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

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
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.

- **Educational attainment**: Fewer children eligible for free school meals (FSM) achieve good GCSE grades, affecting their future life opportunities.
  - 62% achieve 5x GCSEs A* to C overall

- **Risk factors and behaviour**: People from less affluent backgrounds are at much higher risk of facing, and less resilient to, a wide range of risk factors.
  - 16% adult smoking prevalence overall
  - 69% achieve recommended physical activity levels

- **Healthy life expectancy**: Is the number of years someone can expect to live in full health - that is without life-limiting disability.
  - 6% at age 55, are physically limited in their daily activities who possess a degree

- **Life expectancy**: Is the average number of years someone's expected to live from a given point in time - such as at birth.
  - Healthy life expectancy 65 years
  - Healthy life expectancy 55 years

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

- 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

- Social regeneration
- Education & skills
- Employment
- Good quality housing
- Building neighbourhoods to sustain long term well being
Tackling health inequalities: A logic model

A WHOLE SYSTEMS APPROACH

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with
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
    • 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
So what will we need to do differently in Southwark?

PLACE BASED APPROACH TO TACKLING INEQUALITIES

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
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 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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