29 JUNE 2022
AGENDA

WORKSHOP SNAPSHOT



To view video from PDF click:
https://vimeo.com/729991007

WHO IS HERE?

70 people representing different parts of the Northern Devon system attended the workshop.

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.



29TH JUNE 2022

HEALTH INEQUALITIES STAKEHOLDER WORKHSOP
FACILITATORS: DAVID RELPH & ANDREA BEACHAM















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

If the Northern Locality was a village of 100 people

NHS Devon Clinical Commissioning Group

The Northern locality has a population of around 168,000 people, and includes the areas of Barnstaple, Bideford, Holsworthy, Ilfracombe, South Molton and Torrington.

5 would be under the age of 5

14 would be aged between 5 and 17

6 would be aged between 18 and 24

15 would be aged between 25 and 39

34 would be aged between 40 and 64

14 would be aged between 65 and 74

12 would be aged over 75

9 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

1 person would not speak English as their main language

3 people would identify as lesbian, gay or bisexual

8 people would not have a car or vehicle in their household

Over one fifth of children aged 4 would be overweight

Less than 1% of children would be in care

8% of adults would be obese

Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke

Around 18% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old

WHAT DO WE WANT TO ACHIEVE?

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

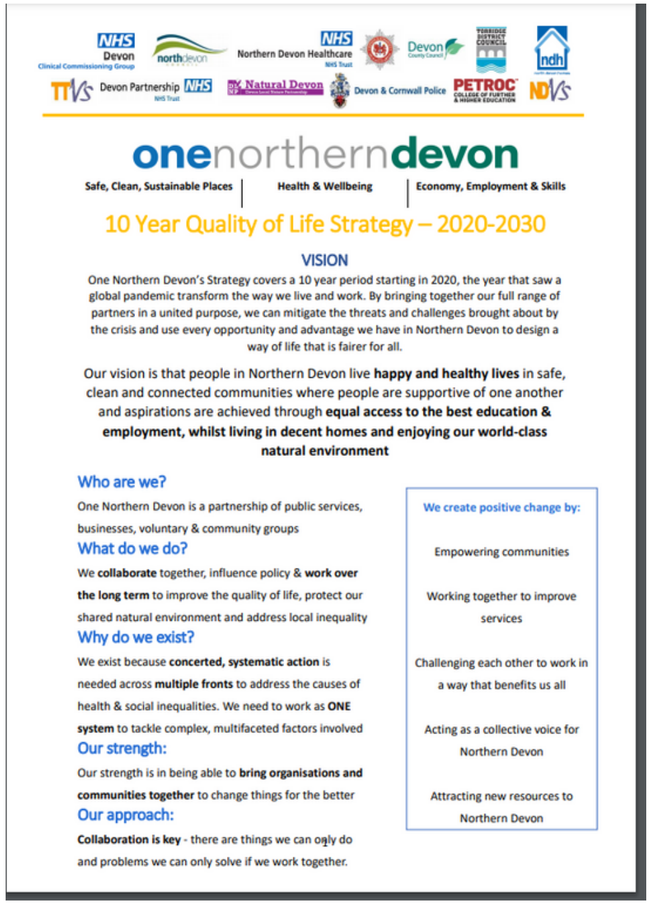
a) is co-designed;

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?**



onenorthern**devon**

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:

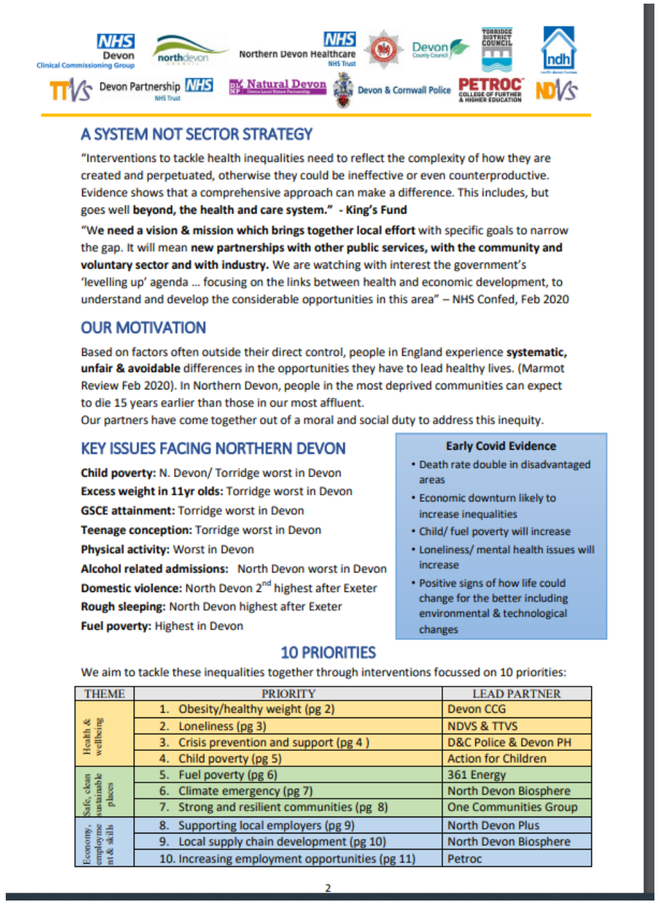
Our strength is in being able to **bring organisations and communities together** to change things for the better

Our approach:

Collaboration is key - there are things we can only 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
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

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:

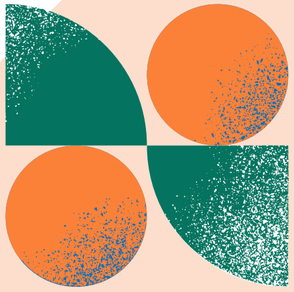
THEME	PRIORITY	LEAD PARTNER
Health & wellbeing	1. Obesity/healthy weight (pg 2)	Devon CCG
	2. Loneliness (pg 3)	NDVS & TTVS
	3. Crisis prevention and support (pg 4)	D&C Police & Devon PH
	4. Child poverty (pg 5)	Action for Children
Safe, clean sustainable places	5. Fuel poverty (pg 6)	361 Energy
	6. Climate emergency (pg 7)	North Devon Biosphere
	7. Strong and resilient communities (pg 8)	One Communities Group
Economy: employment & 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

2

THE FRAMEWORK

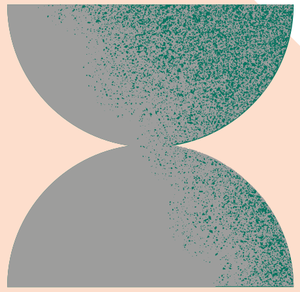
DOUBLE DIAMOND

A structured design approach to tackle challenges in four phases:



