

‘Tackling Health Inequalities together with partners and communities across Doncaster PLACE?’

Aims of presentation:

- To briefly remind ourselves about the impact of health inequalities
- To share the progress and traction gathered across Doncaster PLACE over last 6 months
- To consider Population Intervention Triangle and it’s application to reducing health inequalities
- To ask H&WB 3 questions

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What are Health Inequalities? (HI)

- HI are '**Avoidable** and **unfair** differences in health between **different groups** of people'
- The **length of time people live in good health** depends on where **they** are **born**
- **It is not their fault**
- **Cost of living crisis** is making things worse
- Once you **see the data**, you **can't un-see** it

Life Expectancy (LE) and Healthy Life Expectancy (HLE)

- LE England 79.4y men and 83.2y women
- LE Doncaster 77.8y men / 81.y women
- **HLE women deprived areas Doncaster 56y, 3rd worst**
- Men with **LD** live **14 years** less & women **18 years** less
- People with **SMI** live 15-20 years less
- Average **LE** men who are **homeless** is **47 years** and **43 years** for **women**
- Average life expectancy in **GRT** community is **50 years**



10 mile bus ride Doncaster, least deprived to most deprived? Men will live 10.7y & Women 7.9y less



One in three children across SY are living in povertyin 2022 – impacting on their early childhood development and their future health and wellbeing as an adult



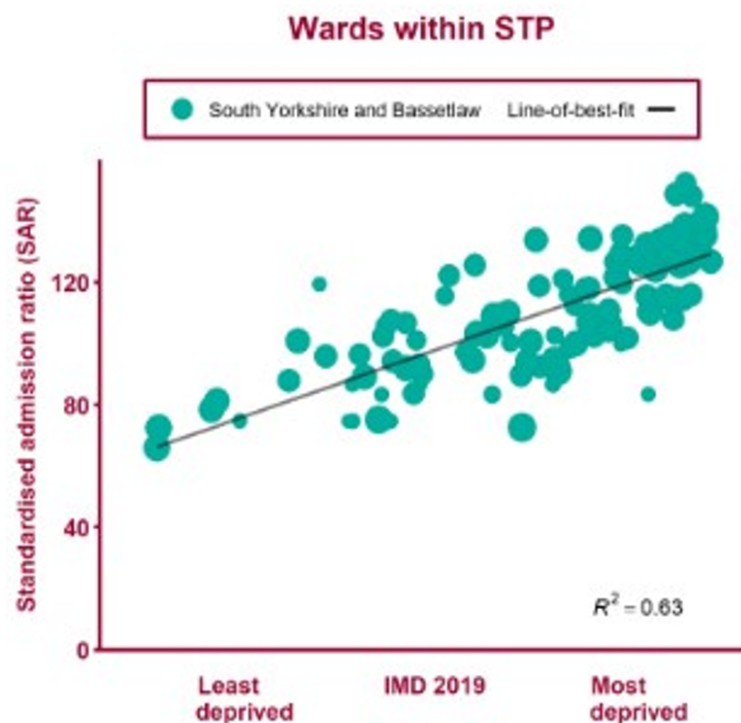
Black women 4 times more likely to die in pregnancy and labour



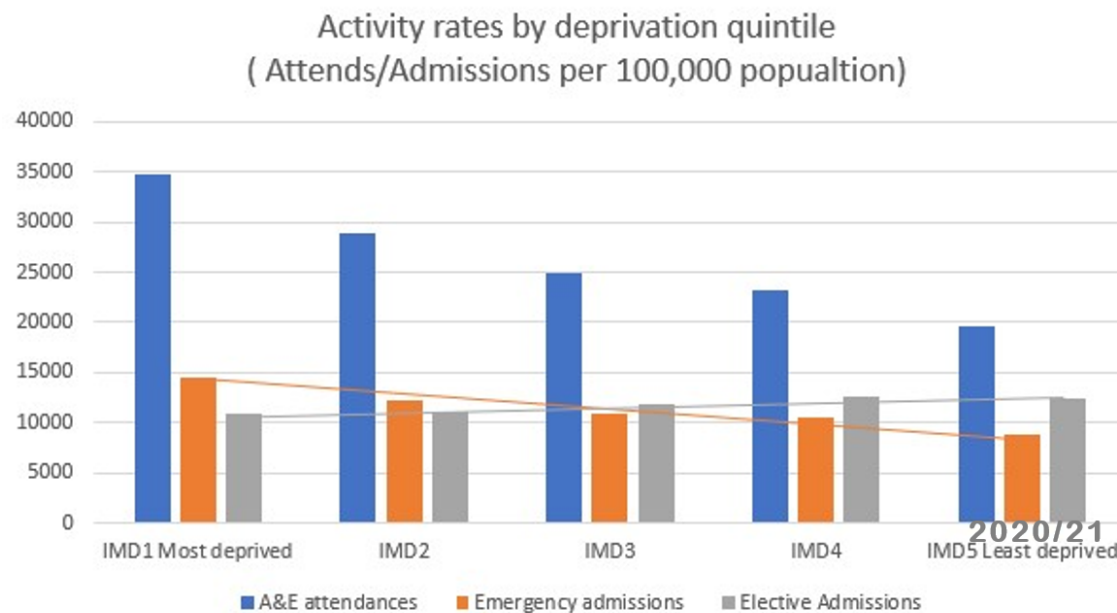
Deprivation is a driver for healthcare service demand

