



*Hastings and Rother
Clinical Commissioning Group*

Healthy Hastings & Rother

Working together to reduce health inequalities

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National Inclusion Week workshop

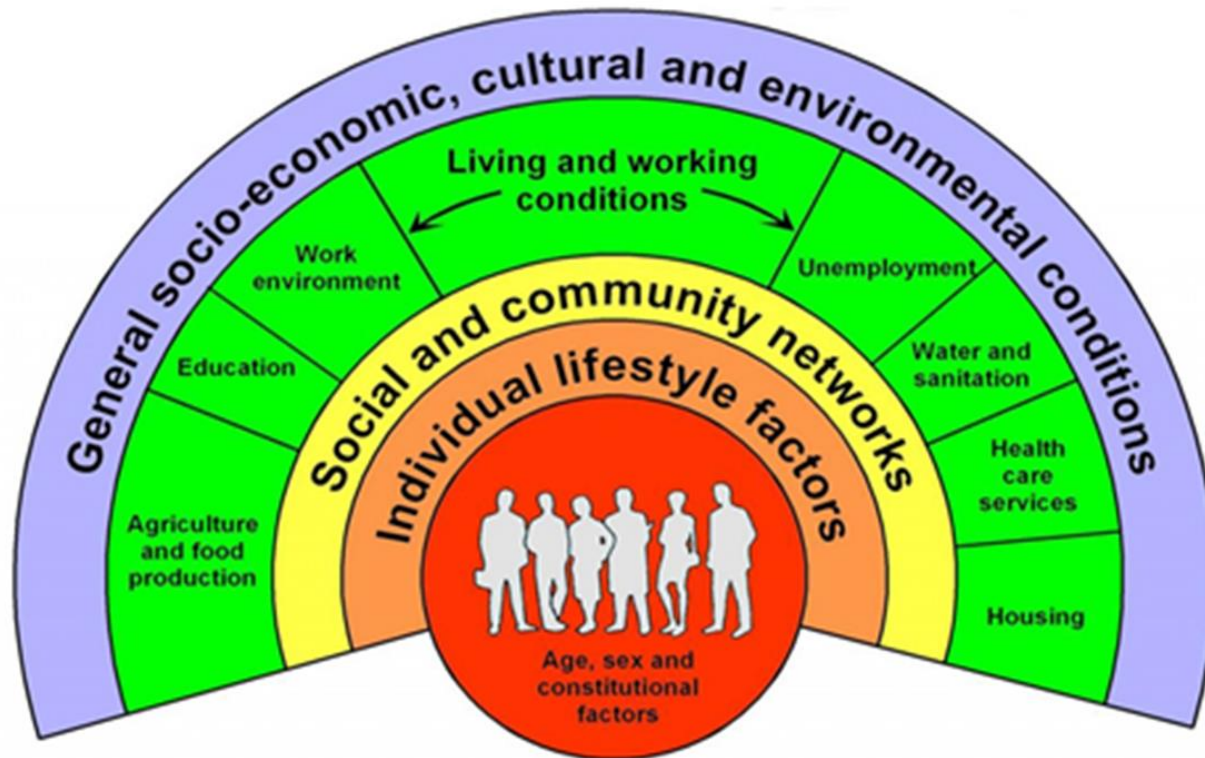
27th September 2017

Workshop's learning outcomes

- Define health inequalities and their main causes
- Better understand local health needs and assets
- Reflect on how your role can contribute to reducing health inequalities in the ESBT Alliance

What influences our health?

the wider determinants of health, including behaviour, have a greater influence on health outcomes than genetics and healthcare combined



Source: Dahlgren and Whitehead, 1991

What are health inequalities?

Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between groups of people.

They are most commonly associated with socio-economic inequalities and can result in discrimination.