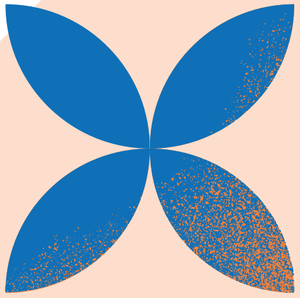
DISCOVER

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



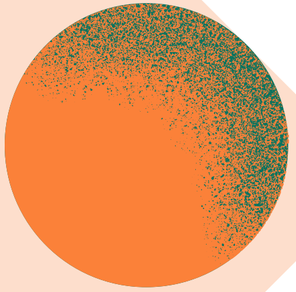
DEFINE

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



DEVELOP

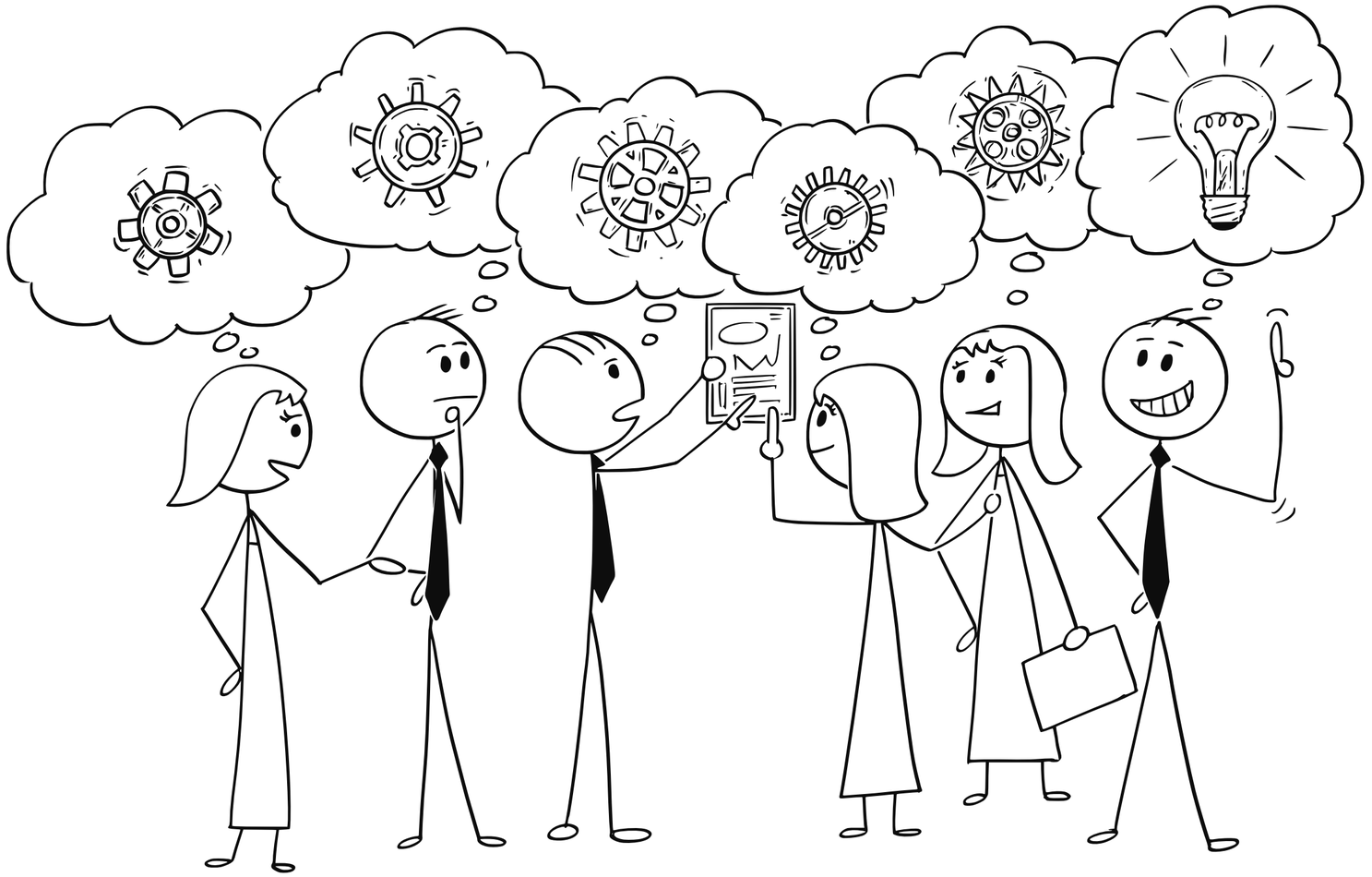
Create different potential solutions to a clearly defined problem. Seek inspiration. Co-design with different people (diverging)



DELIVER

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

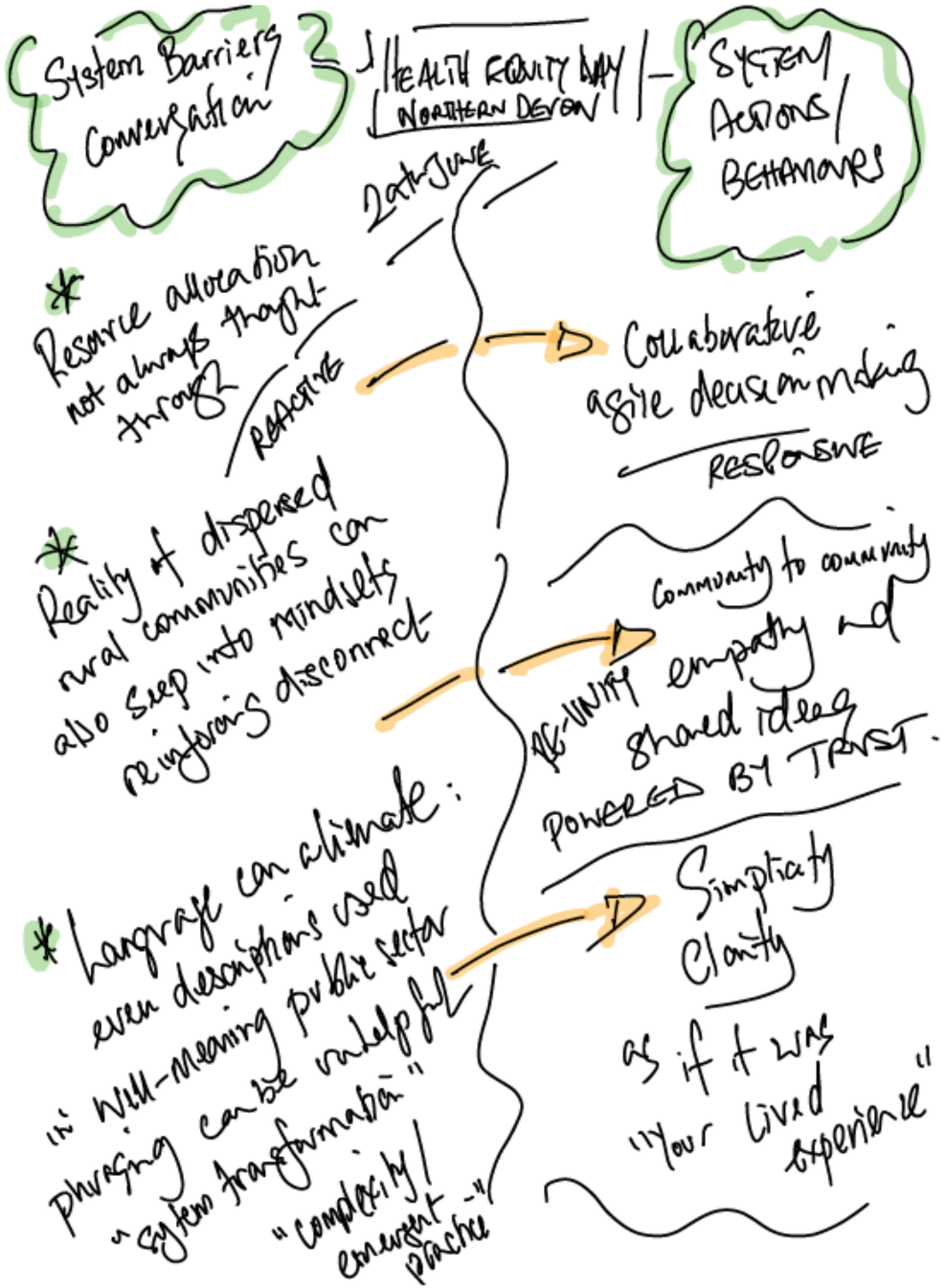
CO-PRODUCTION BENEFITS & CHALLENGES



WHAT DO WE NEED TO DO TO CREATE THE RIGHT CONDITIONS FOR EQUITY?

