

onenorthern**devon**

Northern Devon

Health Equity Strategy

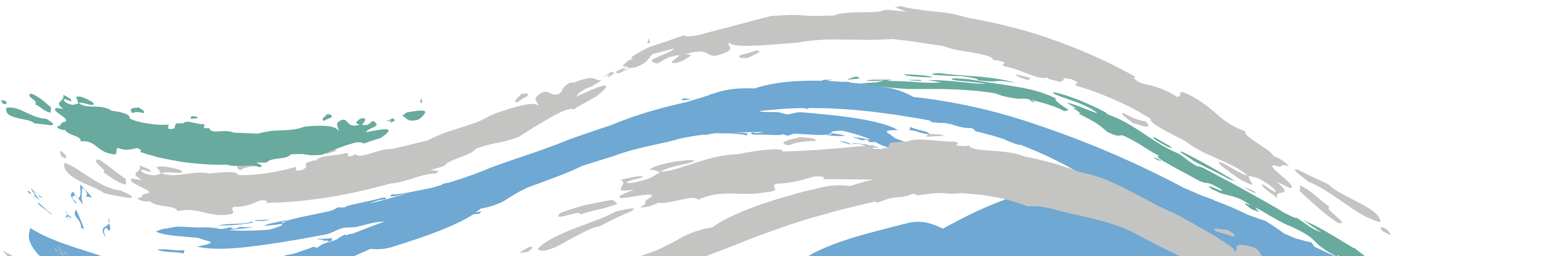


South West
Academic Health
Science Network

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Every system is designed to get the results it gets.

*attribution disputed

The Devon inequalities gap

Worst outcomes

Ilfracombe
76 years

Ilfracombe
59 years

Ilfracombe Central
12.5% of pop'n

Exeter: Priory Road
26.2% of HHs

Barnstaple: Whiddon
1,887 per 100,000

Ilfracombe Central
38.9% of children

Best outcomes

Kingskerswell
86 years

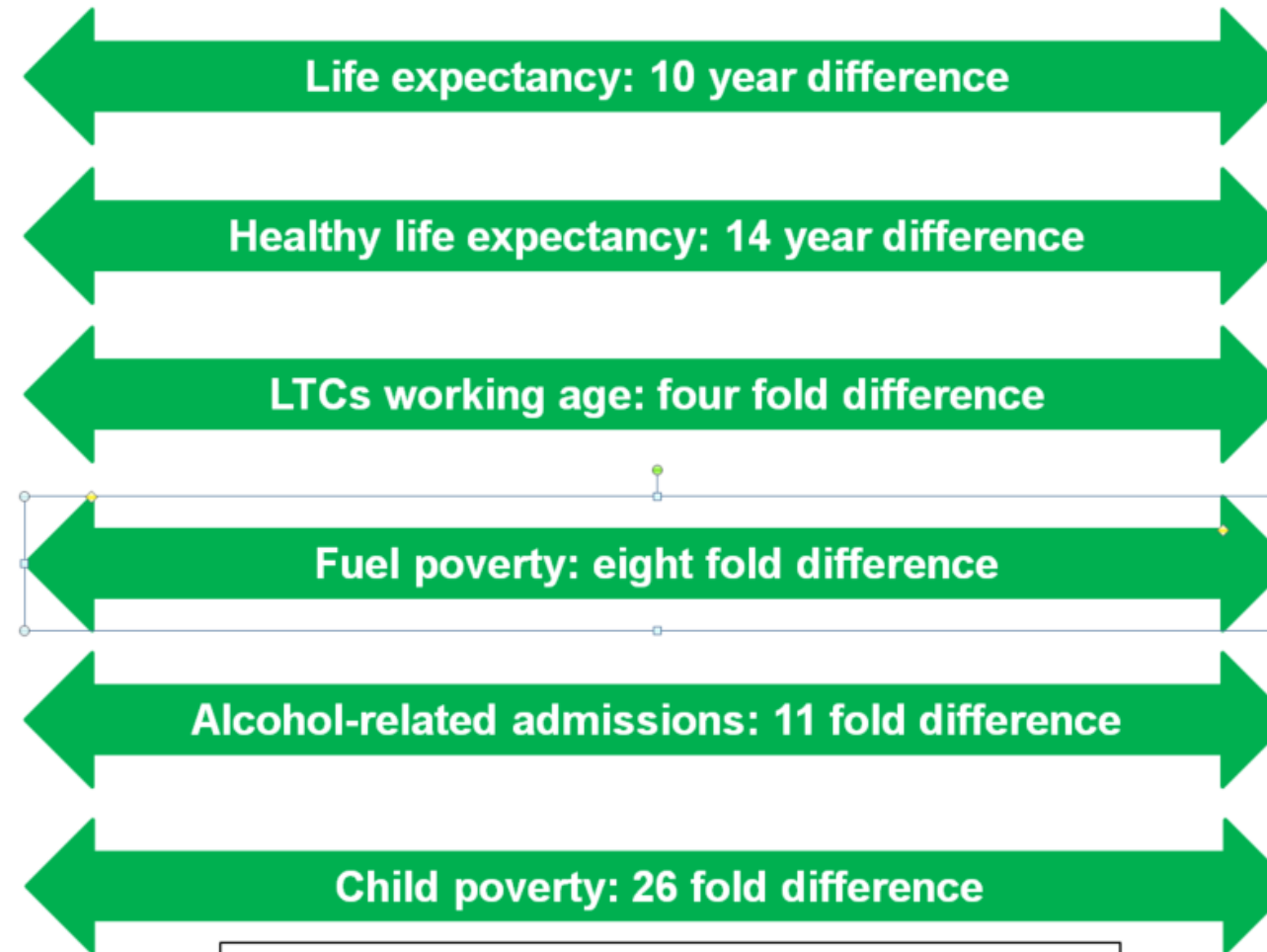
Exe Estuary
73 years

Exton
3.0% of pop'n

Exmouth: Dinan Way
2.8% of HHs

Honiton: Battishorne
177 per 100,000

Exeter: Chard Road
1.5% of children



What values and priorities we can infer from the system we have created?

1. We are collectively very concerned about the next 2 years
2. We are not very concerned about the next 20 years
3. We think our resources should be targeted at our organisational function
4. We don't think our resources should be directed at addressing the issue where it will have most impact
5. We think people's needs can be delineated
6. We're really concerned about performance in acute settings
7. We're not very concerned about performance in preventing people needing acute settings
8. We think equity means giving all people the same service

Questions

- 1 How much resource are we collectively applying to tackle the growing inequity faced by so many in our population?
- 2 Are we applying those resources in the best way?

Our strategic decision

Do we approach things differently to achieve different outcomes to the ones our system currently delivers?