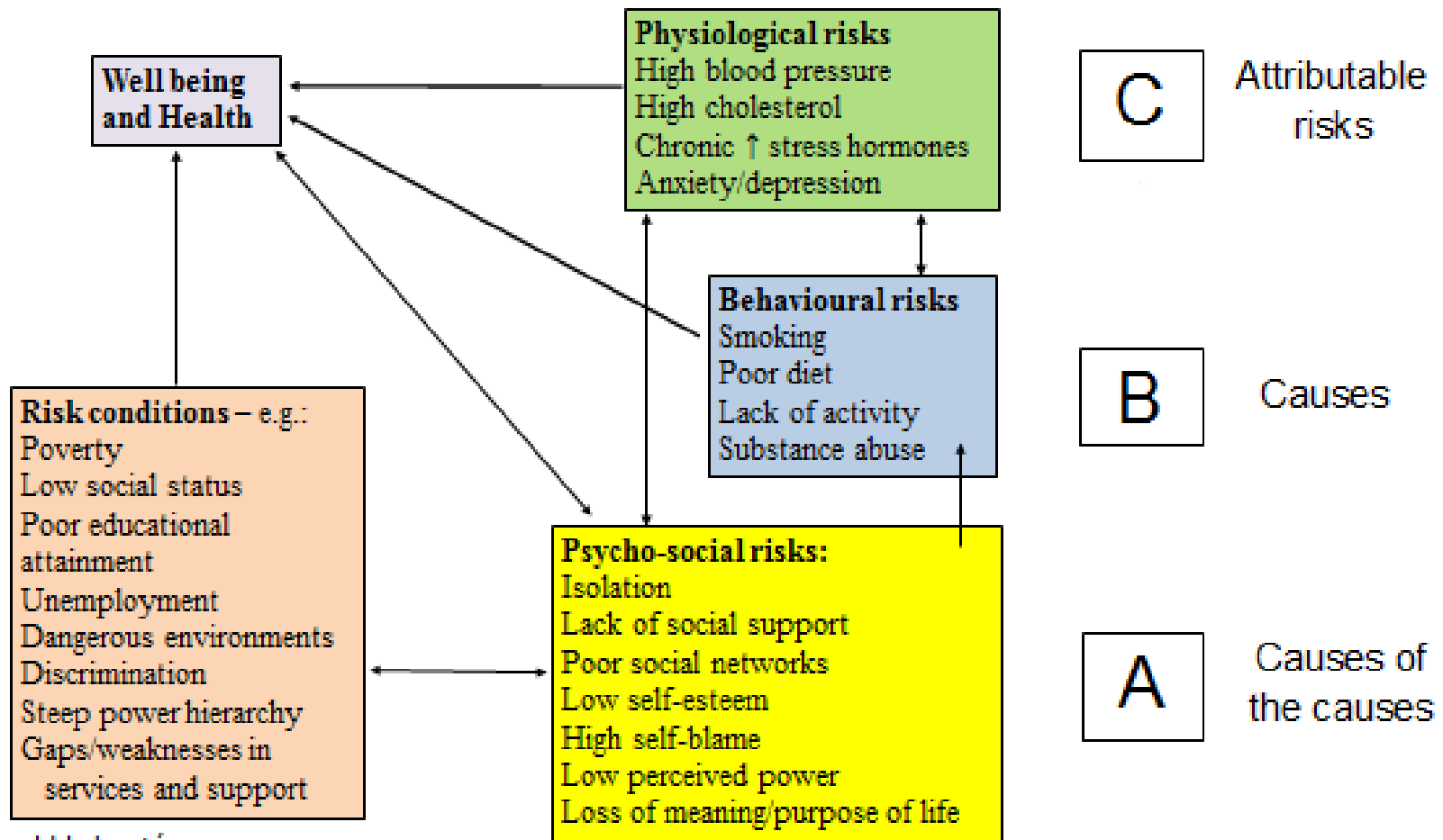
Why intervene to reduce health inequalities?

- **It is a moral imperative concerning social justice:** The issue should be of great importance to a caring and compassionate service.
- **Because it is a legal requirement:** legal responsibilities on the NHS through the Health and Social Care Act (2012) placed responsibilities on CCGs (amongst others) to 'demonstrably take account of inequalities in access to and outcomes of health care'.
- **Because it makes good business sense:** the burden of ill health and disability, as well as premature mortality, is disproportionately focussed on the most deprived populations. These sections of society are least equipped and resourced to make best and most appropriate use of services. If the 'unmet need' for preventive services and those for early detection and management is not addressed in those at greatest risk, a large part of the growing burden (and cost) of disability and fatality will persist.

Interventions to reduce health inequalities

- We can think about interventions to reduce health inequalities in a number of ways. For example:
- Intervening at different levels of **risk**
- Intervening for impact over **time**
- Intervening across the **life course**

- However, to have real impact, interventions need to be at scale in order to reach large sections of the population