TABLE OUTPUTS

ONE TABLE'S SKETCH NOTES



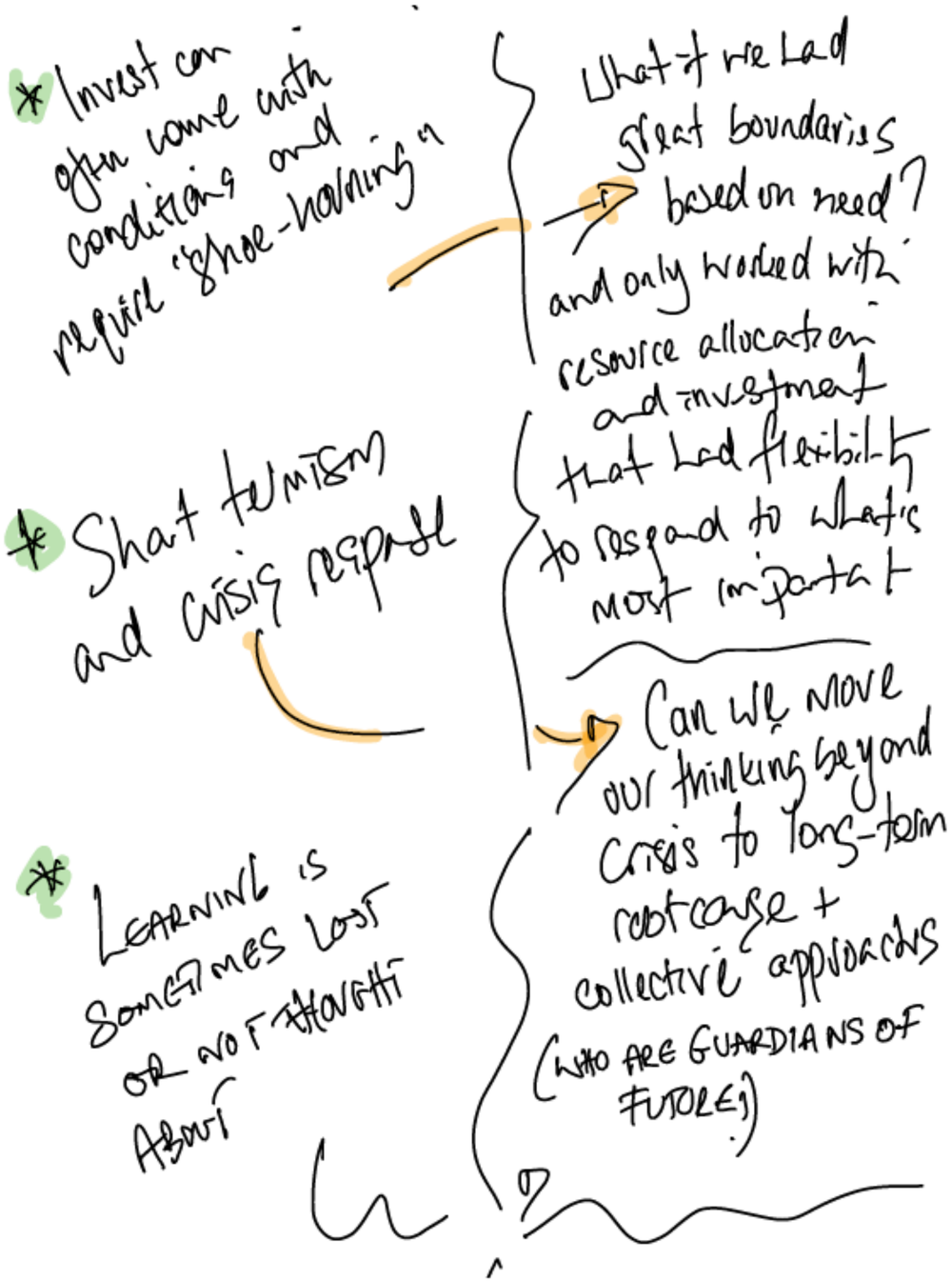


TABLE FACILITATOR: GARETH DIX
TABLE PARTNERS: DR LINCOLN SARGEANT, DR RUTH TAPSELL, AMANDA BOWEN, DR CHLOE CAREY, EMILY FAIRCLOTH

Stories help experience is powerful
Take a Questioning mindset -
WE NEED COORDINATION OF LEARNING?

WHERE NEXT

LIVED EXPERIENCE IN DESIGN SPACE

Convene spaces to build trust.

Make Cultivating Agency a priority
→ Confidence to Question

WIDEN INDICATORS OF SUCCESS TO COMMUNITY WELLBEING + VIBRANCY

Think Holistic in approach and tailor support

eg. HUB

for relationship
Financial advice
wellbeing → physical activity
learning
Digital
planning

Create conditions for psycho-social SAFETY

AKA Cups of tea with purpose!



INPUT
Dr Lincoln Sargeant
Dr Ruth Tapsell
- NHS England
- Amanda Bowen ITVS
- Dr Chloe Carey
- Gareth Dix FACILITATOR

to be continued

TOWARDS CREATING A DESIGN BRIEF

FIRST DRAFT FROM COLLATING ALL TABLE DISCUSSION NOTES

DESIGN PRINCIPLE 1

PERSON-CENTRED

Provide person-centred services - focused on what matters to the individual, not service

DESIGN PRINCIPLE 2

CONSIDERS PERSON'S WIDER CONTEXT

Work in ways that support the 'whole person' including their wider circumstances

DESIGN PRINICIPLE 3

WHOLE PLACE

Work in ways that support the 'whole place' and recognise rural and coastal challenges

DESIGN PRINCIPLE 4

CO-PRODUCED

Co-produce solutions with the people and communities affected

DESIGN PRINCIPLE 5

TARGET RESOURCES WHERE THEY WILL HAVE MOST IMPACT

Distribute resources equitably and where they will have the most impact

DESIGN PRINCIPLE 6

JOIN FORCES & PROMOTE SHARED LEADERSHIP

Promote shared leadership and join forces across the system towards a common aim

DESIGN PRINCIPLE 7

BUILD ON GOOD PRACTICE

Build on existing areas of good practice

DESIGN PRINCIPLE 8

THINK LONGER TERM

Think longer term and ensure adequate resources are allocated towards prevention

DESIGN PRINCIPLE 9

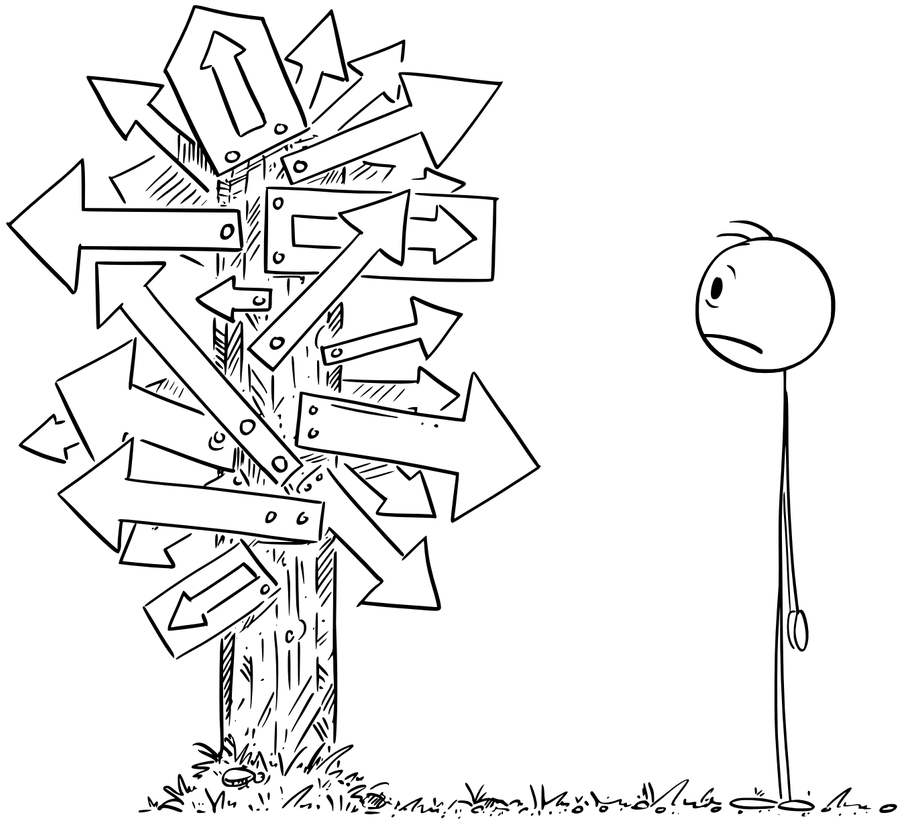
COMMUNICATE

Get better at communicating with each other across the system

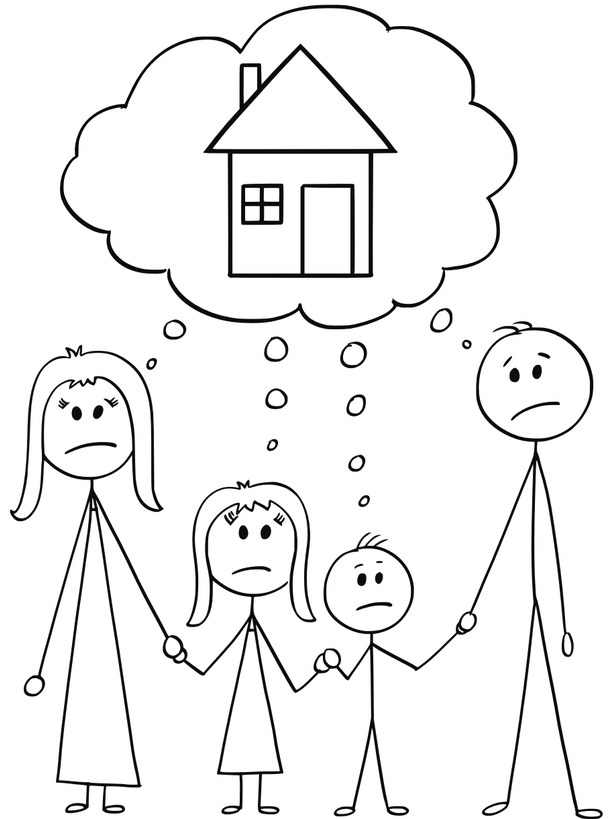
PLAN FOR THE DAY

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

PHYSICAL HEALTH OF PEOPLE WITH COMPLEX NEEDS



HOUSING



DISCOVERY STAGE

INSIGHTS SO FAR

One Northern Devon began an engagement project in April, with the aim of exploring the challenges that people across Northern Devon face as we emerge from the COVID-19 pandemic. During Phase 1 which runs until October 2022, quantitative and qualitative research and engagement methods are being used, with members of One Communities and Devon County Council taking part in data collection, alongside two research consultants. Phase 2 is to develop a sustainable co-production model that allows service providers to listen and respond to the experiences of people who experience inequalities and staff who work with them.

