Children and Young People’s Health Equity Collaborative
Agenda

- Welcome (Rukshana Kapasi)
- The Importance of Health Equity in the Current Climate (Prof Sir Michael Marmot)
- The Children and Young People’s Health Equity Collaborative (Abigail Knight)
- The Role of ICS in Addressing Health Inequities (Jessica Allen)
- Q&A (Abigail & Jessica, 20 mins)
Welcome

Rukshana Kapasi
Director of Health, Barnardo’s
The Importance of Health Equity in the Current Climate

Prof Sir Michael Marmot
Professor of Epidemiology at University College London
and Director of the UCL Institute of Health Equity
Life expectancy for men and women living in the most deprived areas of England fell significantly between 2015-17 and 2018-20

Change in life expectancy at birth

- Females
- Males

Guardian graphic. Source: ONS. Note: Deprivation deciles based on the Index of Multiple Deprivation 2019
### Rankings of 30 rich countries

**Figure 3: A league table of child well-being outcomes: mental well-being, physical health, and academic and social skills**

<table>
<thead>
<tr>
<th>Overall ranking</th>
<th>Country</th>
<th>Mental well-being</th>
<th>Physical health</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Netherlands</td>
<td>1</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Denmark</td>
<td>5</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Norway</td>
<td>11</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Switzerland</td>
<td>13</td>
<td>3</td>
<td>12</td>
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<tr>
<td>5</td>
<td>Finland</td>
<td>12</td>
<td>6</td>
<td>9</td>
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</tbody>
</table>

UNICEF Report Card 16 2020

**Ranks:**  UK 27    USA 36 out of 38
Trends in infant mortality & child poverty

Source: Taylor-Robinson et al. BMJ Open
Infant mortality rate (per 100,000 live births)

Source: Taylor-Robinson et al. BMJ Open
Gradient in caries in 5-year-old children

Source: PHE 2020
Both the slope and the relative indices of inequality can also be used to describe changes in inequalities over time. Absolute inequalities in dental caries prevalence in 5 year old children had slightly reduced from 30.2 in 2008 to 26.8 in 2019 (Figure 3.14). While absolute inequalities in dental caries prevalence had reduced since 2008, it is also important to consider relative inequalities, as an improvement in one may not always follow an improvement in the other. Relative inequalities in the prevalence of dental caries in 5 year old children had increased from 2008 to 2019. In 2008, the proportion of children with dental caries was 2.9 times higher in the most deprived areas than the least deprived areas and in 2019 it was 3.8 times higher (Figure 3.15).
Obesity Prevalence in Year 6 by Deprivation
England 2016/17

Obesity: 95th centile of BMI

National Child Measurement Programme
History of household poverty and three outcomes at 14 years of age in the UK
UK Child Poverty Rising

FIGURE 15: **Relative child poverty is projected to continue to rise**

Proportion of people living in relative poverty, after housing costs: GB/UK

Source: Resolution Foundation
Adverse Childhood Experiences: England

Preventing ACEs in future generations could reduce levels of:

- **Early sex (before age 16)** by 33%
- **Unintended teen pregnancy** by 38%
- **Smoking** (current) by 16%
- **Binge drinking** (current) by 15%
- **Cannabis use** (lifetime) by 33%
- **Heroin/crack use** (lifetime) by 59%
- **Violence victimisation** (past year) by 51%
- **Violence perpetration** (past year) by 52%
- **Incarceration** (lifetime) by 53%
- **Poor diet** (current; <2 fruit & veg portions daily) by 14%

Bellis et al., 2014
Children from low-income households are more likely to live in areas of high air pollution

London boroughs make up the top five worst ranked areas for both pollution and child poverty.

Guardian graphic. Source: Labour analysis of Defra, End Child Poverty coalition data. Note: child poverty data is after housing costs. Pollution is population-weighted annual mean PM2.5 concentration for 2020 (micrograms per cubic metre).
Household food insecurity levels have increased by 60% since the first six months of the pandemic.

Percentage of households experiencing food insecurity*:

- Pre-Covid: 7.6%
- March 2020 to August 2020: 9.7%
- August 2020 to January 2021: 9.0%
- February 2021 to July 2021: 9.9%
- July 2021 to January 2022: 10.8%
- October 2021 to April 2022: 15.5%

*Food insecurity during the pandemic (6-month recall period) compared with pre-Covid (12-month recall period). Pre-covid source: Food Standards Agency, Food and You Survey 2018. Re-analysed to allow direct comparison.

Source: Food Foundation May 2022
The most deprived decile households would spend 75% of their disposable income to meet the NHS Eatwell Guide.
Integrated Care Systems

- Lancashire and South Cumbria Health & Care Partnership
- Cheshire and Merseyside Health & Care Partnership
- East London NHS Foundation Trust
1. Workforce Education and Training
2. Working with Individuals and Communities
3. Health Sector as Employers
4. Working in Partnership
5. Workforce as Advocates
Marmot Principles

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together
The Children and Young People’s Health Equity Collaborative

Abigail Knight
Strategic Programme Lead - Child and Family Health
Barnardo's
We aim for Integrated Care Systems to give equal weight to children and young people’s health creation, as to their health and care service integration: the most cost-effective way to achieve health equity and reduce health inequalities.