Those from most deprived areas are more likely to require emergency treatment than those in the least deprived.

Emergency hospital admissions for all causes (2013/14 - 2017/18)



However, the health care system further widens inequalities as elective care does not follow the same pattern and in fact there are more elective admissions in the least deprived areas.



Bola Owolabi

Director Health Inequalities NHS England / Improvement

VISION

‘To deliver exceptional quality healthcare for **all** through equitable access, excellent experience and optimal outcomes’



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and outcomes, who may not be captured within the Core20 alone and who will benefit from a tailored health approach e.g. inclusion health



Target population

CORE20 PLUS5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to these exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacting all 5 key clinical areas

Tackling Health Inequalities Doncaster PLACE – where are we now?

Strategic ambition to tackle health inequalities Doncaster PLACE
Strategic ambition to work together in partnership
Lots of strength within communities
Asset based strength approach

Connect strategic ambition and delivery
Target action of H&SC leaders & staff on reducing HI
Manage existing workload with HI lens, focusing on core20plus popln
Build on partner strengths to connect with core20 population
Listen to 'what matters to people?'
Focus on prevention

Strengths



Opportunities



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Weaknesses



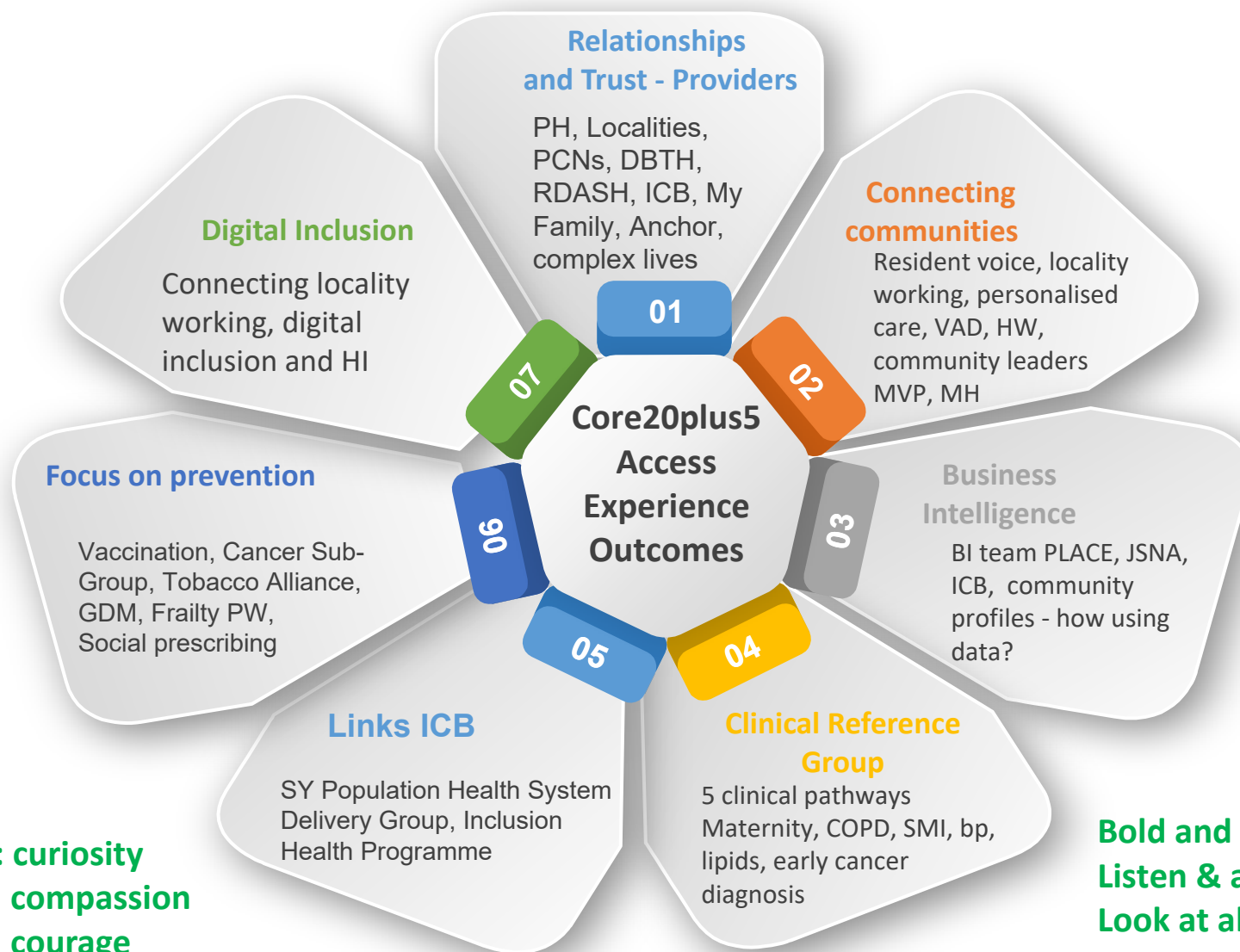
Threats



Disconnect strategic ambition and delivery
Lack of awareness H&SC staff and context working in