The 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**

HEALTH INEQUALITIES

09.30-10.30

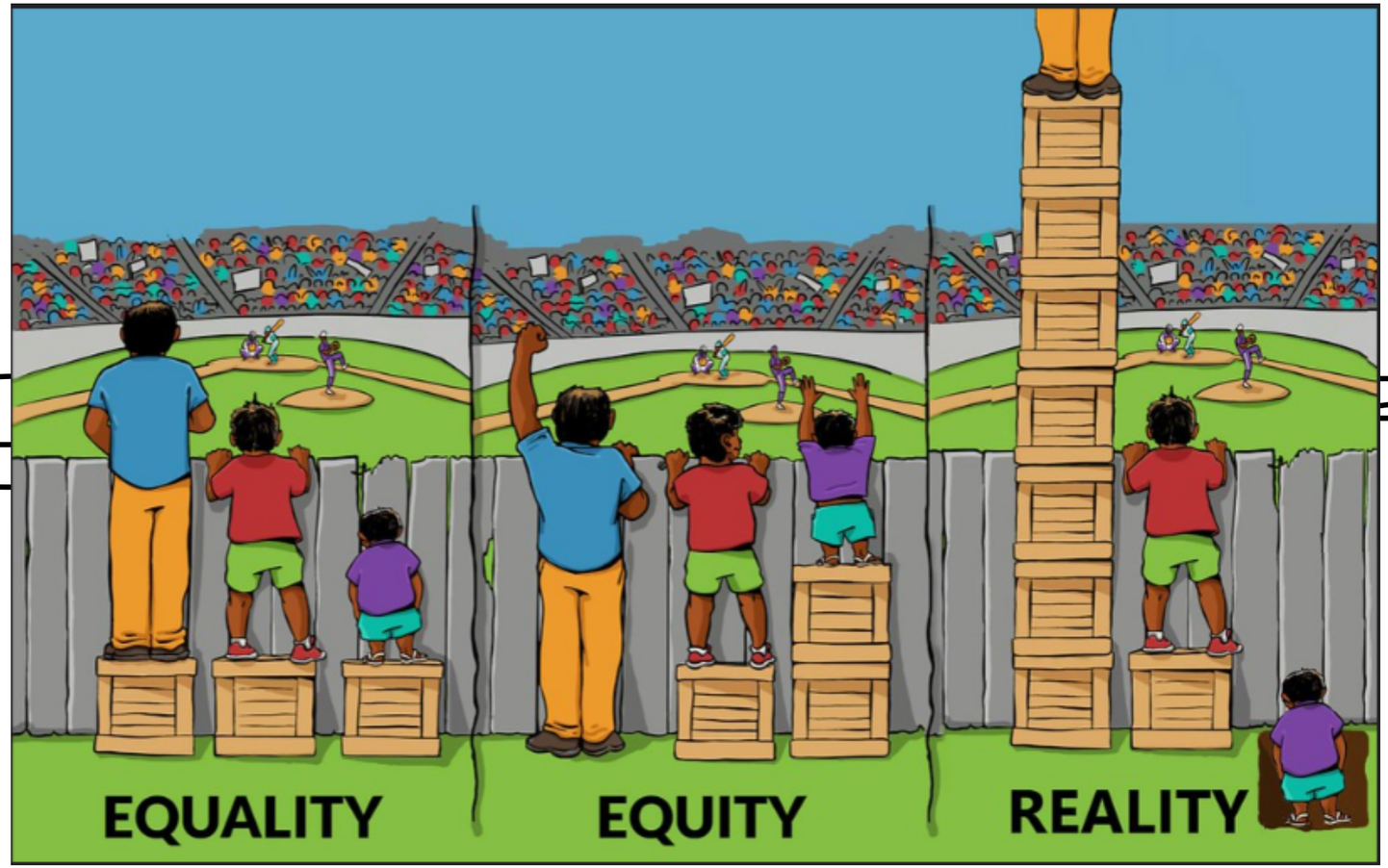
29 JUNE 2022
AGENDA

HEALTH INEQUALITIES
DR OLIVER HASSALL



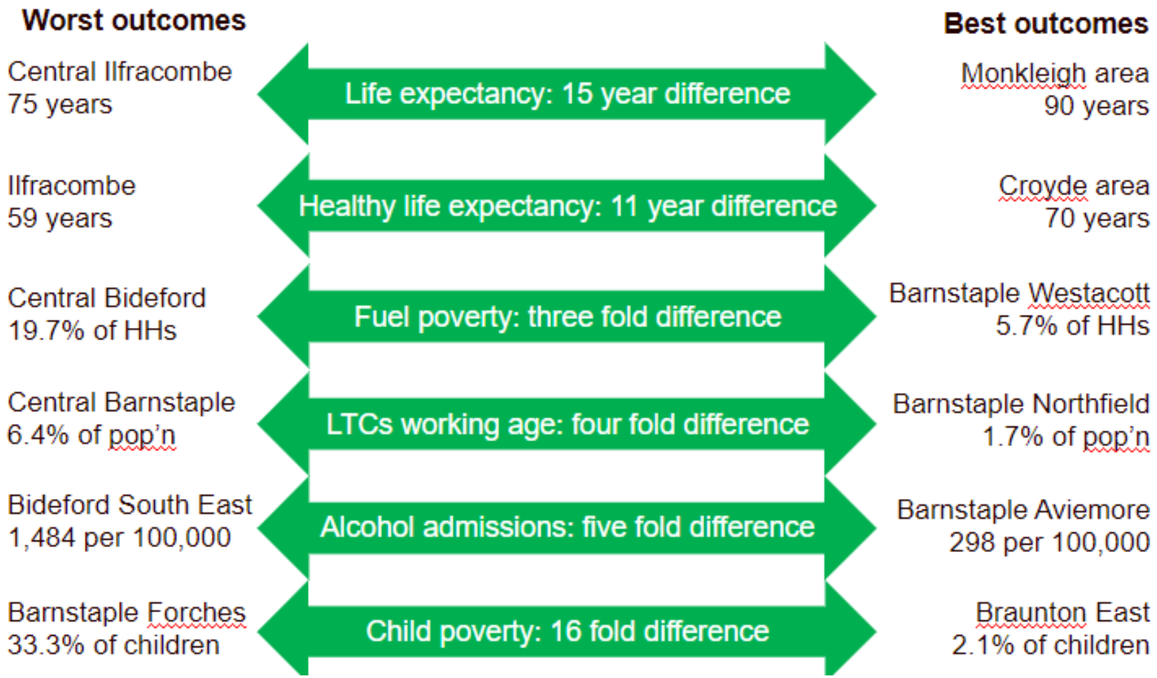
To view video from PDF click here

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**

CLAIRE FISHER
PERSPECTIVE OF A VCSE PROVIDER



To view video from PDF click:
https://vimeo.com/736178170

CAROLYN
PERSPECTIVE OF A HIGH FLOW SERVICE USER



To view video from PDF click:
https://vimeo.com/736178170

CAROL
PERSPECTIVE OF A COMMUNITY SUPPORT SERVICE

To view video from PDF click here



JOHN

PERSPECTIVE OF A COMMUNITY SUPPORT SERVICE USER



To view video from PDF click here

KEN MILES



To view video from PDF click here

HOUSING



QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

Developers are being allowed to call all the tunes. Planning laws are failing - we're allowing development but it's not providing housing for those who need it. Also laws need to be changed on retrieval of properties that aren't being lived in.

KEN MILES' RESPONSE:

In terms of lobbying government regarding the planning changes - we've made some suggestions to government and that's part of the lobbying that we do. Both Torridge and North Devon Councils are about to start reviewing their local plan which is the development plan document. It sets out what housing is going to go where and we're carrying out an engagement exercise at the moment. If you look on the council's website or on social media, you'll see the People in Place project and that's where you can have an input into it.

You're absolutely right, a lot of people feel that the correct housing is not going in the correct place, but unfortunately most of those complaints happen when a planning application is in and at that point it's often a little bit too late because the local plans already set the scene for that development.