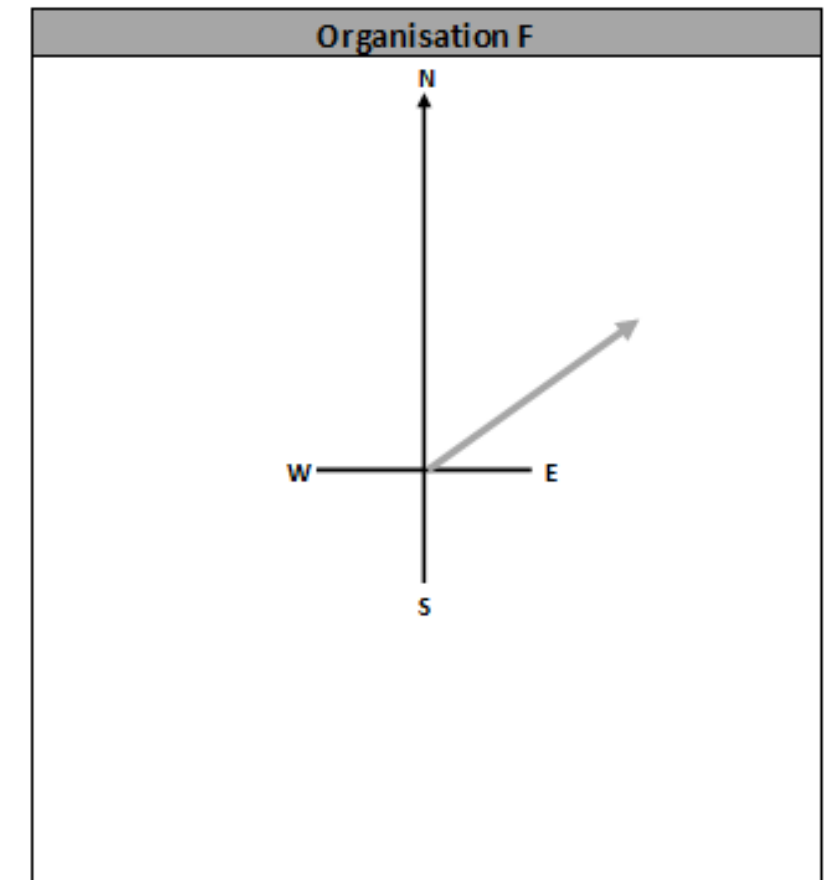
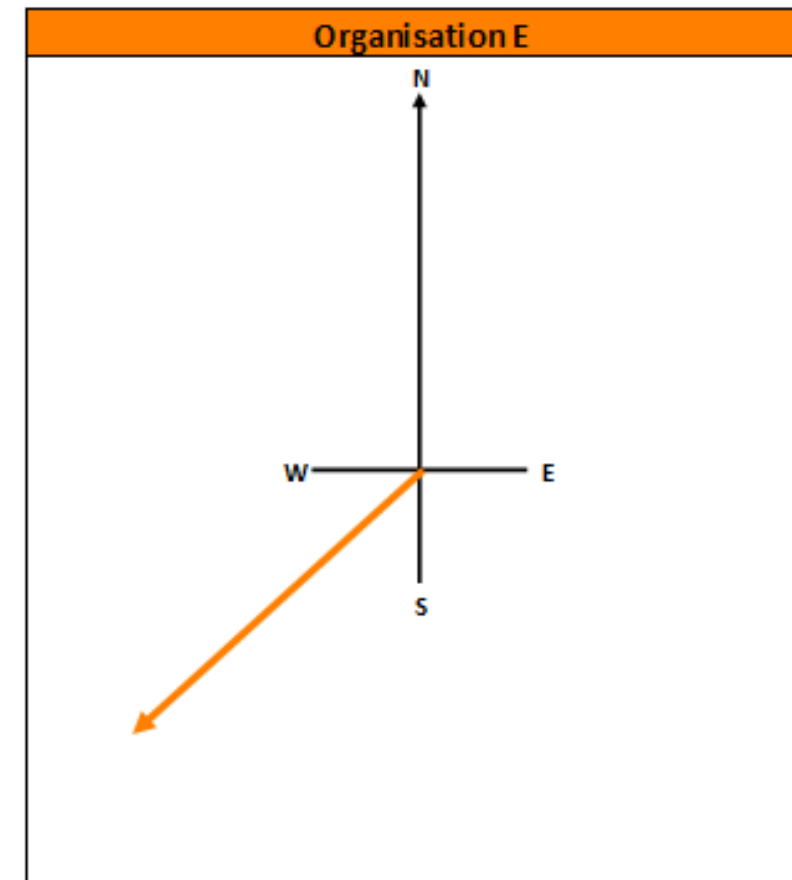
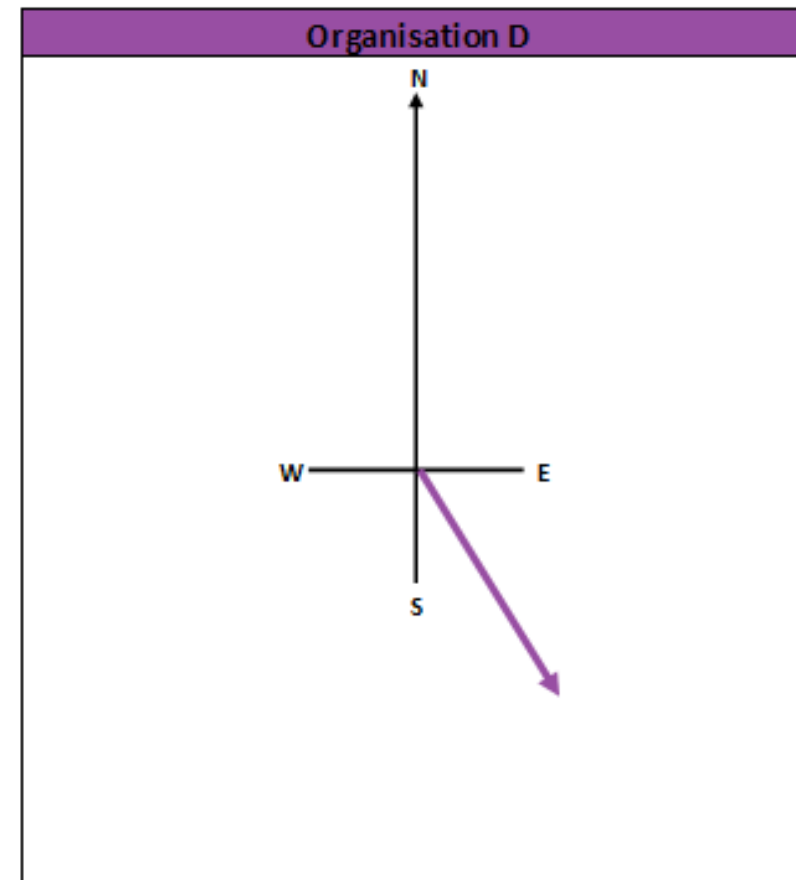
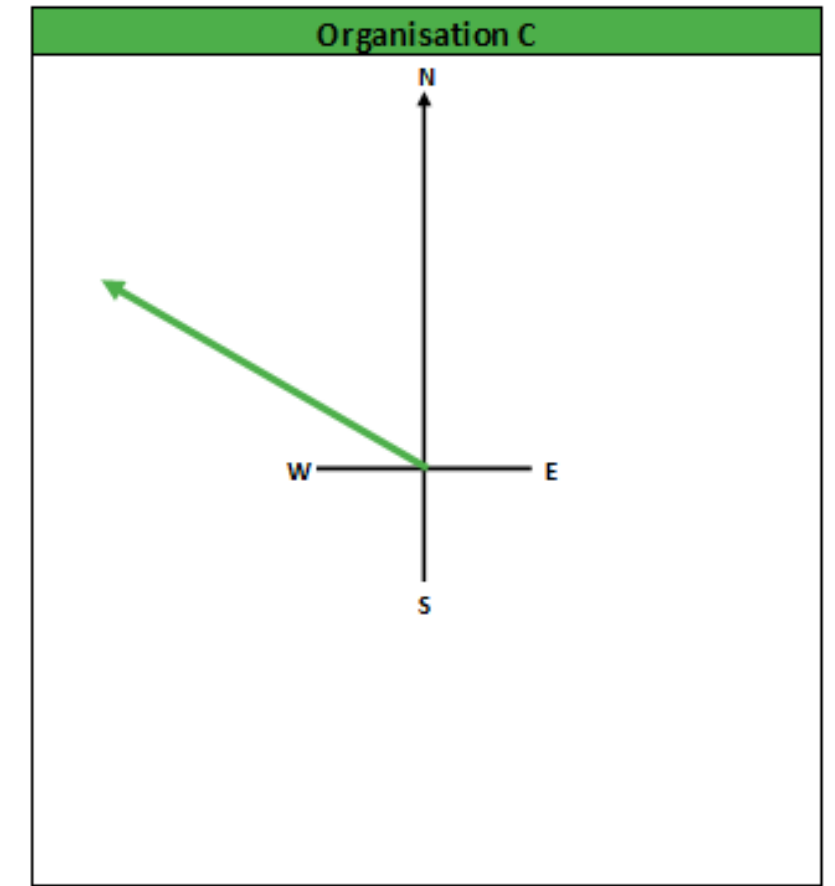
