

Health and Wellbeing Board - Tackling Inequalities Workshop - 10.02.2022

What does your organisation understand by inequality and therefore what is your focus on at the moment?

- Housing – cold has biggest impact on health, focusing on this and safety, and any additional support.
- Primary Care – look at where there is the most demand which is very reflective of the bottom 20%. Links in with other advisors in primary care to link services together – encouraging integration through the community teams through the community connectors and care coordinators who are targeting the high intensity clients – on everyone's books, particularly with mental health, housing, 999 and hospital attendance.
- Primary Care - A lot of the issues are not health issues they reflect the wider issues. This works at local level. From GP and primary care also have the national priorities and schemes which focus attention from a national perspective for work. Trying to reach out to those for proactive healthcare e.g screening and imms.
- Healthwatch Wiltshire – concerns is inequality in service access on one hand in terms of services. But also the danger of labelling people as unequal – how do we promote the opportunities for people to improve health – needs to start with young people, schools and education etc. But that there is a role for self-care, so need to focus on that pillar of lifestyle – which requires an equality of education around health behaviour.
- There is an ongoing focus on operational response as there is little time to think or operate within this space.
- Health inequalities are in focus in community services and these are aligned to overall inequality
- Local Authority – focus on incorporating housing as a key area into health and social care space, reflected in organisational restructure and priority setting
- GWH – what is our role as an anchor institution?
- PCC – there is a broader remit than policing, in legislation, responsibility to deliver community safety & crime reduction. Community safety is a very holistic challenge, Victim support, overlap social and economic deprivation link with areas of high criminality, need to engage in preventative action and what we do is better targeted to where real issues are. Prevent people become victims and prevent people slipping into criminality. Looking at children in EOTAS provision that get into criminality and live in high deprivation areas , Domestic Abuse etc.
- Recognise that currently funding is in the main focussed at acutes, crime & statutory services (health, LA, police)
- Acute - address with staff group, gender , ethnicity etc but need to do more for patients. Approach is to fix people who turn up.

What actions are HWB members already doing to tackle inequality?

- Housing – all dealing with same families across the county who are using lots of different services – LA was doing work on this a few years ago trying to identify those families.
- Local Authority – areas of deprivation and mortality rate – this is what inequality means to LA. The areas haven't changed in a long time, the groups of people haven't changed – lots of effort and support is being provided, but has been done in isolation – now is when we have to bring this approach together as a coordinated effort. Really need to bring our efforts together and not compete and have siloed approaches.
- AWP – opportunities, community mental health services being transformed and really trying to break down silos in this – but need to look at how this can be linked into the wider work on inequality. Trying to address some of the historic service provision inequalities to ensure that people do have access to the services they need and in an equitable way. How do you integrate these programmes together and bring everyone together?
- Lot of assessments have been done in the past – want to focus on the interventions now and invest the money in health in delivering interventions as early as possible and not too far away from where a person lives in their communities.
- Physical health/mental health agenda – SMI health checks to ensure physical health needs of people with SMI are being considered to reduce comorbidity.
- Focussing on access to services, including response times and waiting times
- Focus on LTCs – still too reactive though, need to move to proactive
- There are risk-based decisions being taken at the moment in social care provision in order to prioritise – detail on why these decisions are taken may not always be obvious or visible which can be a challenge
- Big focus on employment within acute trust (linked to anchor institution) including widening participation in schools and with groups like care leavers
- Swindon focus on areas of deprivation (4 Ps)
- Acute and LA Exec-to-Exec meetings in Swindon – open discussions supporting development of anchor charter
- Exec lead for inequalities at GWH
- CCG & GP working really hard to improve access to services – too accessible? Supporting people with things that are not core business. (In Wiltshire people seem very reliant on GP's for everything)
- Reach out to organisation who understand inequality better for example Julian House and people working in ED.
- RUH working with LA's and university to pool budget and work out how Bath can be better place to live
- Social mobility – early years work, pledge (motion going to FC), NEET
- Plan being developed via GP practice

What more can we do collectively (via ICA) and individually (what are the opportunities)?

- SMART targets? A topic agreed? Short task and finish?
- HWW – let's pick an area e.g Studley Green, run a pilot based on the issues and include the local population into those actions and decisions which turns these areas into areas people want to live in. Have a dedicated programme manager, multi-agency and clear outcomes and improvements to be measured. Include cllrs, GPs local VCS and just see what happens.
- GP – where can we have the biggest impact and how do we decide that together? How can we join up our data better? The PHM in Trowbridge could be and is this pilot – has started but been on hold – but how many of the partners we need know about it? Is this the correct vehicle?
- Do we need to pick smaller areas for this type of pilot on the wider determinants side? Studley Green and an area under Wiltshire council housing control to bring balance?
- Can't do this type of work without really properly looking at housing – and must bring in VCS. Council could coordinate this type of project work, excited at how this could link into performance management systems with key indicators set up with a structured approach. A pilot must help us to understand how we can work better together and the same time as improving outcomes for people.
- Mental health crises – issues which can involve police a lot – key area to target, cross cutting with DA, substance misuse.
- If we are running a pilot it requires a good programme manager to coordinate efforts and measure outcomes. HWW could be the engagement with the local population to run customer surveys and involving the people of the areas to feed in. Not about starting new projects – this is about overarching programme to pull these things together.
- If we are choosing an area – then how do we integrate what's already on the ground? How do we understand what we already have, who's doing what and then join this up better. What we don't want to do is just add more into an area without knowing where the biggest impact could be made.
- Collective exercise across multi-agency on data that needs to be understood to actually reduce inequality – example of fire service data on poor housing, how do we use all intelligence?
- How do we use data to take a more proactive approach especially around LTC prevention and response to exacerbation?
- Focus on waiting times – should we be prioritising according to inequality of outcome? Challenges with the way we have conventionally managed or been directed to manage – does performance framework and regulatory approach support innovation around reducing inequality?
- Getting awareness of health inequalities to front line staff – staff unlikely to be accounting for this in their decision making, so what do we need to do to enable this?
- How do we build an expectation around awareness of the inequalities that exist around any decision being made, including showing that a decision will improve an aspect of inequality rather than worsen?
- Role for anchor institutions – could have huge impact at place level given reach of organisations as key employers
- Building executive relationships across organisations that could agree immediate work in this space e.g. internships, apprenticeships prioritised according to groups we know will experience and are experiencing inequality

- Choose some obvious priority indicators and agree how we will work on them e.g. health checks for individuals with MH/LD/A
- Focus on diversifying and understanding how we need to alter how we communicate and provide information – we assume one size fits all but we know this does not apply for groups who suffer greatest health inequalities around access
- Listen more to harder to reach groups about problems we already know exist – get closer to our communities
- Recognise costs in societal terms and ££ so impact of early intervention/prevention
- Identify families and work with them collectively
- How do we access investment ?
- Need to work collectively.
- GPs get housing queries, i.e. damp but don't always know who housing provider is (HA or private landlord – how can they find out)
- GP & social care to communicate better than we currently do.
- Need to recognise deprivation that is hidden, and harder to be deprived when living in a pocket alongside those who are not deprived
- Need to change culture, enable people in a variety of ways to manage their lives better themselves. Start with simple things , i.e. cooking in schools.
- Challenge is how are we going to do it – police and LA to have quarterly mtgs together
- Need to have a bottom-up approach, community level, have 18 area boards – do they have sufficient understanding. What mechanisms and forums do we need to engage GP in local communities can we encourage H&W area boards.
- Staff to have a common language about inequality , other blue light service and all our organisations present
- Engagement with the voluntary sector – listen & believe
- Understand what communities experience