In terms of property sitting idle, you're absolutely right, that is an issue, and it's quite significant numbers but I have to say, trying to bring an empty property back into use is incredibly difficult. It's very resource intensive because most people don't allow property just to sit idle for years. There's usually a reason behind it, whether it's held up in intestate or something. But we do have a team that's now being set up to try and tackle some of those long term empty properties, and part of the lobbying with government, and one of the changes they have made, is to give powers to district councils, to increase the amount of council tax that's charged on some of those long term empty properties. But we are lobbying for further powers to try and resolve that.

Some of those long term empty properties that are being used as second homes - some of the messaging that we get back from the owners is that it makes no difference what the council tax is being charged, they will still carry on using it in exactly the same way because even if they're paying £8k...£9k a year in council tax, it doesn't make an awful lot of difference to them.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

Can you start to control supply using finances from council tax and development?

KEN MILES' RESPONSE:

Yes, it will take us into a whole other subject because the council tax that the district council collects, we retain only a very small element of it. We collect it for the police, the county council, parish councils, et cetera., so we only retain a small element of that. But one of the exercises we did as part of lobbying government was to look at those 467 properties that have been lost from the permanent residential market and try and calculate how much council tax has been lost to the whole area, and it's running at about one and a half million pounds, I think from those, from those 467 properties.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

Could you comment on the modular housing idea? I attended a meeting where someone from Cornwall talked about their experiences and on the surface, it seems like a really effective, fairly cheap, efficient way of providing housing for people that may not otherwise secure it. And if we could wrap as a system around those people in that housing that struck me as a solution on the surface.

KEN MILES' RESPONSE:

Yes, there's two types of modular properties at the moment that Cornwall and North Devon are using, it's probably more of a dressed up term for a big shed, but we are using modular pods for homelessness provision. So taking people off the street and allowing them to have some sort of roof over their heads, Cornwall and North Devon are using that, but we're also exploring a new scheme, that's been set up with the Police and Crime Commissioner, whereby ex-prisoners are creating modular properties and the push is to try and get those onto local authority land. So we're looking at that at the moment in conjunction with North Devon Homes to see whether we can come up with a scheme locally to us which will make it cheaper.

The whole modular build market is growing, I think there was something in the news just recently about the company that's building a massive factory upcountry somewhere to try and churn these out at scale and I think it is the way forward. And there's a few councils that have got some schemes. I think Bristo has got a really good one where they've built over a car park, so they've kept the car park intact and built over the top. And that looks really good. So yes it is definitely something we're exploring.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

I wanted to ask two questions. The first was about the section 21 evictions in 2020, 2020 to 2021, whether that was a dip from the previous year, cause wasn't there a block on section 21 evictions during the first year of COVID.

The second question was about holiday let planning permission, because a lot of places have had holiday let restrictions on planning, is there possibility that some of those could be looked at and reversed to become proper residential properties?

KEN MILES' RESPONSE:

I don't know the answer to the first question - I can have a look at the figures to see if it was a dip or not, the impression I've got is it's not a dip, it's been a steady increase and we saw more of an increase over the pandemic as people use section 21's to flip the properties effectively into holiday lets.

In relation to the second question about planning permission for holiday lets, yes there are a small number of properties within the council area which have got restrictions saying they have to be used for holiday purposes and that's because they complied with policies at the time, which said permanent residential here isn't acceptable because the property is a type that, isn't available, isn't suitable for all year round use, et cetera., but where an application comes forward for that to be converted, to remove the condition, we look at that proactively.

The whole issue about planning permission for holiday lets is something that the government is looking at and that's something we're lobbying on because it's a big grey area at the moment as to whether change from permanent residential into a holiday letting business, effectively requires planning permission. Personally speaking, I think it does, depending on the circumstances, but there's nothing in legislation that says that at the moment. And interestingly at the start of the week, I picked up on the national press, something about the government perhaps issuing a consultation in the next couple of days which might look at introducing further restrictions through the Levelling Up bill, which will be welcomed. But that doesn't mean to say they'll be stopped because you might grant planning permission if it's appropriate, but it opens up an area of regulation that we don't have at the moment, which would be welcomed.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

I j wanted to ask about all the thousands of houses being built at the moment in Torridge, there are literally thousands of them but there's been no improvements to the infrastructure or services that are available. So for example, I know that in North Devon a few nights ago, there was not one available ambulance and I know that an ambulance crew had to take an ill person down to Derriford there were 20 ambulances in front of them. So how are we going to prepare for all of these new houses being built and what provision is there going to be for the NHS and emergency services?

KEN MILES' RESPONSE:

Yes, I think historically the NHS hasn't really engaged in the planning process but I think that's changing more recently. I think there is greater cooperation between the district council when it'slooking at things like it's local plan and the NHS in planning the services., when an application comes in.

You're absolutely right on paper, it should provide for all the requirements for infrastructure. But the reality is, is really difficult to do that because the developer is able to argue viability arguments and say there's an overriding need for housing. Government is saying, this is a housing target. You've got to provide housing. We can't provide the housing here unless you drop some of the requirements that you're saying you need, things like open space, affordable housing, offsite recreation, NHS contributions.

So it's really difficult because we're often faced with those sorts of arguments and then we've got to balance that up and say, okay, well, do we say, "Okay, no housing here," and run the risk on appeal or do we, accept a lesser level of contribution?

The part the Levelling Up bill is talking about a standardised infrastructure contribution system being brought in. And again, that would be welcomed I think. But yes it is difficult because each case has to be judged on its merits when it comes through and if there are extraordinary building costs for a developer because they're building on brownfield land or something like that, then that can often wipe out completely any infrastructure gains that you might get as part of a development that comes through.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

North Devon Homes took over the majority of the council houses through the large scale voluntary transfer. As part of that, North Devon Homes only gets £30,000 for each house that's sold through the Right to Buy scheme, the rest of that money goes to the council and you don't build one-for-one housing for it. So why, why is that money not used specifically towards housing?

KEN MILES' RESPONSE:

That money traditionally has been used to prop up the housing services and fund the housing services, so the homelessness provision that we've got, the homeless prevention etc, so that's how we use that money.

We are looking at how we can perhaps intervene in the local market, as I said, for temporary accommodation, we purchase properties on the open market, but we are also now looking at building our own properties.

The Future High Streets Fund project that we've got just starting out in Barnstaple town centre centred around the market in Boutport street, but the redevelopment of that will provide, we're hoping anyway, unless we have to take it out, because of the inflationary cost, but we're hoping that that's going to provide 11 or 12 residential units in the town centre and the aspiration is to use those for social housing.

And similarly in Ilfracombe we've got a piece of land at Bicclescombe Nursery which we want to use for self build or custom build affordable housing and the aspiration again for that will be social housing. So we are starting to do that but you're absolutely right we are no longer a housing provider. That is North Devon Homes and there's also separate schemes as well where we've funded North Devon Homes or worked with North Devon Homes to provide housing as well and worked in conjunction with them.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

I know we are short of housing for people, but can you tell me why planning permission is given? I'm talking about South Molton. At the moment we've got another 360 houses going up. We've had hundreds since I've lived there in the last five years, only legally 2 to 3% have to be affordable homes, but they can be sold to anybody. They haven't got to be sold to locals. So why aren't you implementing that they have to be cut down to a minimum cost for locals to be able to afford that 2 to 3%. And also when you're giving planning permission to housing associations, do you make a stipulation that some of the properties have to be fully for mobility?

KEN MILES' RESPONSE:

In relation to the first question, , I'm not sure whether 2 or 3% comes from because the local plan has an aspiration that for a development coming forward, we'd be looking at 30% affordable, that's an aspiration - we don't achieve that, that 113 affordable homes that came forward last year represents about 18% rather than 30%.

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

So you were saying about how you are working on both sides so locally and then also lobbying the government. Do you see a role that we as local organisations and local people can have in pushing against the government as opposed to just working here in North Devon? And if so, what role do you think we can, we could take on?

KEN MILES' RESPONSE:

Absolutely. I think the more noise that's made about these issues, the better. We've got a very active housing crisis group in Northern Devon, which operates through Facebook and they've done an absolutely fantastic job in getting this agenda on the national agenda, they've taken it to parliament, I think they were on BBC One news this morning talking about second homes and holiday lets so they've done a really good job in raising up the agenda and the local MPs are also getting on board and have prompted debates in parliament but, and this isn't me being political, they're doing that because there's such a noise being made locally about it, so any noise that can be made I think is, is great.

How we do it formally as part of this group, we'd have to think about. I think, whether it be a formal representation or, or something. There is going to be a housing round table that's being organised with the housing minister, which we've to secure to come locally. No idea of the arrangements for that yet at the moment, because that's being organised by central government, but the fact that it's coming to the local area and we'll hear from local organisations and I hope local businesses and local people is absolutely fantastic cause it gives the opportunity for local people to make representations directly into government.