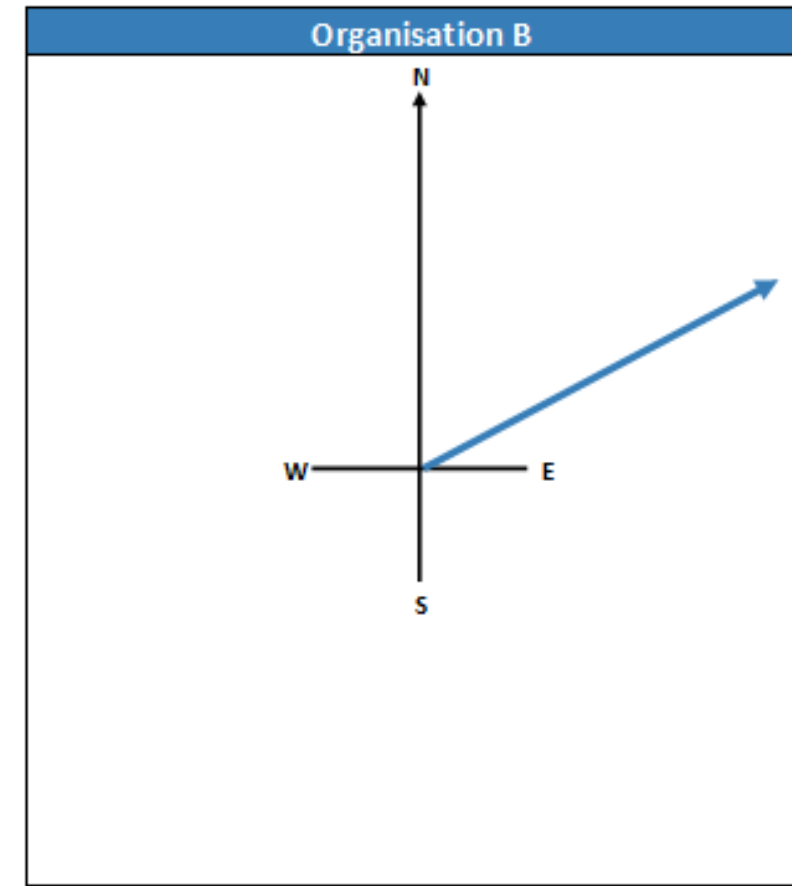
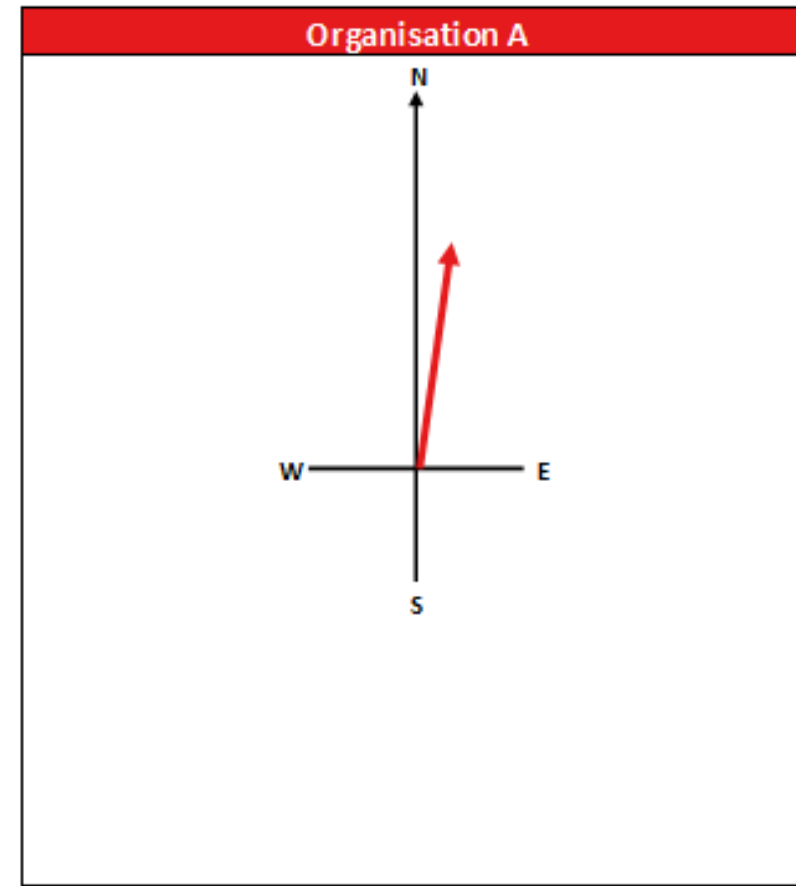
Can we bring together our resources more effectively to tackle the issue?