Lack of awareness of H&SC staff of what is strong in communities
Lack of understanding Team Doncaster

Ongoing covid, staff fatigue, lack of time
Operational pressures H&SC
Access and waiting lists
Performance Frameworks
Financial pressures

Tackling Health Inequalities – Gathering Traction



Make the invisible visible : curiosity
Show relentless kindness : compassion
Learn by doing : courage

Bold and brave leadership
Listen & act on what matters to people?
Look at all services through HI lens
Focus on education, action and evaluation
Dvp culturally competent Workforce

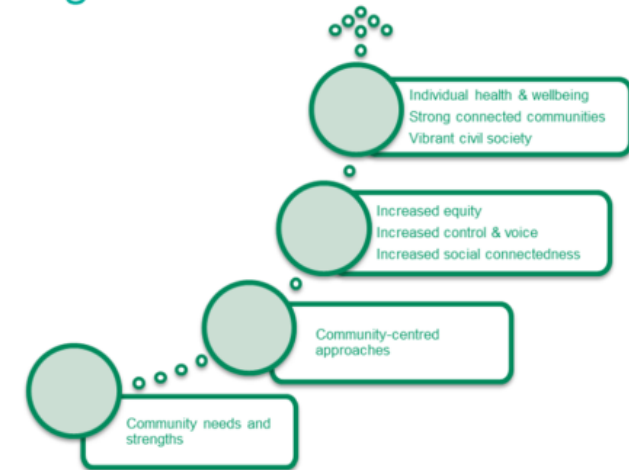
Components of the Population Interventions Triangle



Community Centred

- All partners, including communities themselves, understand the potential of community-centred contributions to reduce health inequalities
- Understanding assets within communities, the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health)

Building healthier communities





BEWELL
DONCASTER



Service

Civic

- Health Impact Assessment
- Health Impact Assessment Training
- Hot Food Takeaway Evidence Review
- Planning Applications
- Doncaster Active Travel Alliance (DATA)
- Healthy Homes Project
- HFSS (High Fat, Salt and Sugar)
- Gambling



Ask of the Health and Wellbeing Board?

How can we **redesign** the way we **collectively** work across PLACE to:

1. **Connect** Doncaster PLACE **strategic ambition** with **resources** and **delivery** –
Have we missed anything? Who else should be involved?
2. Focus on **prevention** to **reduce** future **demand on health and social care**
3. Shift the mind set to **embed addressing health inequalities** and **focus on core20 communities** as part of our business as usual