I have to say locally, picking up on the recruitment issues, I noticed a bit of a step change in how people were reacting to this housing crisis. When we started saying people are no longer able to recruit and employers are thinking about dis-investing in the area, and schools are finding difficulty in recruiting teachers. It was at that point that people suddenly started saying we need to do something about this because that has a broader impact than perhaps one individual not being able to find a house. I noticed anyway that people started taking more notice when we started saying this could have a massive economic impact as well as anything else. So yes, as much noise as possible.

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

BARRIERS

To working in ways that promote health equity

✓ **BARRIER 1**

Communication

✓ **BARRIER 2**

Funding disincentives

✓ **BARRIER 3**

Access issues

✓ **BARRIER 4**

Risk aversion

✓ **BARRIER 5**

Power dynamics

✓ **BARRIER 6**

Policy/ regulation

✓ **BARRIER 7**

Culture/ behaviours

✓ **BARRIER 8**

Lack of capacity & skills to co-produce

✓ **BARRIER 9**

Top-down commissioning

✓ **BARRIER 10**

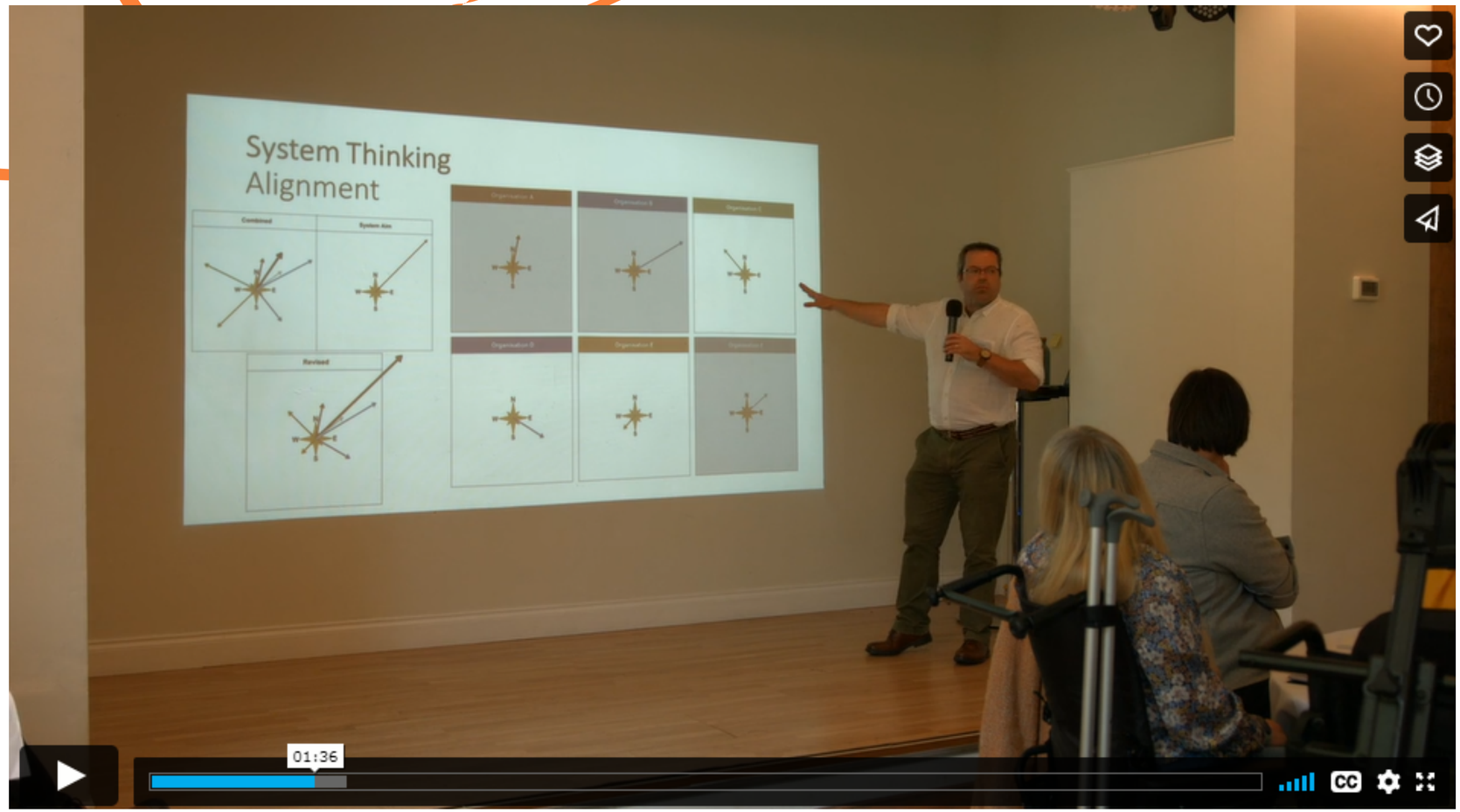
System silo-working

WHAT IS A *SYSTEM*?

09.30-10.30

29 JUNE 2022
AGENDA

WHAT IS A SYSTEM?
RICHARD BLACKWELL



To view video from PDF click here

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

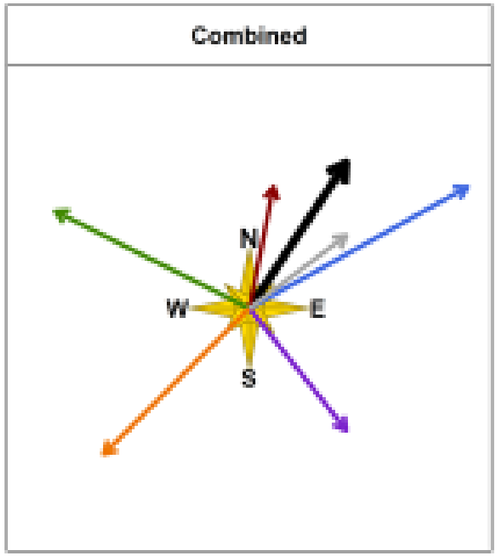
- A system consists of a load of cogs, those cogs can be many different things, they can be organisations, they can be services, they can be people
- These cogs work together to make things but we haven't really designed the system, it has just grown so it often makes things we don't want
- If we understand 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

