

The NHS Long Term Plan and Health Inequalities

Implications for action in local systems using the experiences from the London Borough of Southwark

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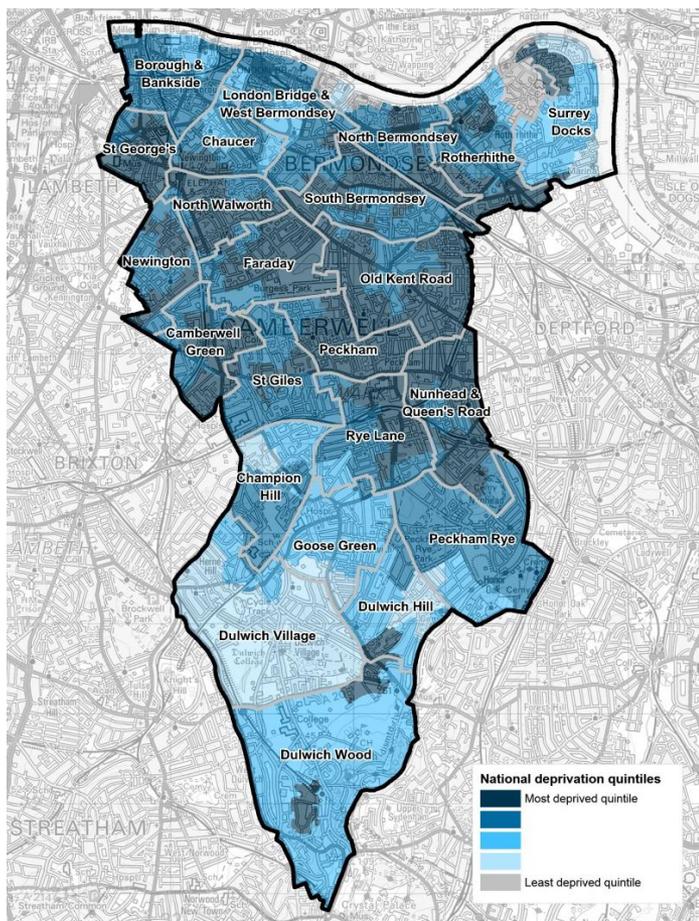
“Southwark is a diverse and dynamic borough in the heart of London and this offers incredible opportunities, but we also face particular challenges as an inner London borough.

In everything we do as a council, we will seek to promote equality. Our commitment to equality and fairness runs throughout this plan, both in the commitments we make to the people of Southwark, and the way we deliver services every day.”

Southwark Council Plan 2018-22

In Southwark, 38% of our residents live in the most deprived communities nationally

DEPRIVATION



Indices of Deprivation 2015

Data source: Department for Communities & Local Government
Southwark Public Health Department | People & Health Intelligence | publichealth@southwark.gov.uk
July 2017.
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Whilst there has been significant regeneration in Southwark in recent years, the borough remains one of the most deprived in the country.

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London.
- Two in five Southwark residents live in communities ranked in the 20% most deprived areas nationally.
- By contrast, only two in one hundred residents live in communities considered the least deprived nationally.

Deprivation has an important, adverse impact on health.

- Women living in the most deprived areas in Southwark live on average 5.5 years less than their least deprived neighbours. For men the discrepancy is even larger at 9.5 years and this gap has been widening over time.
- Residents of a deprived area will, on average, experience multiple health problems 10-15 years earlier than those living in affluent areas.
- People in the poorest social classes have a 60% higher prevalence of long-term conditions than those in the richest, and 30% more severity of disease.