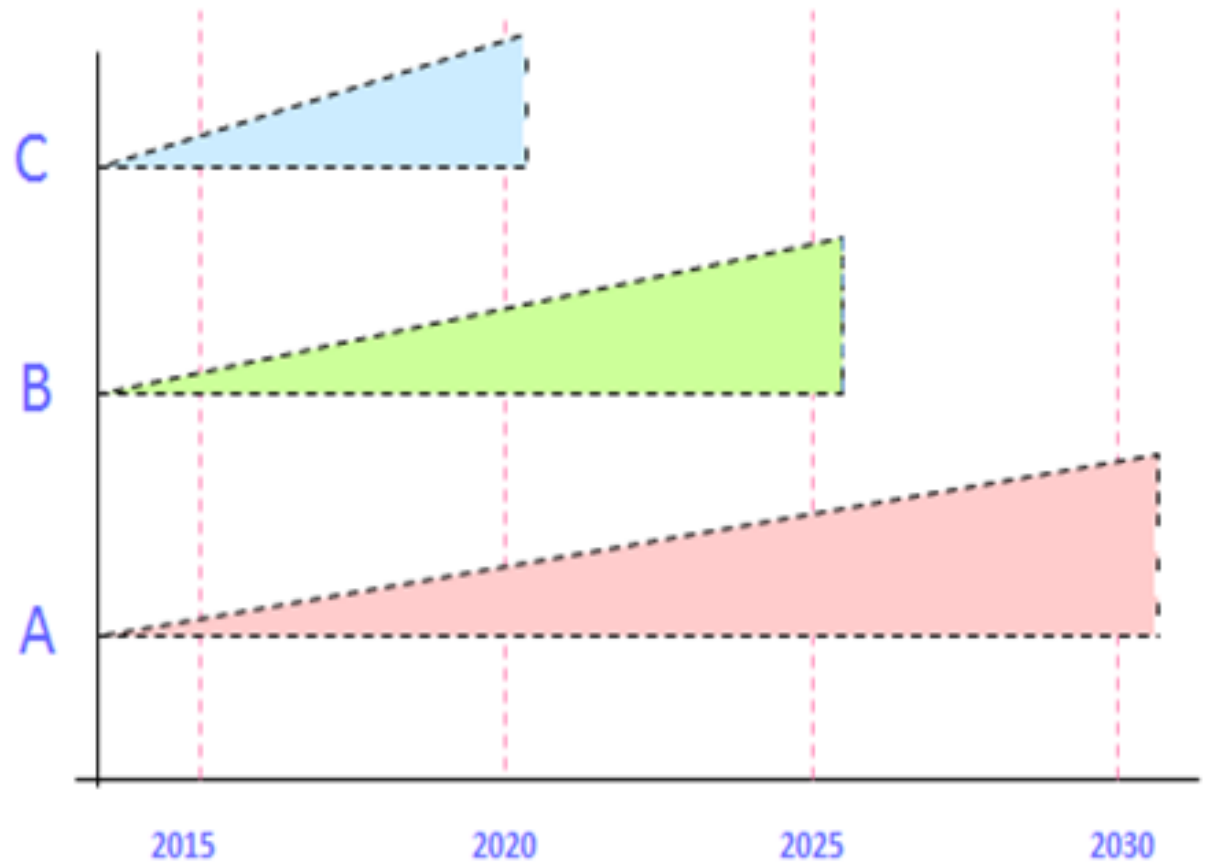
After Ronald Labonté

Gestation from Input to Outcome

Substantial impact in 3 – 5 years: manage hypertension: CHD; diabetes; cancer

Substantial impact 8 – 10 years: tobacco control; ↓ alcohol harm; obesity management

Substantial impact in 12 – 15 years: work and skills: reduce poverty: housing



Hastings and Rother and Eastbourne, Hailsham and Seaford CCGs' Health needs and assets