System Thinking

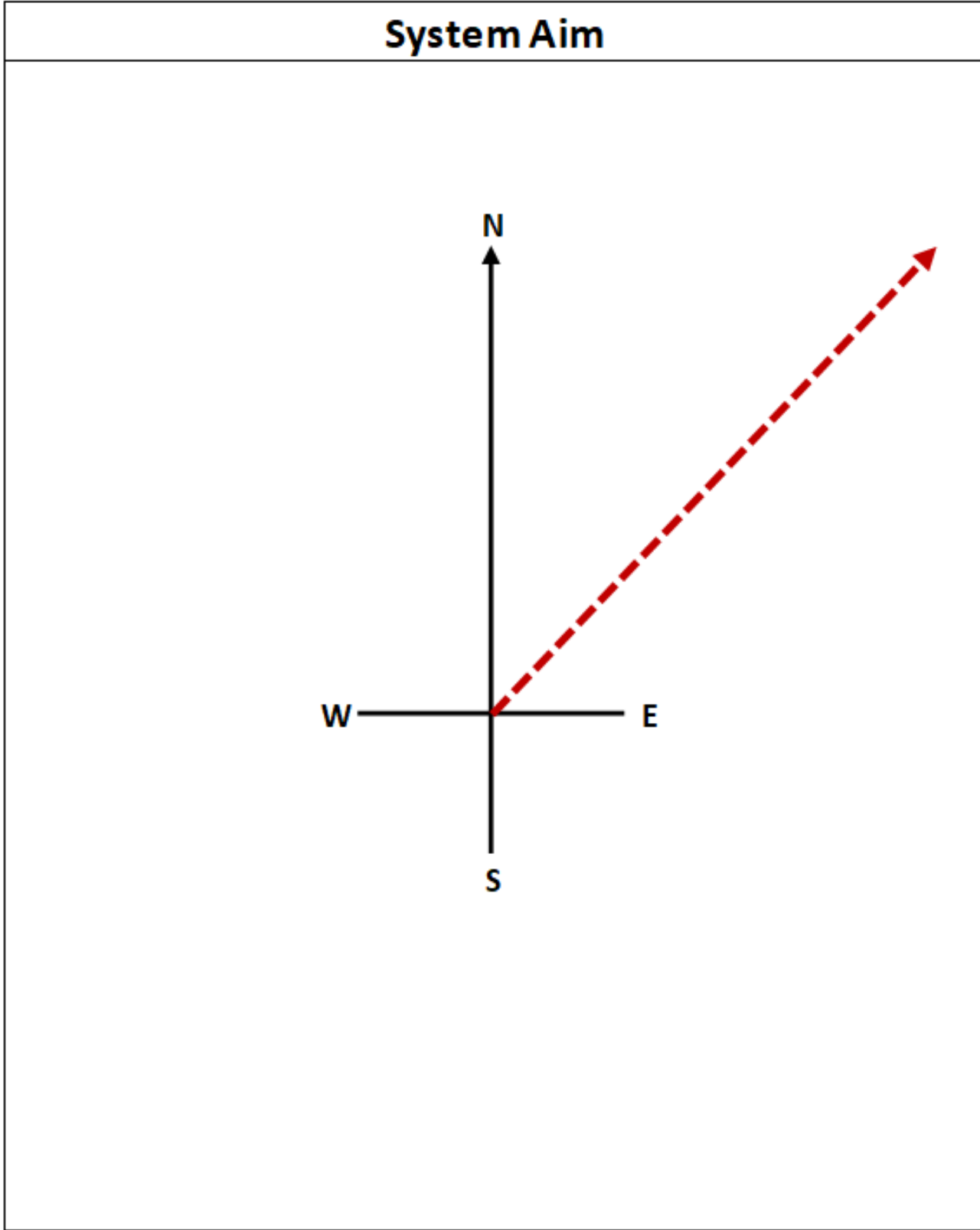
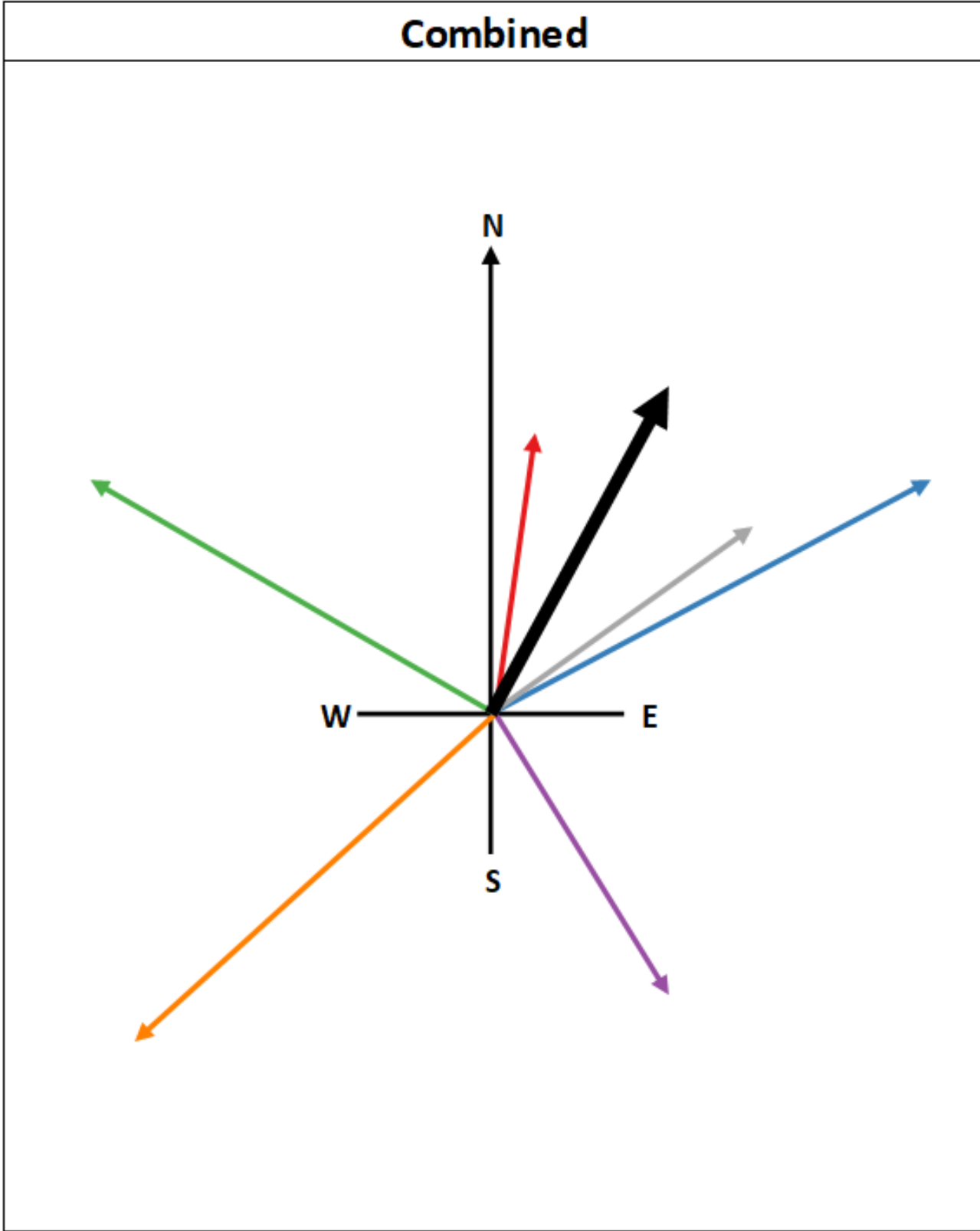
System Thinking