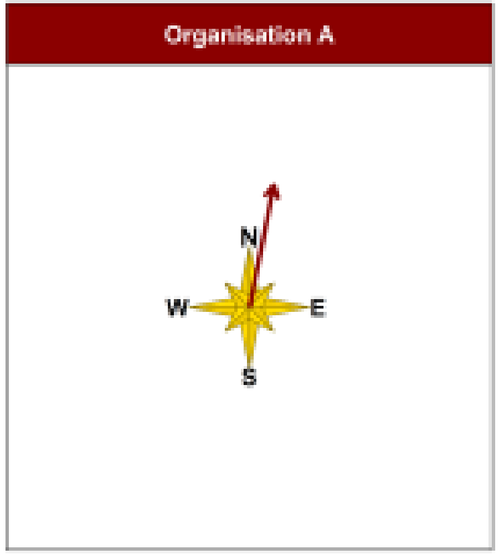
SYSTEM AIM

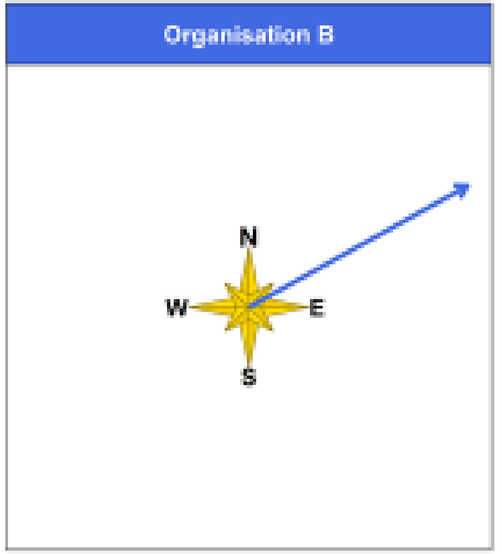
09.30-10.30

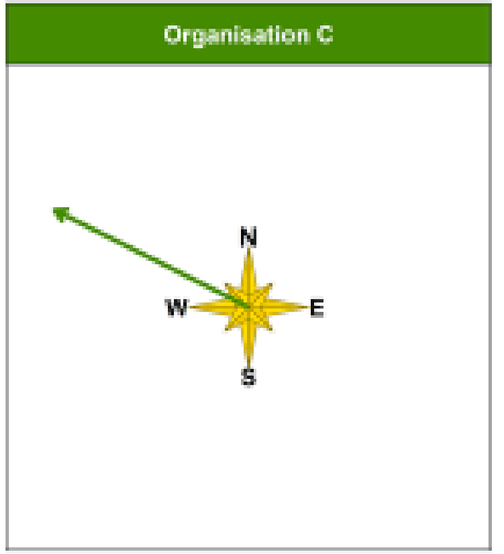
29 JUNE 2022
AGENDA

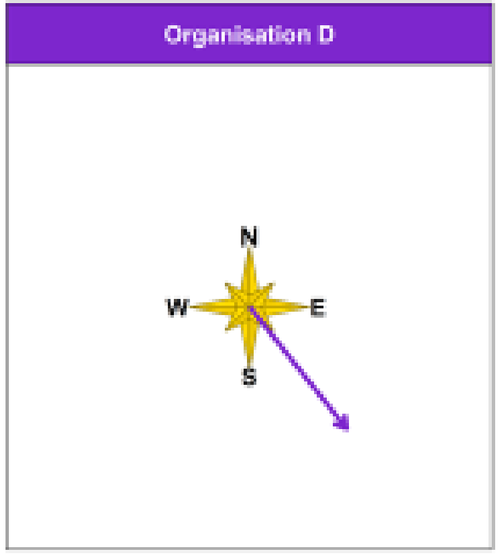
System Thinking
Alignment

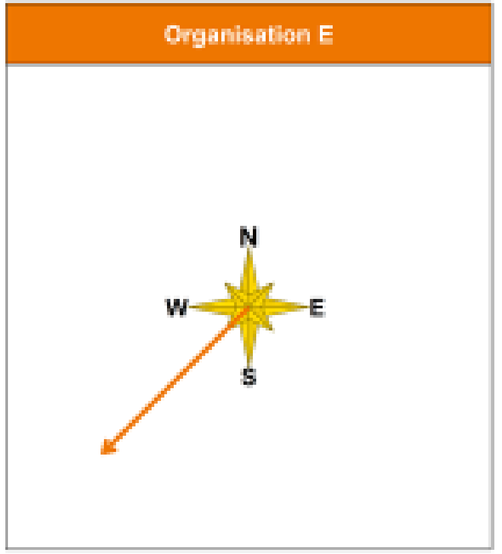


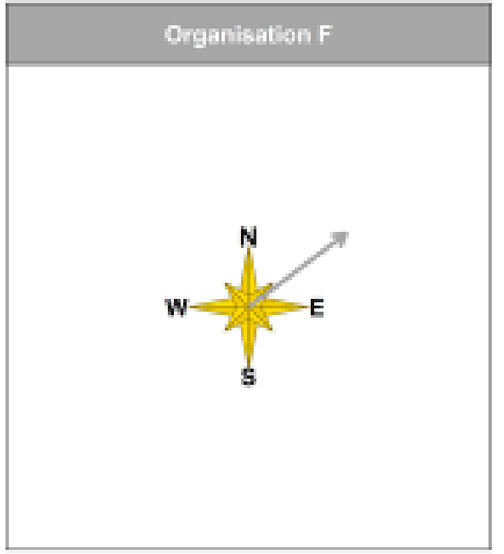




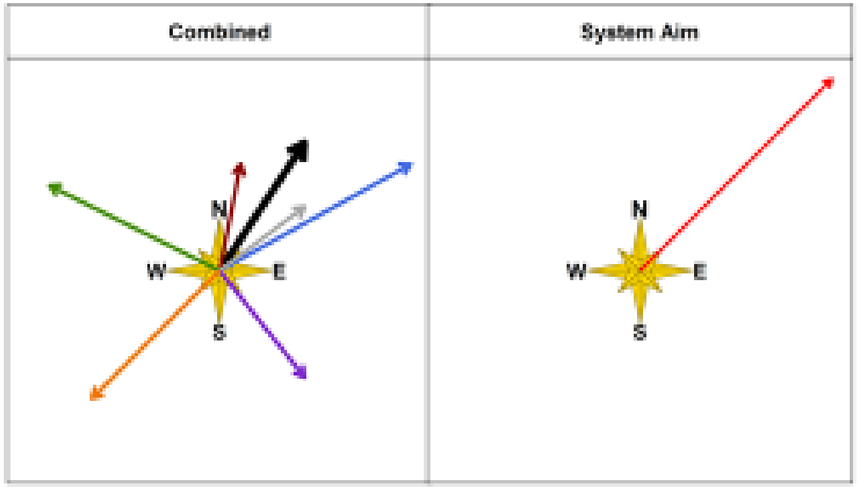


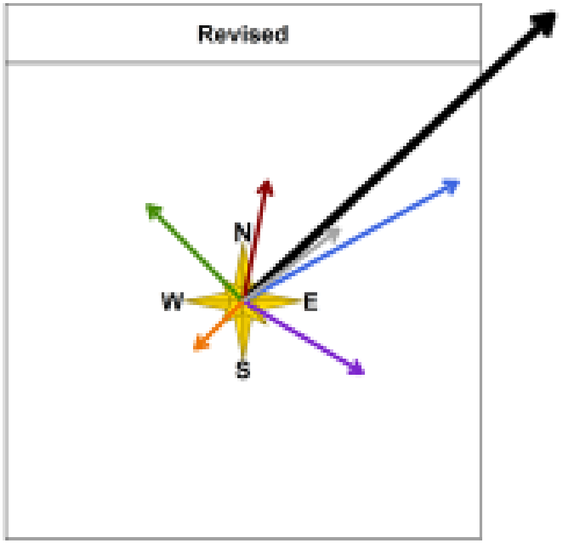


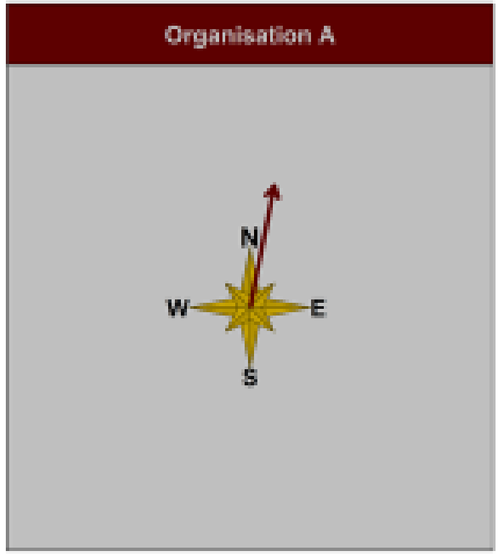


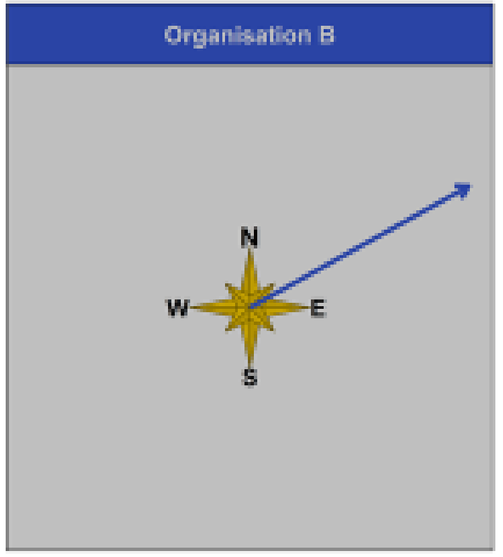


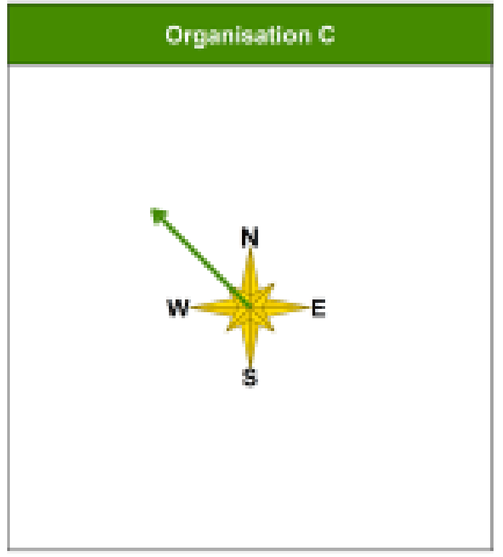
System Thinking
Alignment

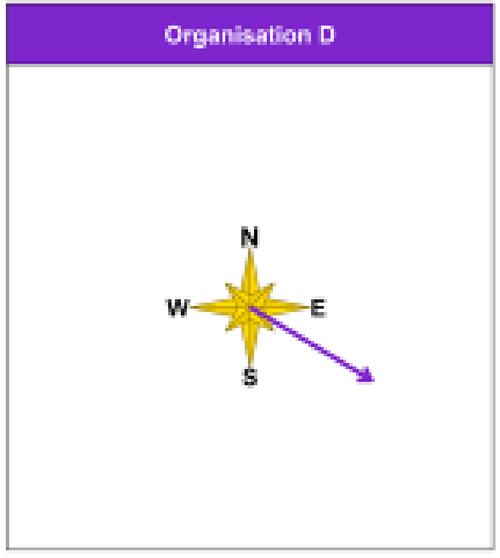


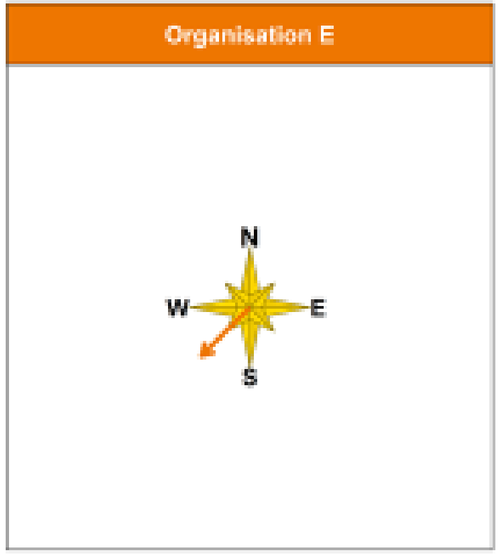


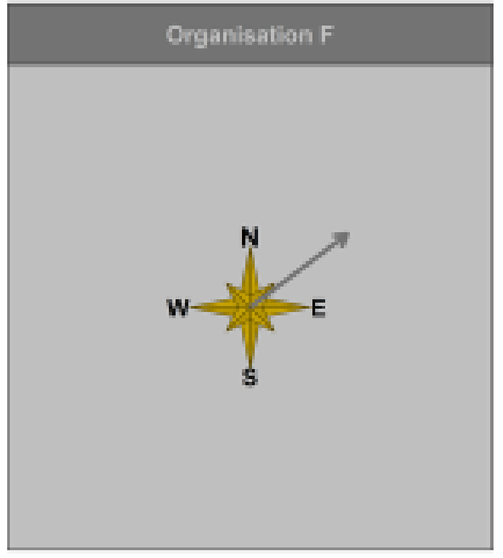












System Aim

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

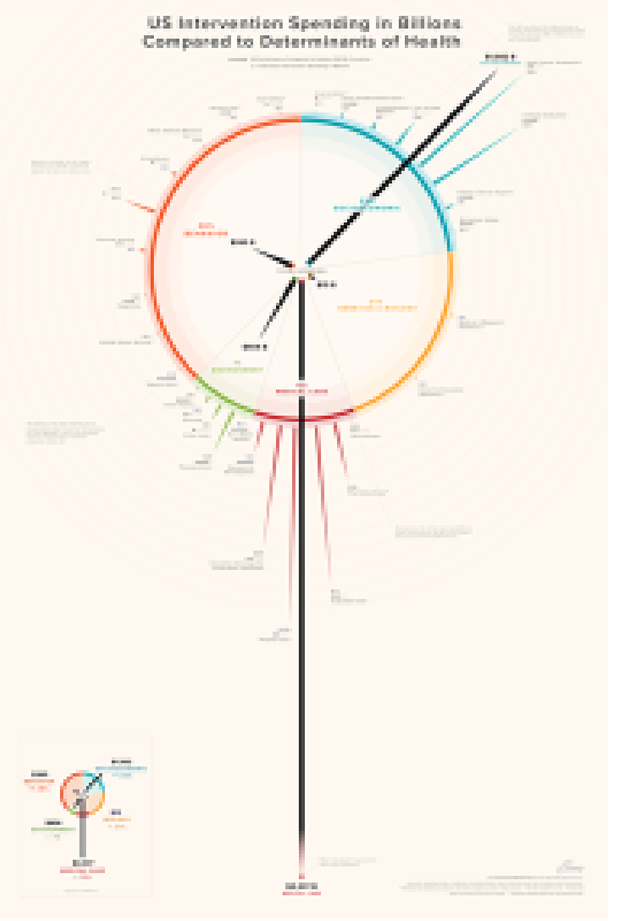
GoInvo
Wider Determinants of Health and Sections

- 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

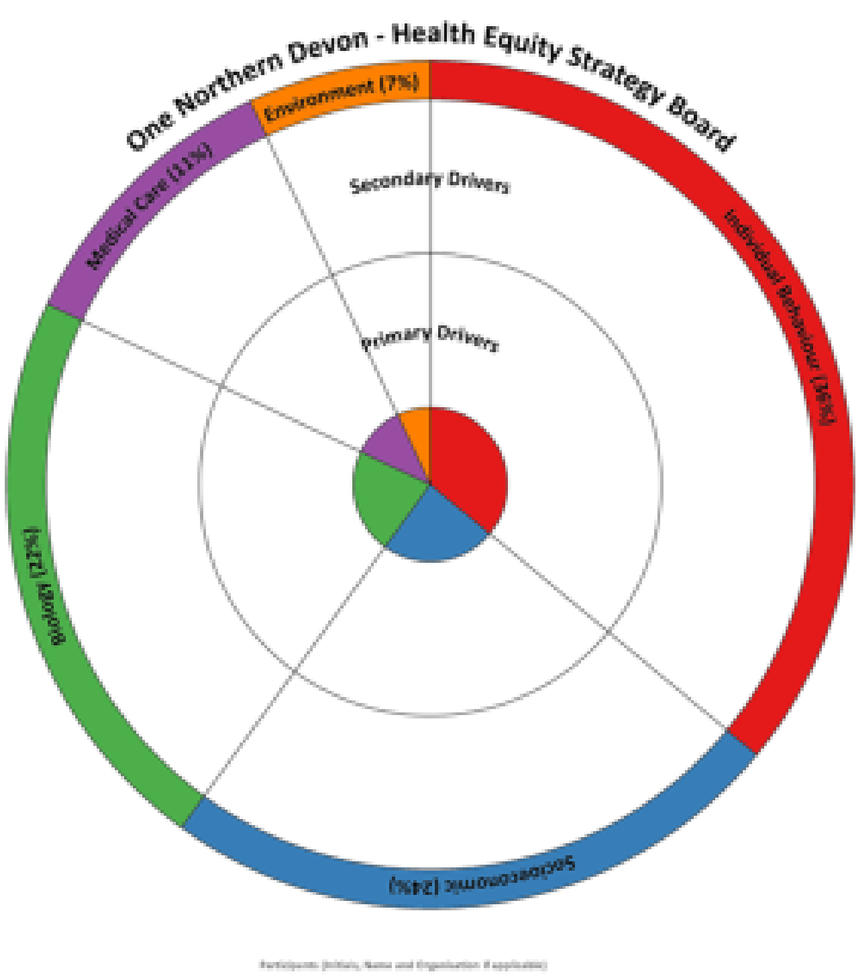
- What do we want our system **not** to make? Inequity
- We want our system to reduce inequity across **any** and **all** of the things that affect our health
- For example:
  - Education level is one of those things that impacts our health
    - We can work with schools to get give everyone the levels 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

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.

Resource Allocation - Wider Determinants of Health			
Focus Area:			