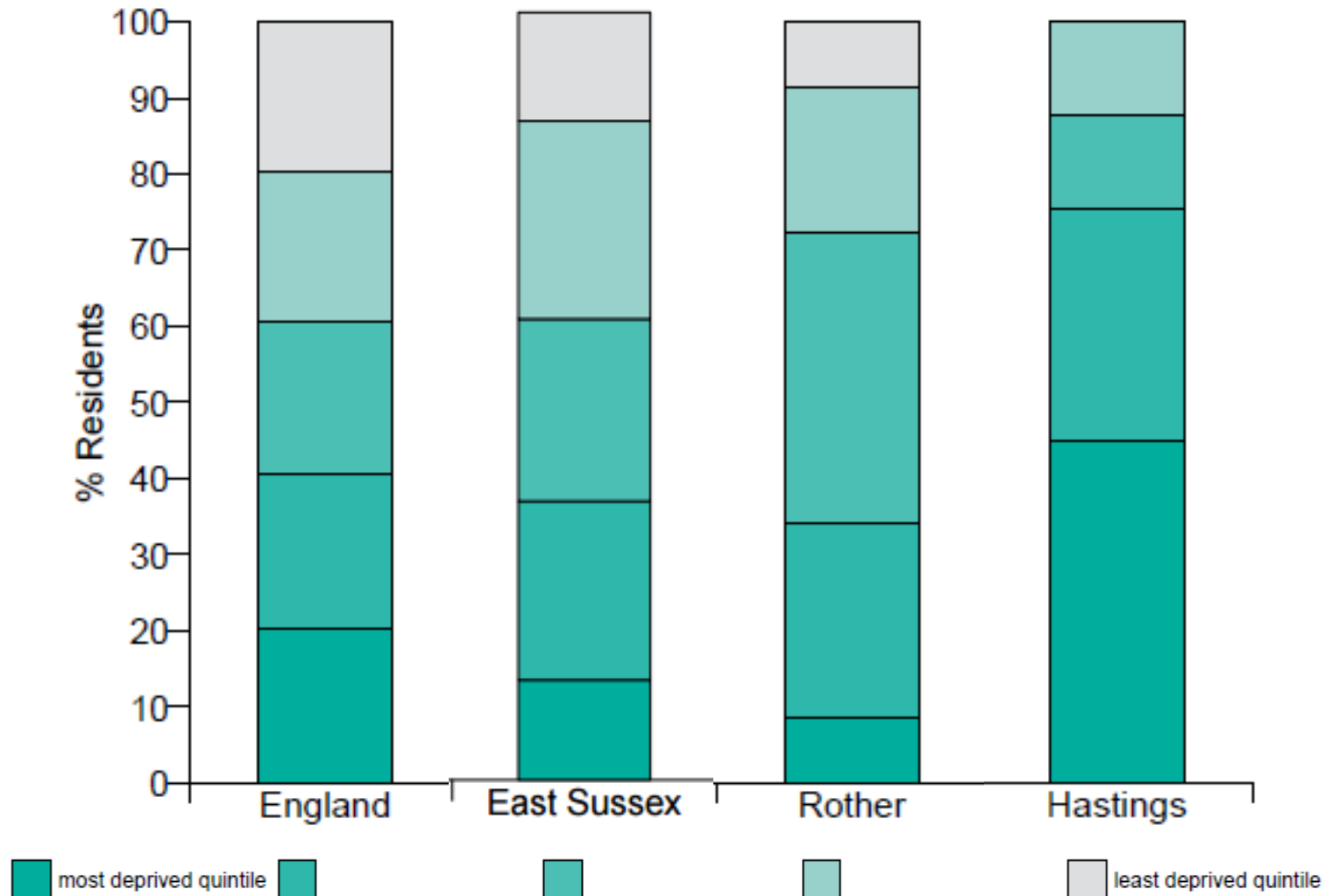
Hastings Health Profile 2017

Rother Health Profile 2017

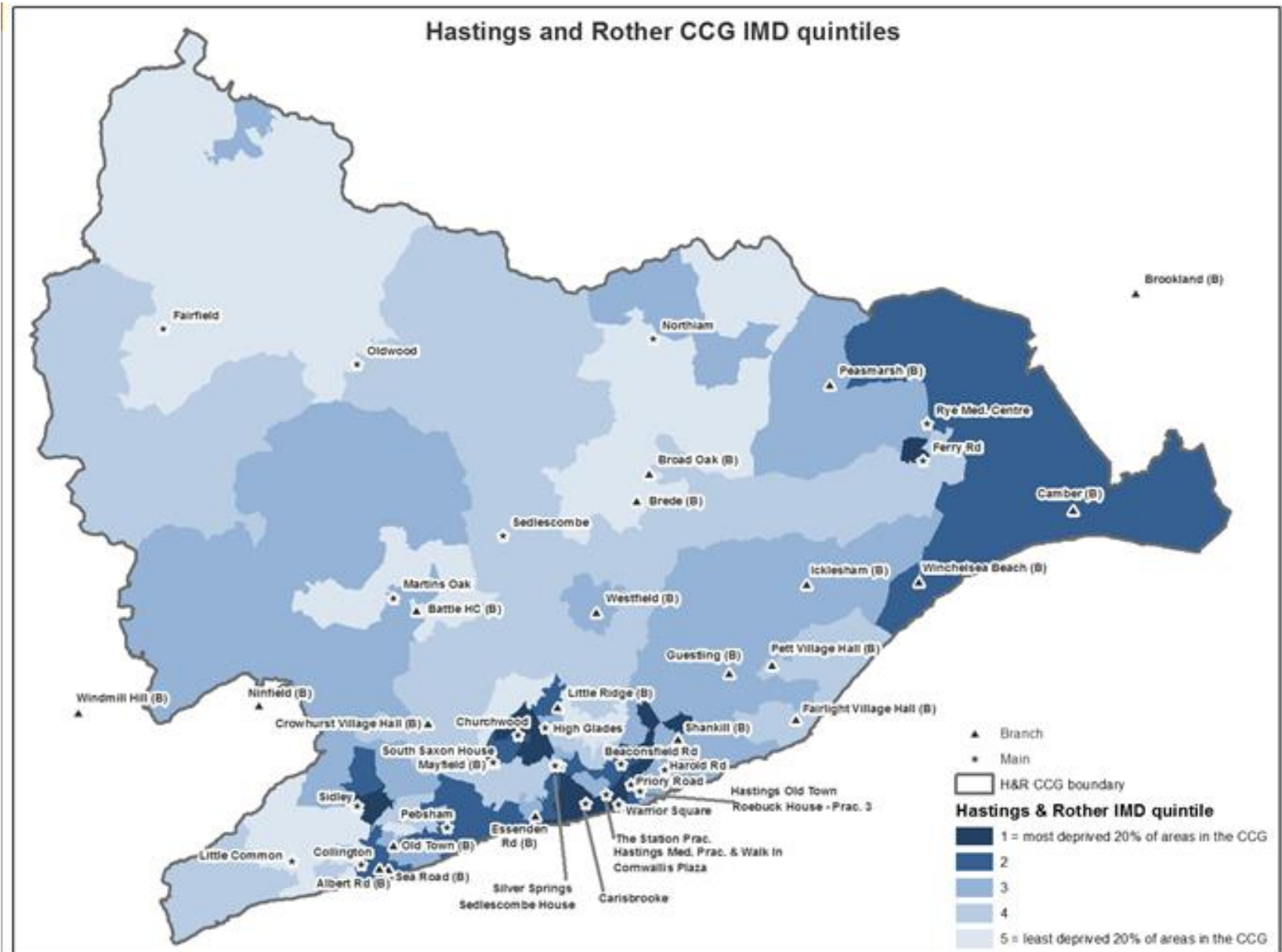