- **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.
- **Donella H. Meadows *Thinking in Systems***
 - *Chapter 7: Living in a World of Systems*

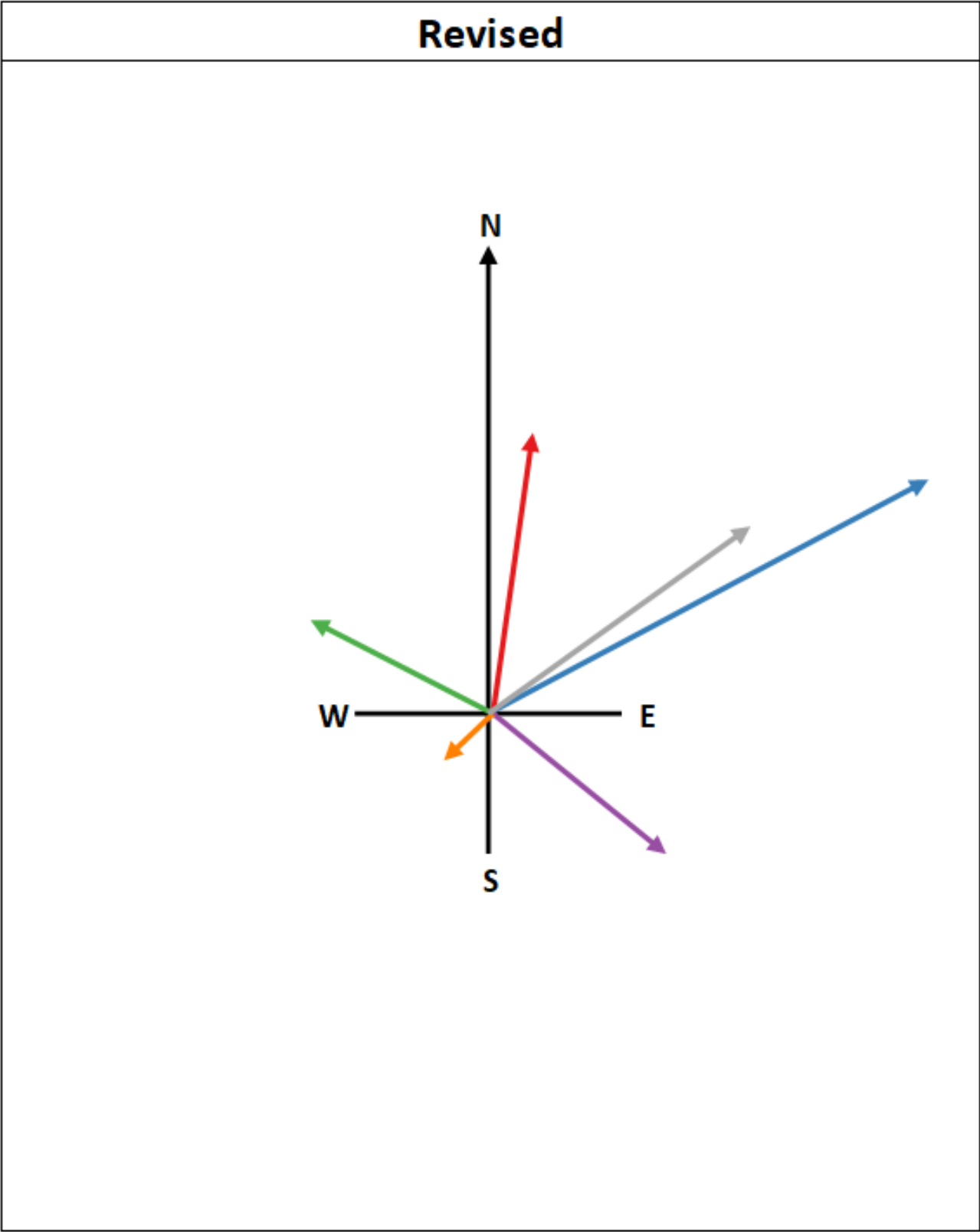
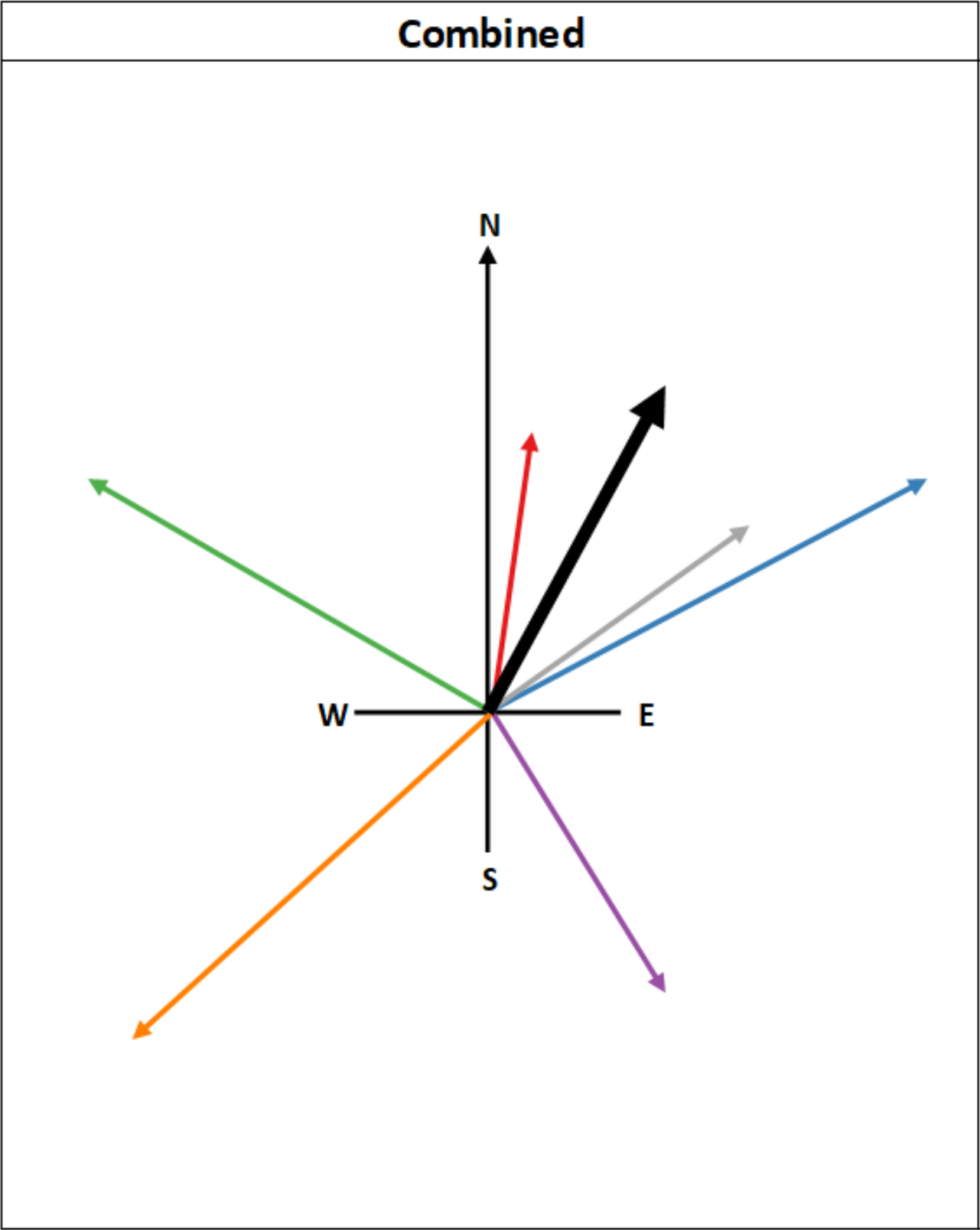
System Thinking Alignment