Section	**Primary Driver**	**Secondary Driver**	**Resource Allocation**
Social circumstance	Citizenship status		
	Social connectedness	*Social connectedness overall*	
		Civic participation	
		Intimate relationships	
		Quality of community support	
		Quality of family support	
		Quality of friends support	
	Social status	*Social status overall*	
		Education level	
		Family income level	
		Individual income level	
		Language and literacy level	
		Occupation	
		Subjective social status	
	Work conditions		
Individual behaviour	Diet patterns		
	Drug use	*Drug use overall*	
		Alcohol use habits	
		Other substance habits	
		Tobacco use habits	

IMPACT

Where did partners think our collective system resources would have the most impact?

By Section		
Section	Resources	% of Resources
Social circumstance	64	34%
Individual behaviour	48	26%
Physical environment	38	20%
Medical care	30	16%
Genetics and biology	8	4%



Top 10 (also accounting for 50% of resources)

Primary	Secondary	Resources	% of Resources	Cumulative %
Social connectedness		15	8.0%	8.0%
Access to healthcare		13	6.9%	14.9%
Early childhood education and development		12	6.4%	21.3%
Psychological assets		9	4.8%	26.1%
Location		9	4.8%	30.9%
Social status	Financial literacy (added by attend	9	4.8%	35.6%
Access to healthcare	Distance to resources	8	4.3%	39.9%
Location	Job opportunities	8	4.3%	44.1%
Social status		8	4.3%	48.4%
Negative mood and effects		7	3.7%	52.1%