Eastbourne Health Profile 2017

www.eastsussexjsna.org.uk/

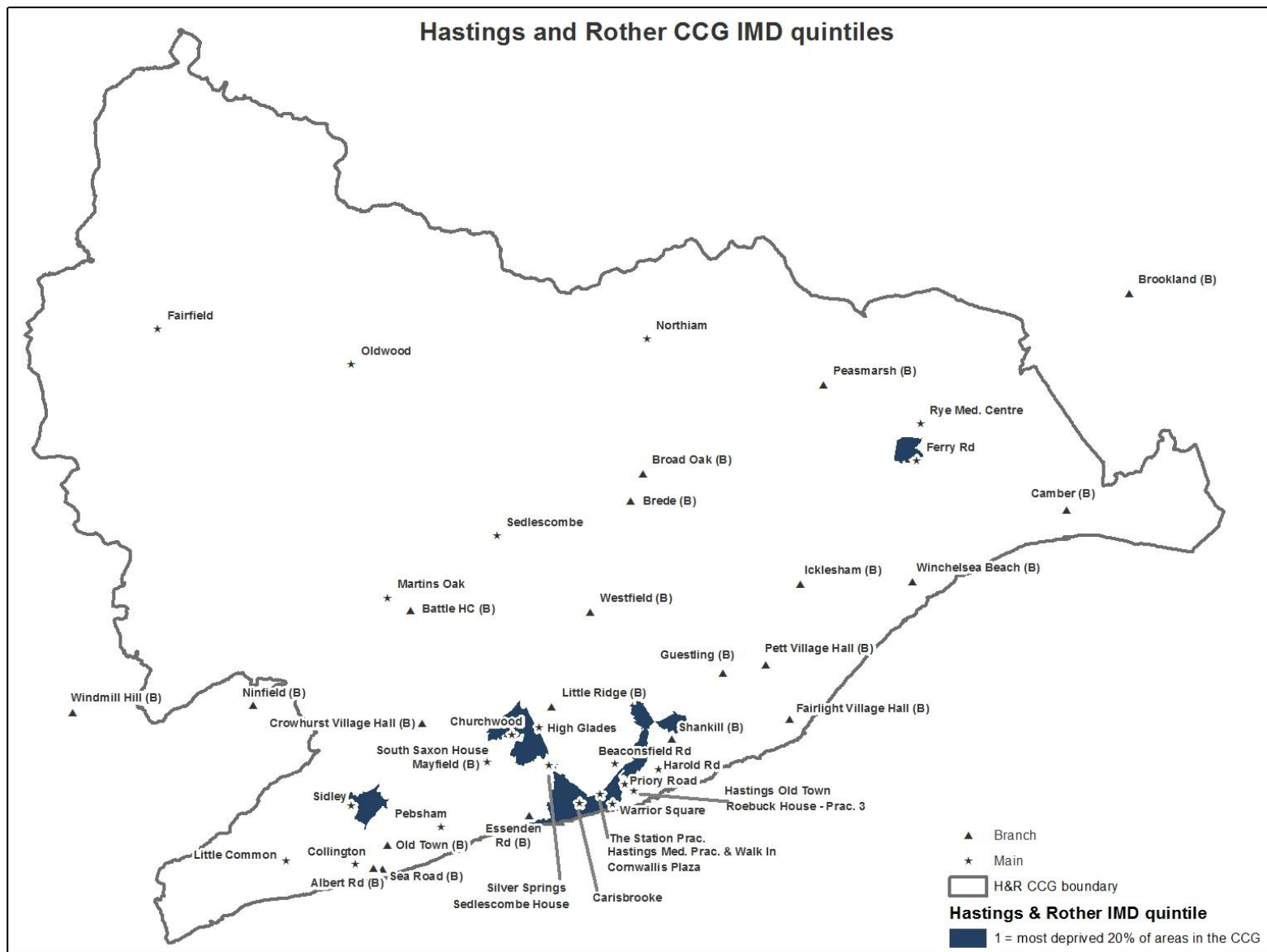
Hastings and Rother: comparative deprivation profiles