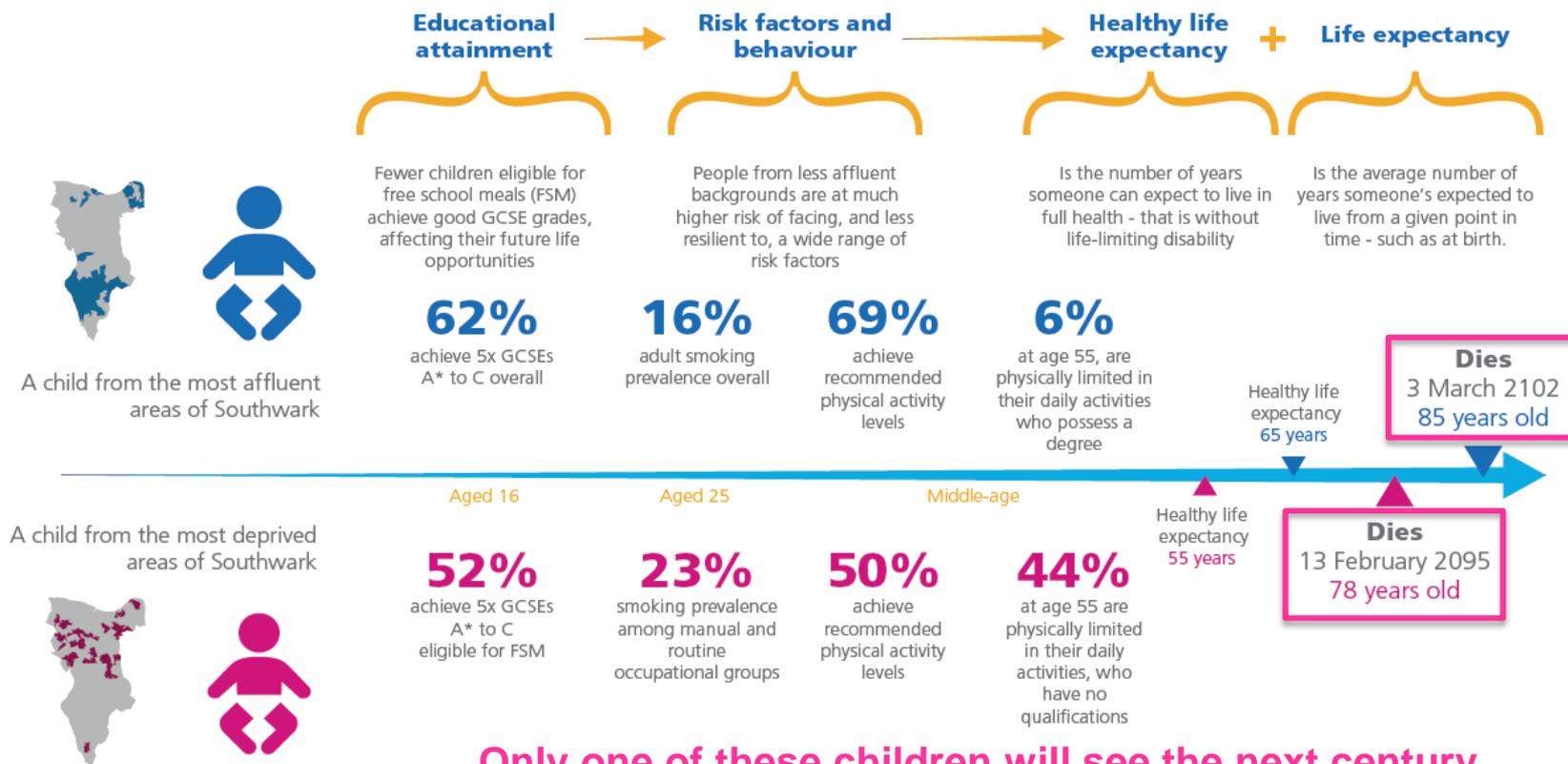
References

1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. [Kings Fund. Trends disease and disability long-term conditions multi morbidity](#)

Health inequalities persist within Southwark, which has a marked effect on the health outcomes of residents

HEALTH INEQUALITIES OVERVIEW

Health inequalities arise from a complex set of interactions between socio-economic, geographic and cultural factors, which have a clear impact on life expectancy among Southwark residents.