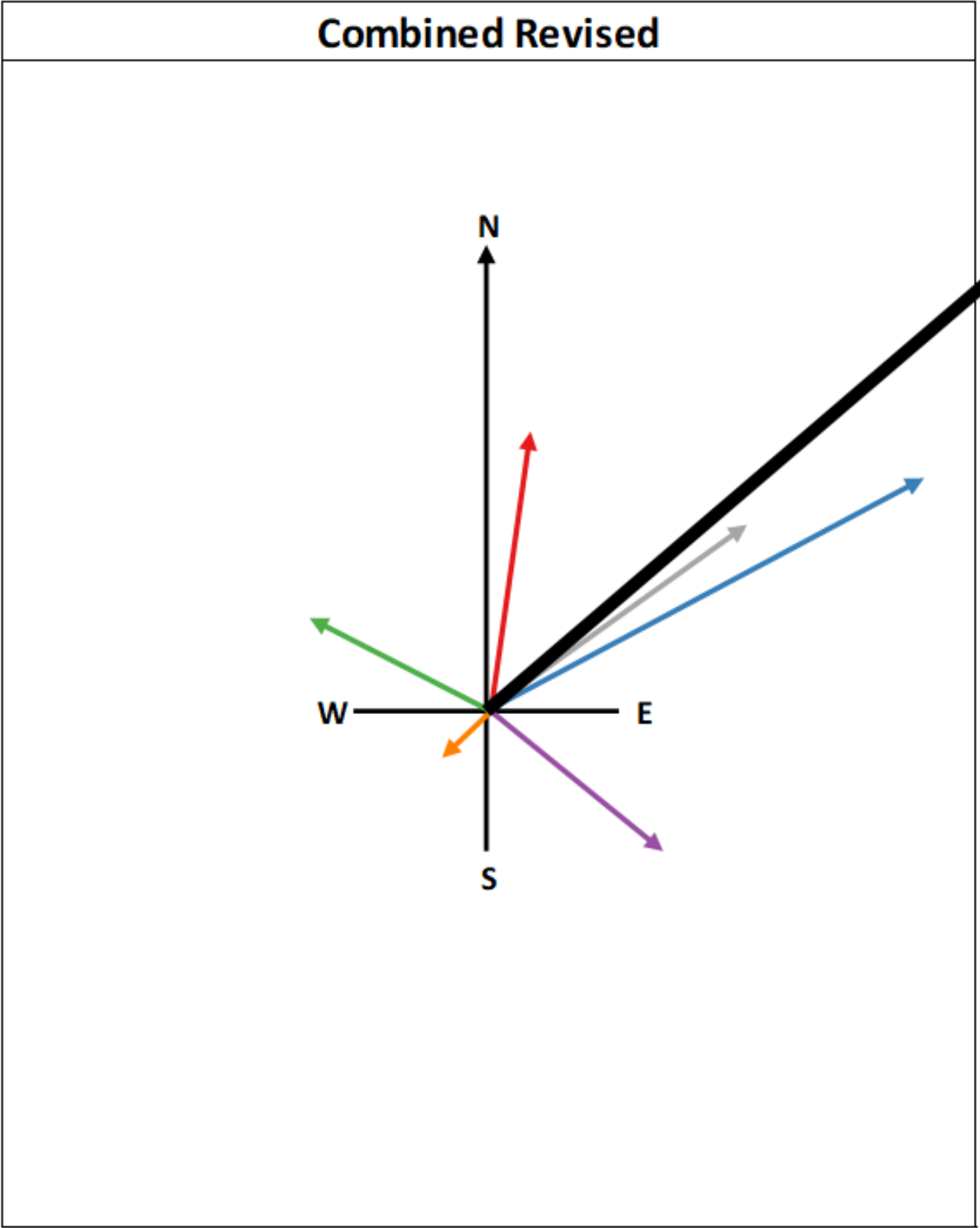
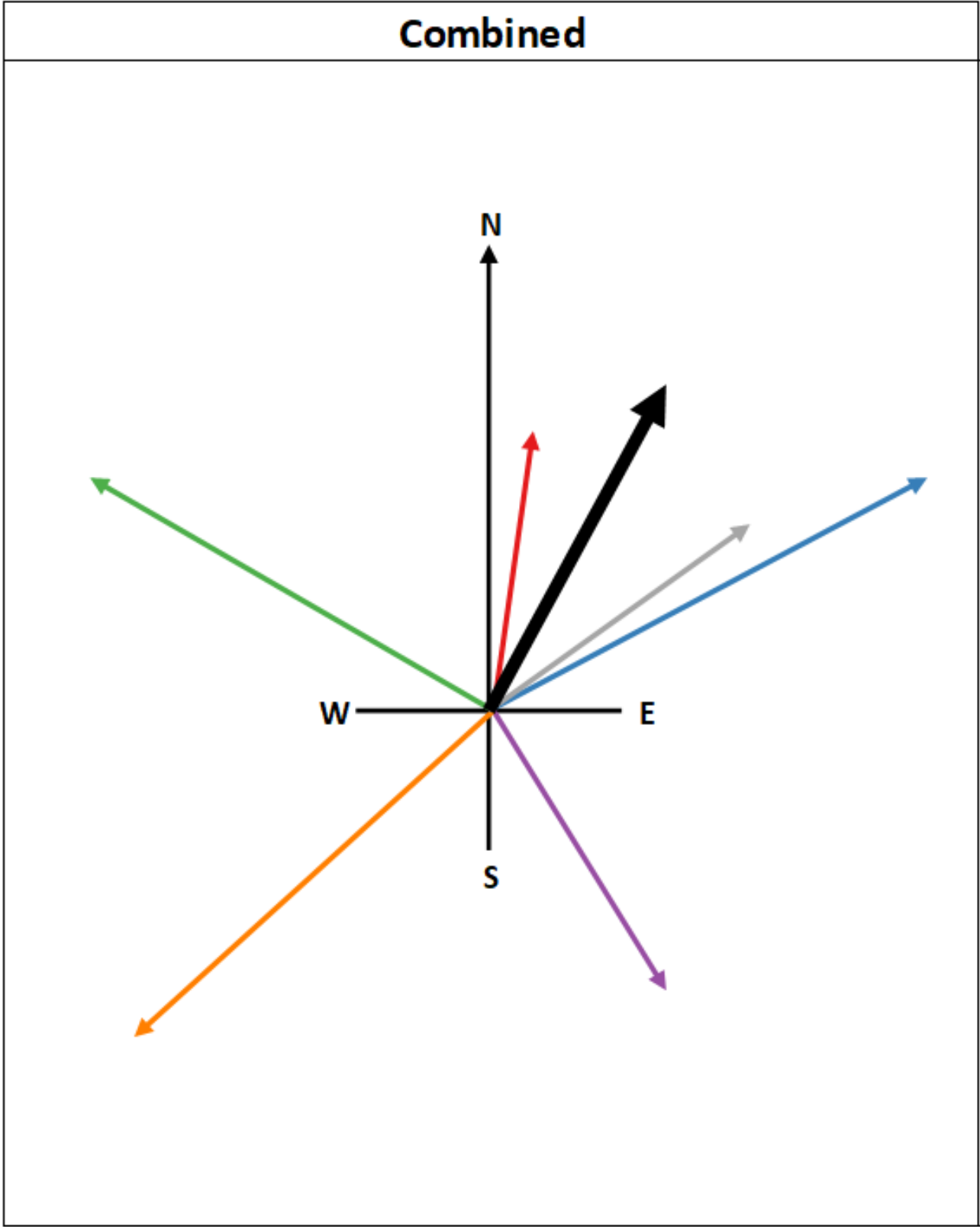
System Thinking Alignment