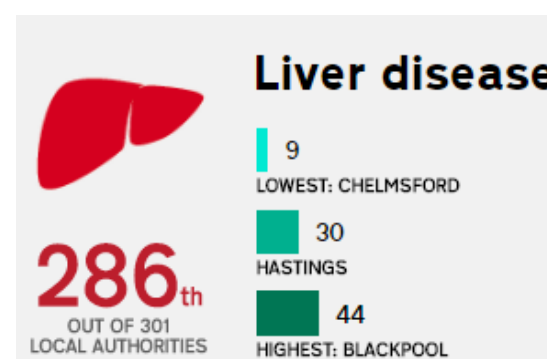
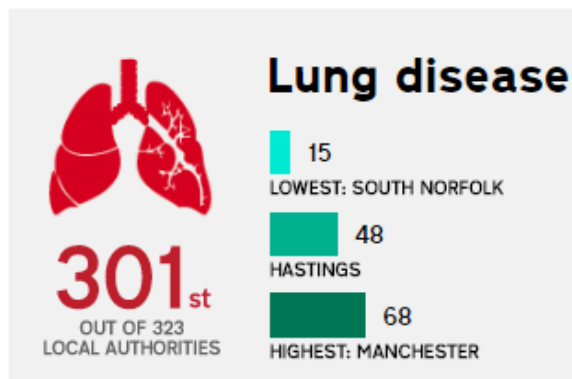
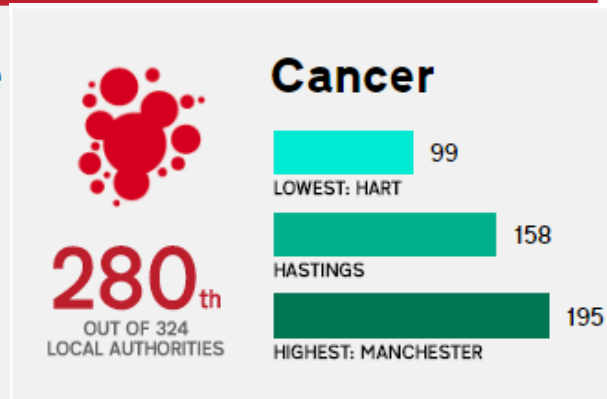
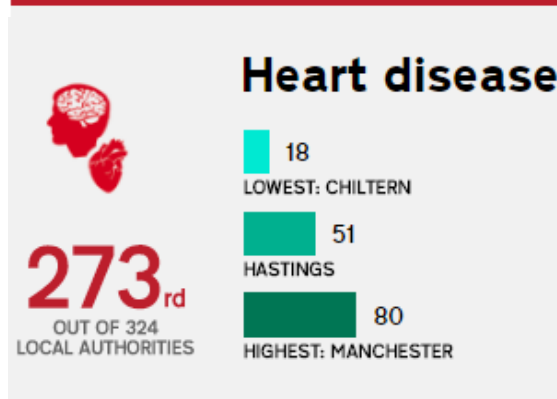
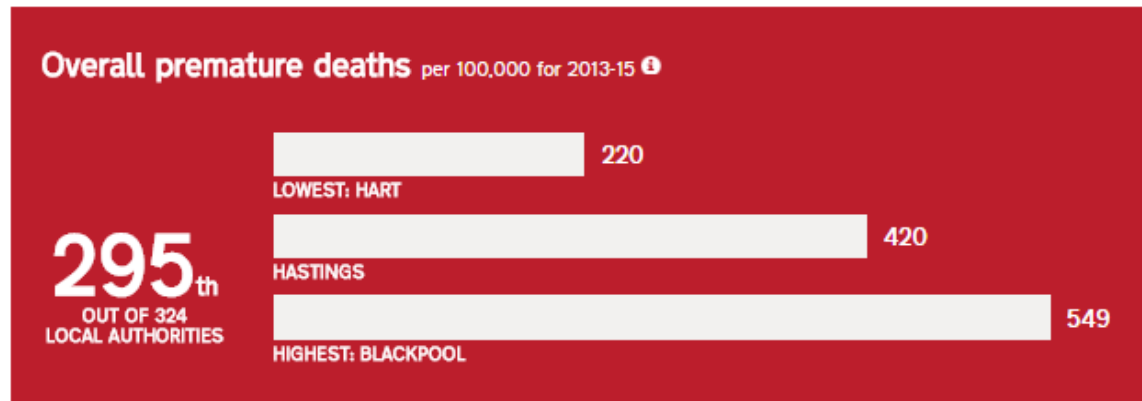
Map of deprivation quintiles location of GP Practices