Only one of these children will see the next century

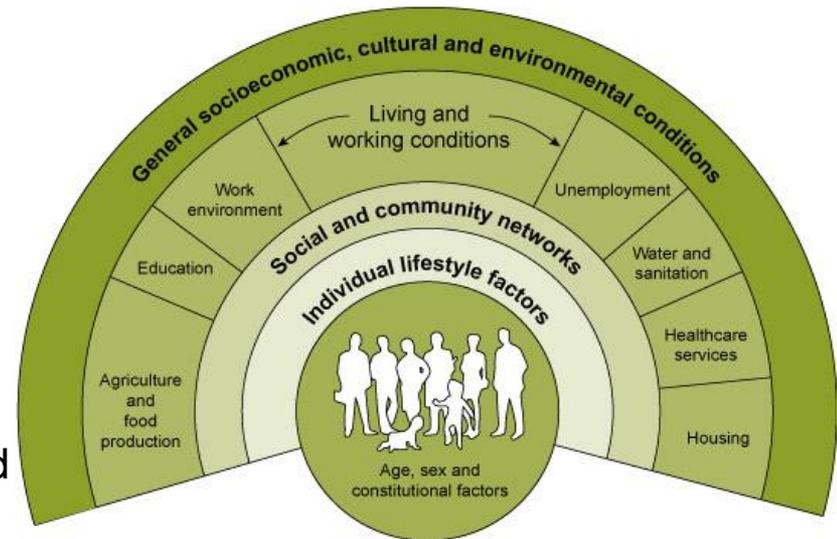
References

1. Southwark.gov.uk/publichealth

Southwark's approach to tackling inequalities

CREATING A FAIRER FUTURE FOR ALL

- Southwark has identified the five areas to make a real difference to improve the lives of our residents and transform the borough to be the very best it can be.
- In Southwark a fairer future for all is:
 - The best start in life: clean air, great schools and opportunities to thrive;
 - The quality homes that you and your family need;
 - A great place to live with clean, green and safe communities;
 - A healthy borough where your background doesn't determine your life chances;
 - Full employment, where everyone has the skills to play a full part in our economy.



Dahlgren and Whitehead, 1991

Key actions to reduce health inequalities in Southwark

CREATING A FAIRER FUTURE FOR ALL

- Cardiovascular disease prevention & diabetes prevention
- Early access to maternity care
- Cancer screening, detection & treatment
- NHS Health Checks
- Vaccines
- Sexual health & HIV detection & treatment

SHORT

- CVD and diabetes case finding
- Smoking cessation
- Brief intervention for alcohol
- Increasing physical activity
- Healthy eating support
- Healthy living - mental health & access to psychological therapies
- Benefits advice & food poverty

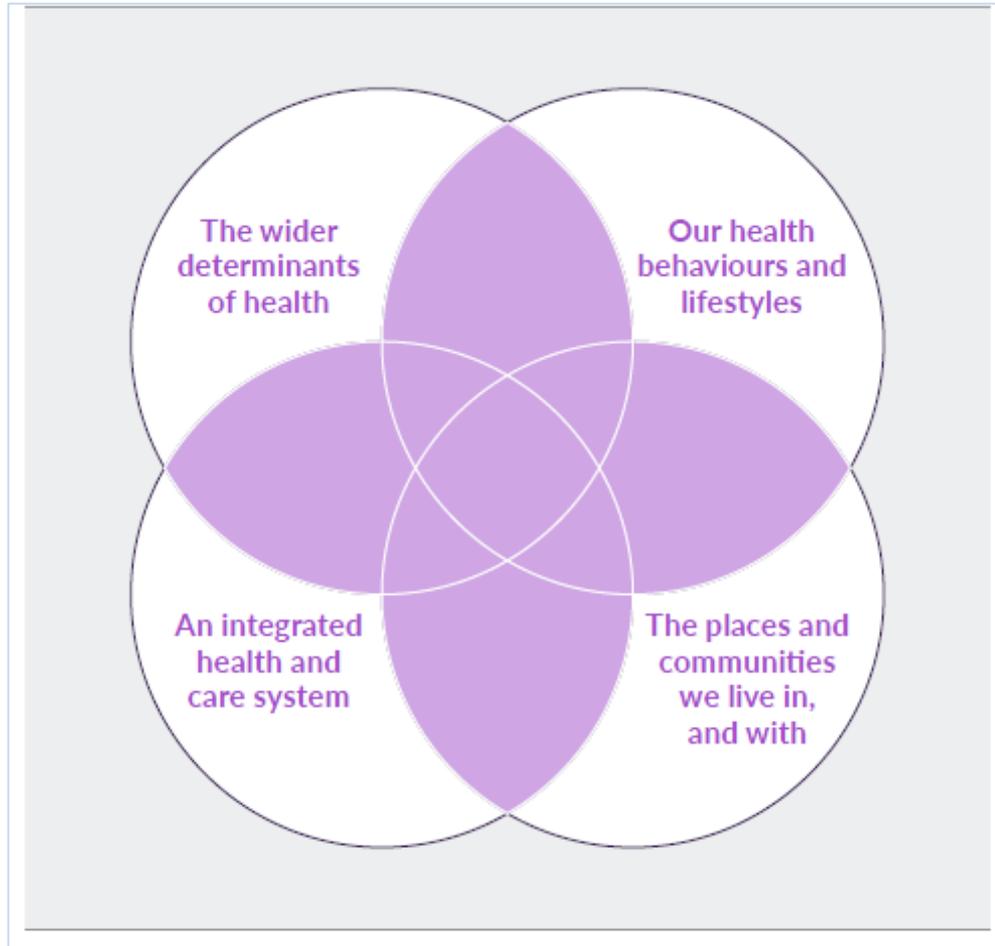
MEDIUM

- Social regeneration
- Education & skills
- Employment
- Good quality housing
- Building neighbourhoods to sustain long term well being