System Thinking Alignment



System Thinking Alignment



Wider/Social Determinants of Health

The Health Foundation

[What makes us healthy? An introduction to the social determinants of health](#)

- **Friends, family and communities**
 - Social isolation and loneliness are associated with a 30% increased risk of heart disease and stroke
- **Money and resources**
 - One in five people in the UK live in poverty, and over half of these people live in working households
- **Housing**
 - Children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes
- **Education and skills**
 - People with the lowest healthy life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy
- **Good work**
 - Young adults who are unemployed are more than twice as likely to suffer from mental ill health than those in work
- **Transport**
 - There are nine times as many fatal and serious injuries among pedestrians aged 5–9 in the most deprived areas than the least
- **Our surroundings**
 - Children in deprived areas are nine times less likely to have access to green space and places to play
- **The food we eat**
 - It is three times more expensive to get the energy we need from healthy food than unhealthy food

Marmot Review

Fair Society, Healthy Lives

- **Give every child the best start in life**
 - Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
 - Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
 - Build the resilience and well-being of young children across the social gradient.
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives**
 - Reduce the social gradient in skills and qualifications.
 - Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.
 - Improve the access and use of quality lifelong learning across the social gradient.
- **Create fair employment and good work for all**
 - Improve access to good jobs and reduce long-term unemployment across the social gradient.
 - Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
 - Improve quality of jobs across the social gradient.
- **Ensure a healthy standard of living for all**
 - Establish a minimum income for healthy living for people of all ages.
 - Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies.
 - Reduce the cliff edges faced by people moving between benefits and work.
- **Create and develop healthy and sustainable places and communities**
 - Develop common policies to reduce the scale and impact of climate change and health inequalities.
 - Improve community capital and reduce social isolation across the social gradient.
- **Strengthen the role and impact of ill-health prevention**
 - Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
 - Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

World Health Organisation (WHO)

[Healthy, prosperous lives for all: the European Health Equity Status Report](#)

- **Health Services (10%)**
 - Poor quality services (79%)
 - Unaffordable services (12%)
 - Unmet need due to waiting time (9%)
- **Income Security and Social Protection (35%)**
 - Difficulty making ends meet (100%)
- **Living Conditions (29%)**
 - Housing deprivation (54%)
 - Fuel deprivation (19%)
 - Lack of green space (9%)
 - Unsafe neighbourhood (8%)
 - Overcrowding (6%)
 - Low air quality (3%)
 - Food deprivation (1%)
- **Social and Human Capital (19%)**
 - Differences in educational outcomes (70%)
 - Lack of trust (28%)
 - Lack of political voice (2%)
- **Employment and Working Conditions (7%)**
 - Not employed (72%)
 - Excessive hours (28%)

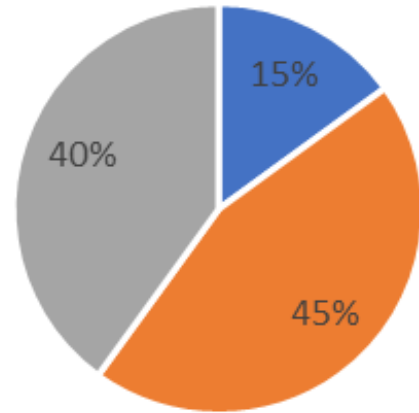
GoInvo

Determinants of Health: Health is more than medical care

- **Individual Behaviour (36%)**
 - Psychological Assets
 - Negative Mood and Affects
 - Other Risk Related Behaviour
 - Physical Activity
 - Sleep Patterns
 - Diet Patterns
- **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
- **Genetics and Biology (22%)**
 - Genetics
 - Body Structure
 - Body Function
- **Medical Care (11%)**
 - Access to Healthcare
 - Quality of Healthcare
 - Patient Engagement
 - Health Literacy
- **Environment (7%)**
 - Pollution
 - Location
 - Exposure to Firearms
 - Allergens

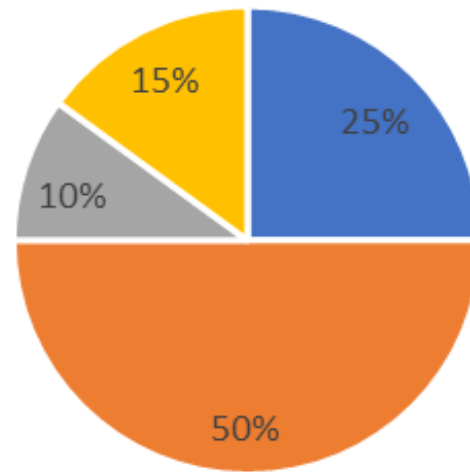
Impact of Wider/Social Determinants of Health