Map of deprivation quintiles location of GP Practices



Hastings Ranking for Premature Mortality and Major Causes



- Multi-morbidity – the existence of several chronic health disorders in one individual – is a critical and increasing challenge for health and social services.
- **People in deprived circumstances have the same prevalence of multi-morbidity as more affluent patients who were 10 – 15 years older (Barnett, 2012).**

The Marmot Review into health inequalities in England (2010)

- Give every child the best start in life
- Educational attainment and lifelong skills development
- Fair employment and good work for all
- Healthy standard of living for all – income and debt
- Healthy and sustainable housing, places and communities

Simon Tanner (DPH London) video – how can we reduce health inequalities?

<https://www.youtube.com/watch?v=WQXSoCCKSB4>

PHE video – National Conversation on Health Inequalities – Communities example

<https://www.youtube.com/watch?v=R9wlg7YtO1U&feature=youtu.be>

Healthy Communities, Healthy People



<https://www.youtube.com/watch?v=hXCrk5g00kc>



HEALTHY

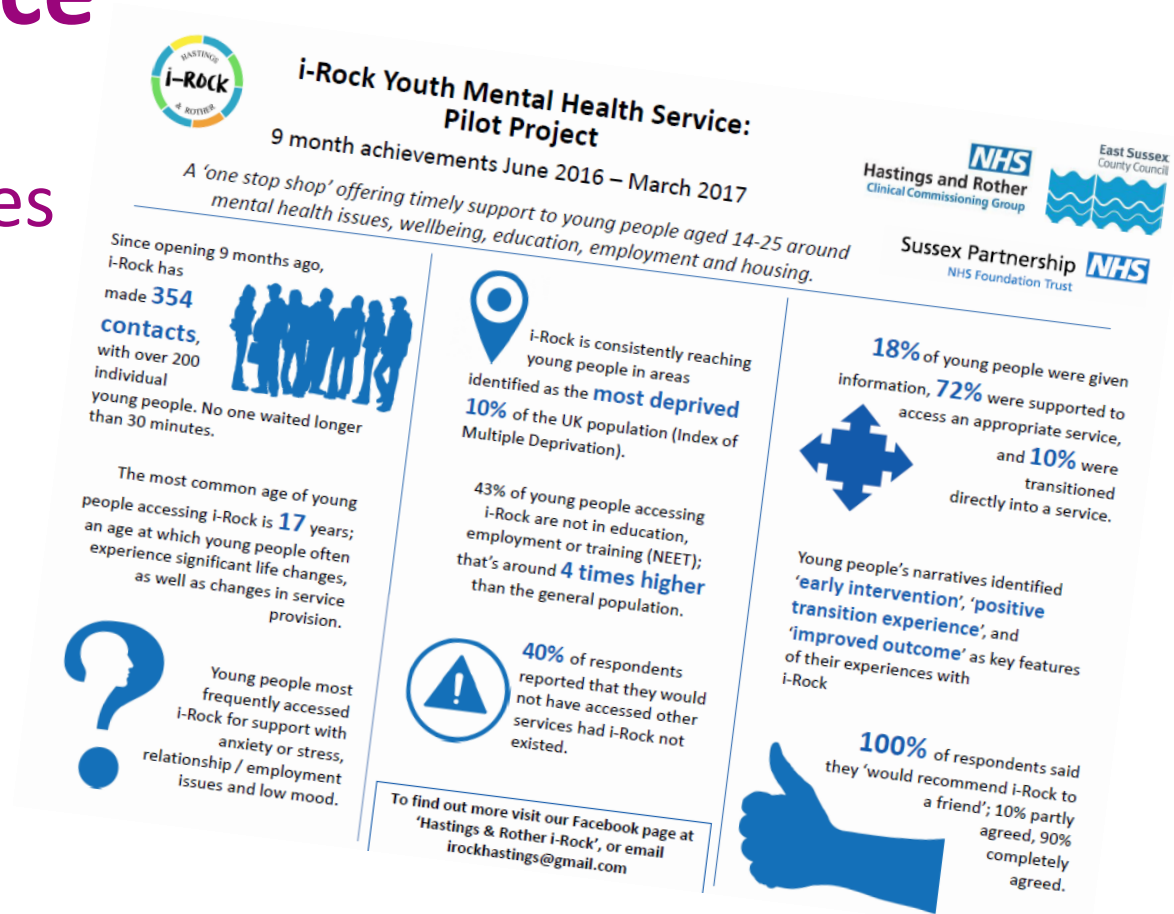
HASTINGS AND ROTHER

Find out how we're improving
local health and wellbeing

[FIND OUT MORE](#)

Reducing variation in access to and quality of service

- Investing in pharmacy services
- Community Wellbeing Service
- i-Rock
- Homelessness support