LONG

Tackling health inequalities: A logic model

A WHOLE SYSTEMS APPROACH



The NHS Long Term Plan

SUMMARY

- The NHS will increasingly be:
 - more joined-up and coordinated in its care
 - more proactive in the services it provides
 - more differentiated in its support offer to individuals
- Five major, practical, changes to the NHS service model to bring this about over the next five years:
 - Boost ‘out-of-hospital’ care, and dissolve the primary and community health services divide
 - Redesign and reduce pressure on emergency hospital services
 - People will get more control over their own health, and more personalised care
 - Digitally-enabled primary and outpatient care will go mainstream across the NHS
 - Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere

NHS Long Term Plan on Inequalities

SUMMARY OF KEY ACTIONS

- Clear recognition that the social and economic environment in which we are born, grow up, live, work and age, as well as the decisions we make for ourselves and our families collectively have a bigger impact on our health than health care alone.
- Specific mention of inequalities in life expectancy, premature mortality, multi-morbidity, learning disabilities and mental health.
- The NHS will set out specific, measurable goals for narrowing inequalities, through the service improvements set out in the LTP
 - All local health systems to set out plans to reduce health inequalities over next decade
 - By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife
 - By 2023/24, an additional 110,000 people per year with a severe mental health problem to receive a physical health check
 - Over the next five years, investment to ensure that children with learning disabilities have their needs met, general screening services and supported by easily accessible, on-going care
 - Investment of up to £30 million extra on meeting the specialist mental health needs of rough sleepers
 - Investment in expanding NHS specialist clinics to help more people with serious gambling problems

Inequalities: Implications for localities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

- There are a number of implications:
 - The data and evidence are clear: **Wider initiatives** are required to improve health if something like the Plan's ambitions are to be achieved
 - Nearly half of avoidable deaths are not considered amenable to healthcare but instead require **broader prevention interventions**
 - Indeed, data from the GBD Study highlights the importance of tackling non-communicable diseases, such as strokes and most heart diseases, for which a person's background, lifestyle and environment are risk factors
 - The Plan's commitment to support smoking cessation, obesity reduction and even cleaner air programmes are promising
 - Yet the NHS itself has **relatively few levers over public health**, so partnership, systems leadership, collaborative commissioning must be prioritised
 - This is especially important as the **council held budgets for prevention and the wider determinants** are being sharply cut, and services like police and education are under serious pressure