McGinniss et al (2002) Impact



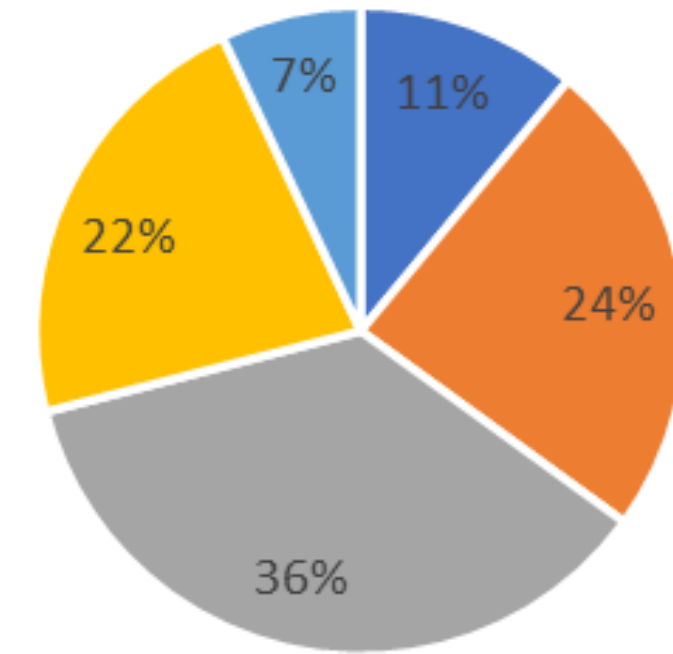
- Healthcare
- Social circumstances and environmental exposure
- Health behaviour patterns

Canadian Institute of Advanced Research (2012) Impact



- Healthcare
- Socioeconomic
- Environmental
- Genetics

Golnvo (2018) Impact



- Medical care
- Social circumstances
- Individual behaviour
- Genetics and Biology
- Environment

**One Northern Devon
Partner Identified Priorities**

One Northern Devon Partner Identified Priorities

- **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 licensing 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

Mapping

Kumu System Mapping

000_OND_Plain (eb81) Untitled map Untitled view

BLACKWELLR

Mental ill health & substance abuse (esp. alcohol)

ADD ELEMENT TYPE

Growing need, and disparities are increasing so need to shift focus to preventative measures such as licensing and availability. Also the impact on family units and impact to children.

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Mental ill health & substance abuse

+ New field

METRICS

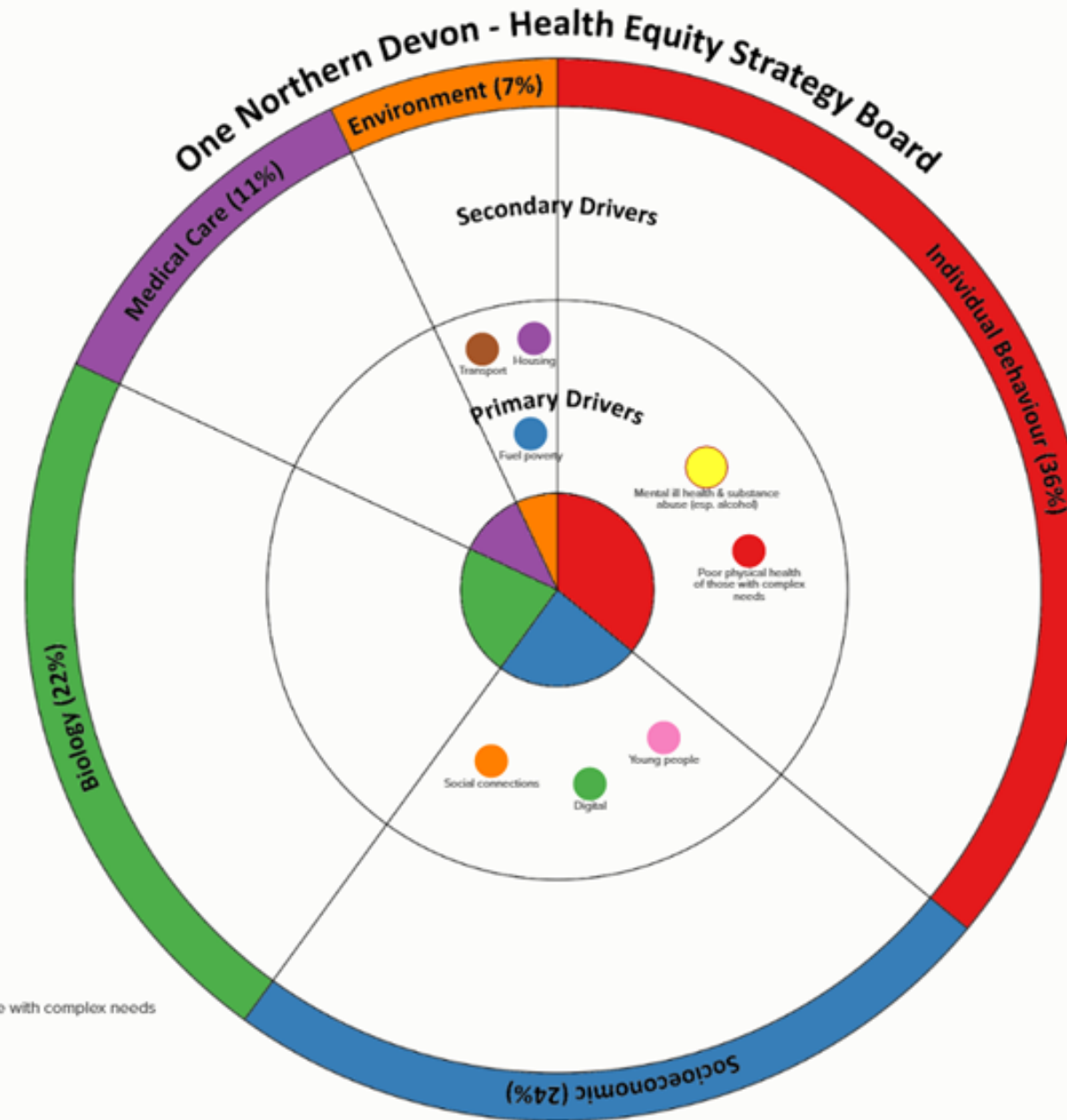
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Search

Legend

- Poor physical health of those with complex needs
- Fuel poverty
- Digital
- Housing
- Social connections
- Mental ill health & substance abuse
- Transport
- Young people



UNDERSTANDING THE KEY DRIVERS

FIVE INTER-RELATED DOMAINS