Cancer Quality Improvement Programme

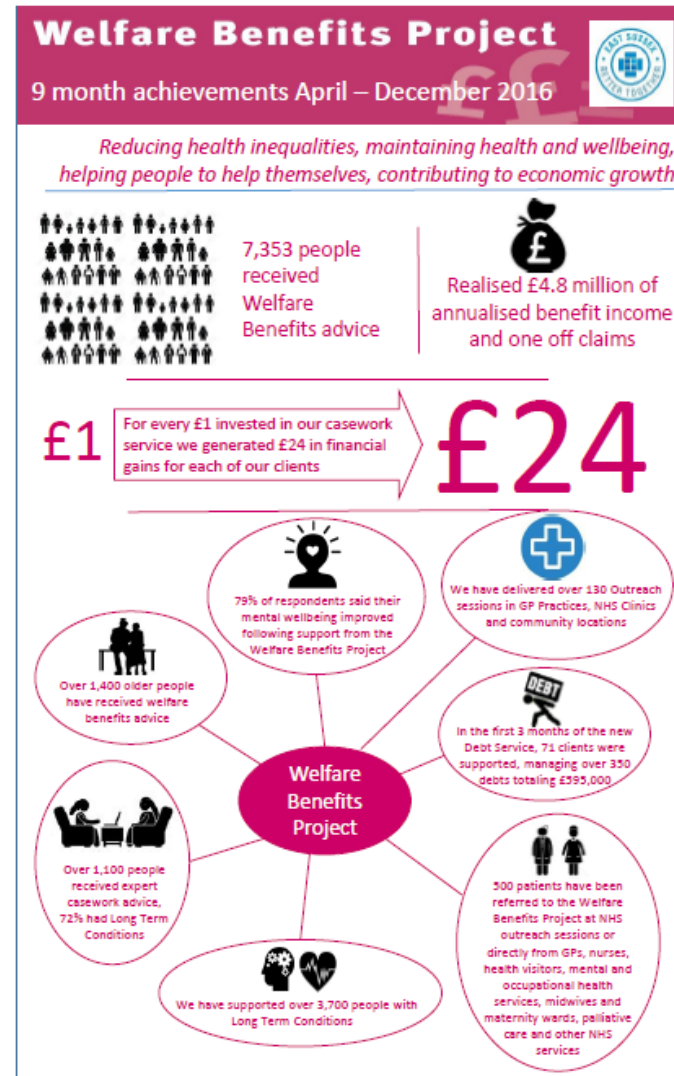
- Prevention, early diagnosis and early treatment
 - Cancer Research UK
 - GP practice action plans
 - Raising awareness of signs and symptoms of cancer

- Making Every Contact Count (MECC)



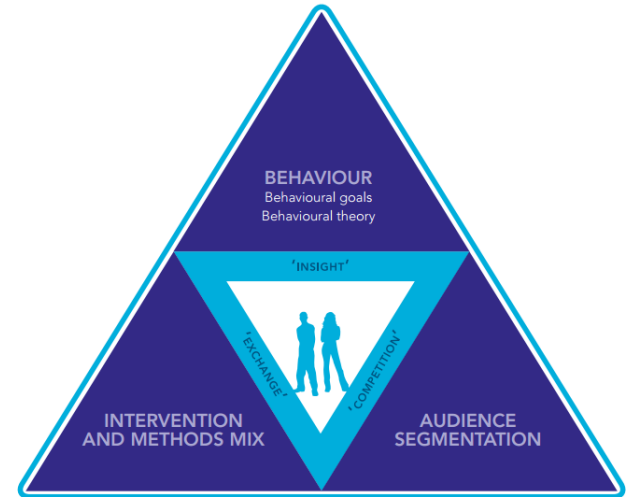
Improving the social determinants of health

- Welfare benefits and debt advice
- Healthy Homes



Behaviour change programmes

- Social Marketing Programme
 - Five life stages
 - Smoking in pregnancy



- Positive Parenting Programme (Triple P)



Engaging people and local communities

- Small grants fund
 - 29 voluntary and community sector organisations
 - £217,000
- Health and Wellbeing Community Hubs grants fund
 - To support the development of local community centres



Little Gate Farm



Hastings Furniture Service



TCV Green Gym

Working in pairs we'd like you to identify an issue / project and think about how the issue / project is influenced by inequalities in people's circumstances.



Interventions should be:

Evidence based – concentrate on interventions where research evidence and professional consensus are strongest

Outcomes orientated – with locally owned and relevant measurements

Systematically applied – not depending on exceptional circumstances or exceptional champions

Scaled-up appropriately – ‘industrial-scale’ processes require different thinking to small ‘bench experiments’

Appropriately resourced – refocussed on core budgets and services rather than short bursts of project funding

Sustainable – continue for the long haul, capitalising on changing policy priorities where helpful

www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas