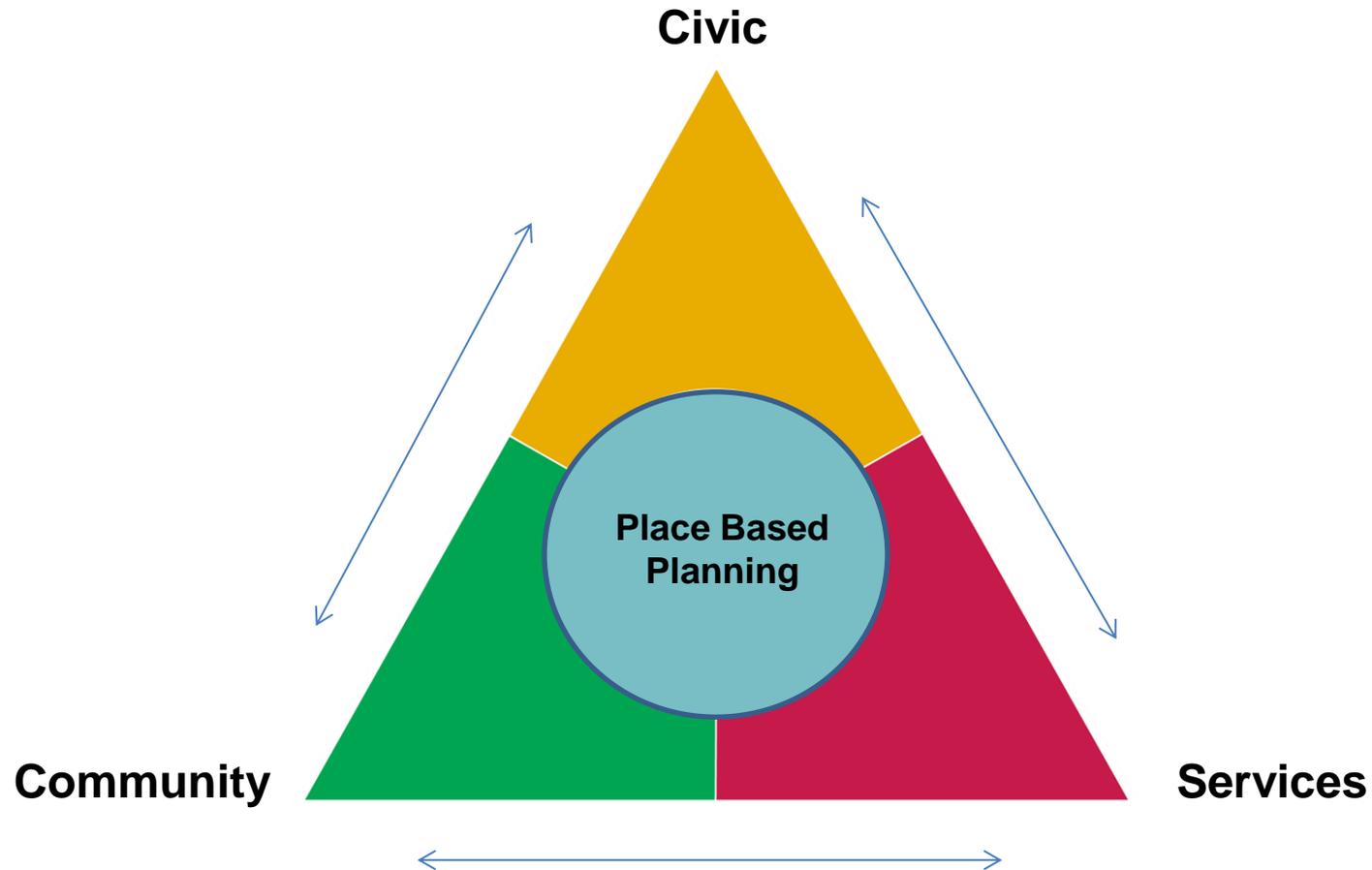
Inequalities: Implications for localities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

- How can the Plan help stimulate **fresh and purposeful conversations at local level** on shared ambitions for inequalities?
- How can the Plan help influence the actions, ways of working and cultures of **local systems partners** in achieving these goals?
- How do we link our work on inequalities with our ambitions for **diversity, inclusion and equalities** at the local level?
- Where is the willingness and where are the opportunities for us to **move beyond siloes** to address the wider determinants and reduce pressure on the system as a whole?
- What have we learnt about the **best mechanisms, approaches and structures** to promote joint working and systems leadership to address inequalities?

Place Based Planning

A MORE INCLUSIVE AND HOLISTIC APPROACH TO TACKLING INEQUALITIES



Health Inequalities in PHE

Maximise opportunities to focus on inequalities

LET'S NOT RECREATE THE WHEEL!

- Publish and support take up of Joint Strategic Framework for Health Inequalities: Resource and Guidance for Place Based Action on Health Inequalities
- ROI tool for Health Inequalities from PHE and partners
- Support roll out of NHS Long Term Plan with regards to Health Inequalities (inc: What Works Guidance)
- Support development of Prevention Green Paper with regards to HI and wider determinants of health
- Co-ordinate national support on Inclusive Growth agenda (inc. role of Anchor Institutions)
- Two other key documents from PHE this year:
 - Quality Framework + What Good Looks Like series
 - PHE Strategic Plan

Joint Strategic Framework on Health Inequalities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

BACKGROUND

- What is it:
 - Resource and Guidance for Place Based Action on Health Inequalities
- Authors:
 - LGA, ADPH, PHE with support from Chris Bentley and Ipsos Mori
- Audience:
 - Local Authorities, ICS, STP, CCGs
- Timeframe:
 - Provisionally set for early April. May push back due to Brexit.
- Format:
 - Digital document with modules to pick and choose from

CONTENT

1. Intro and context

- Latest trends for health inequalities
- Roles and responsibilities of local organisations

2. Define and diagnose Health Inequalities

- Why Health Inequalities is a key issue for leadership: legal, financial and moral case
- Logic model for HI causes and data to support
- Suite of datasets available to local areas to diagnose health inequalities

3. Guidance for Place Based Action

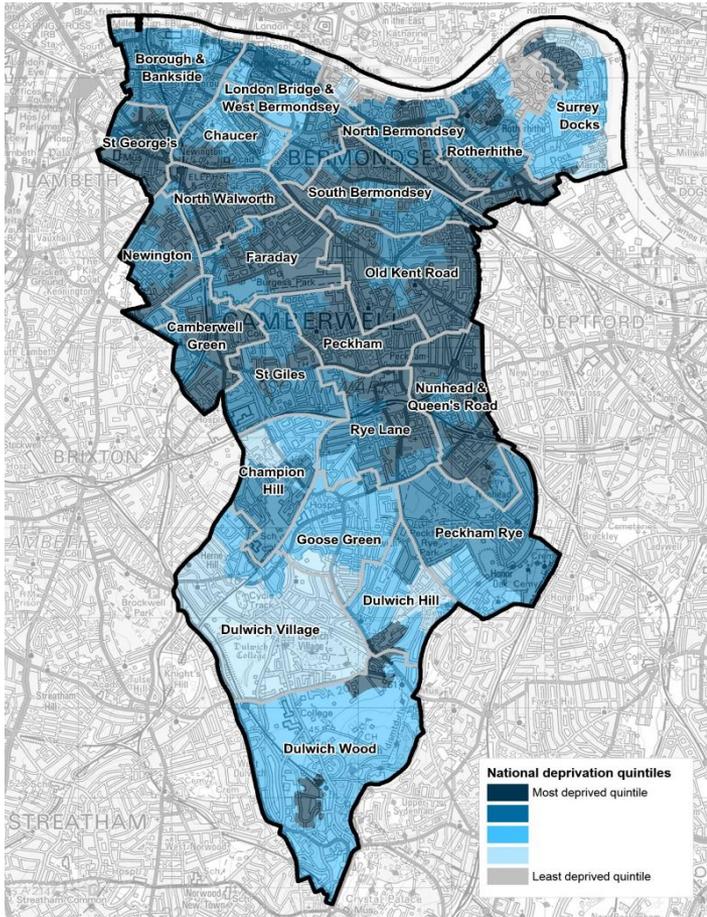
- Built around triangle of Civic, Service, Communities with leadership in middle
- Series of checklists to support system planning

4. Commitments and support tools

- Suite of tools to support place based planning – including offer of personal support and SLI development
- Latest evidence base of effective action
- Series of case studies – offer to continue updating

So what will we need to do differently in Southwark?

PLACE BASED APPROACH TO TACKLING INEQUALITIES



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Addressing Health Inequalities to achieve Population Level Outcomes

1. Leadership in Place: who is running the show?
2. Joint Needs Assessment: bottom-up + top-down?
3. Joint priority setting: how does it really work?
4. Whole System: full range of contributions considered?
5. Select interventions: realistic system and scale?
6. Setting targets: locally relevant and meaningful?
7. Business plan: economic case for change?
8. Information Governance: systematic intelligence sharing?
9. Programme management: who is accountable?
10. Built-in evaluation: from the start as part of PDSA cycle?

References

1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. [Kings Fund. Trends disease and disability long-term conditions multi morbidity](#)

Closing thoughts...

- The steps outlined in the NHS Long Term Plan are welcome and are likely to make a contribution to the NHS making a greater contribution to reducing inequalities in health
- However there are gaps in addressing multi-morbidity, clustering of risk behaviours, or the details on the systems leadership, cultures, ways of working and place-based planning required for success
- The plan makes no mention of the body of learning and experience from previous attempts by the NHS to tackle inequalities in health, which we now know were successful, including the provision of holistic national support teams

Closing thoughts...

- As written, the plan does not have enough detail on how funding will change in practice to tackle inequalities, what the new goals will be, or how local areas will be incentivised or held accountable for them
- Joint commissioning of local health and care services in integrated care systems is becoming increasingly important to enable local government and the NHS to shape effective services – and indeed is already happening in many areas
- It's time to work as a system, with each part funded appropriately and sustainably. We all need to join together and end the unhelpful “us and them” discourse

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