In focusing on health creation, we will incorporate the role of the VCSE sector in understanding and acting on the wider determinants of health.

Proposition
Barnardo’s and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering to shape the way Integrated Care Systems (ICSs) create health and address health inequalities among children and young people.

We are inviting ICSs to apply to be part of our Children and Young People’s Health Equity Collaborative over the next three years.

Vision
We aspire to guarantee a basic state of health and wellbeing for all children, regardless of circumstance.
The Children and Young People’s Health Equity Collaborative will comprise three complementary workstreams:

1. Children and Young People’s Health Equity Framework
2. Children and Young People’s Health Equity Dynamic Measurement Tool
3. Children and Young People’s Health Equity Interventions
## Programme Timelines

<table>
<thead>
<tr>
<th>Workstream</th>
<th>22/23</th>
<th>23/24</th>
<th>24/25</th>
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<tbody>
<tr>
<td>1. Health Equity Framework</td>
<td>• ICS recruitment&lt;br&gt;• Stocktake of existing CYP Health Equity measures</td>
<td>• Co-design with CYP and VCSE organisations&lt;br&gt;• Publication of CYP Health Equity framework&lt;br&gt;• Ongoing iteration</td>
<td>• Publish evaluation of its application&lt;br&gt;• National rollout alongside systems partners</td>
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<tr>
<td>2. Dynamic Measurement Tool</td>
<td>• Data governance arrangements&lt;br&gt;• Data availability assessment and data capture strategy</td>
<td>• Procure and pilot Dynamic Measurement Tool&lt;br&gt;• Evaluation of roll out of measurable dataset, inc. impact on VCSE sector</td>
<td>• Continued development of Dynamic Measurement Tool&lt;br&gt;• Share learning with VCSE partners</td>
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<tr>
<td>3. Intervention</td>
<td>• Co-design intervention with CYP and VCSE partners</td>
<td></td>
<td>• Pilot intervention&lt;br&gt;• Evaluate pilot&lt;br&gt;• Disseminate learning</td>
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## Roles and Responsibilities

<table>
<thead>
<tr>
<th>Barnardo’s</th>
<th>Institute of Health Equity</th>
<th>Integrated Care System</th>
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<tbody>
<tr>
<td>- Programme management for the Collaborative.</td>
<td>- Lead responsibility for designing the Children and Young People’s Health Equity Framework.</td>
<td>- Convene local working groups and enable children and young people’s participation and VCSE engagement in development of the Framework.</td>
</tr>
<tr>
<td>- Coordination of individual ICS programme plans, programme-wide communications and support our governance structures.</td>
<td>- Design means of measuring and capturing data with the tools and partners available.</td>
<td>- Take a lead role in ensuring data governance requirements are met and for partners to access data under the required data sharing agreements.</td>
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<tr>
<td>- Link with our regional teams to deliver workshops to engage children and young people, and VCSE partners in our programme.</td>
<td>- Advise on how to use the tools in practice to guide ICS strategy.</td>
<td>- Participate with all evaluation activity.</td>
</tr>
<tr>
<td>- Lead on the specification, procurement or development of the Dynamic Measurement Tool.</td>
<td>- Support service design of the Health Equity Interventions.</td>
<td>- Support the co-design and delivery of the Health Equity Interventions.</td>
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<tr>
<td>- Lead the service design of our supporting intervention(s), leveraging our expertise in working with children and young people.</td>
<td>- Lead the evaluation of all workstreams of the Children and Young People’s Health Equity Collaborative.</td>
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Governance

The Children and Young People’s Health Equity Collaborative Steering Group
Held quarterly and chaired by Professor Sir Michael Marmot. The ICS Children and Young People lead will be invited as a member of the Steering Group, along with wider national System Partners who will form our Steering Group.

The Collaborative Project Board (Monthly)
Bringing together the leads for all the areas listed above. The Programme Lead and Health Analyst from each ICS will be invited to attend these meetings.

Local ICS Strategic Board
This is the Board that the Children and Young People’s Health Equity Collaborative will report into and members of Barnardo’s regional team to be invited to that meeting.

Barnardo’s
Institute of Health Equity
NHS England
ICS Resource Commitments

Participating ICSs will be part of a strategic partnership with a Memorandum of Understanding, signed by their Chair, their Chief Executive Officer and the Director of Children’s Services.

ICSs will be asked to identify a Programme Lead with whom we can work with for day-to-day Collaborative delivery.

ICSs are asked to employ a full time Band 8A Health Analyst to support the Collaborative across ICS partners.

ICSs will be asked to provide access to local data governance resource.

ICSs will be asked to ensure senior level representation and attendance at quarterly Steering Group Meetings.

ICSs will be asked to support the Collaborative to secure funding for the Health Equity Interventions, through Children and Young People Transformation Funds, joint grant applications or by other means.
Selection Criteria

(1) ICSs are shortlisted based on minimum criteria:

<table>
<thead>
<tr>
<th>Question</th>
<th>Weighting</th>
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<tbody>
<tr>
<td>B1: What is your existing commitment to addressing health inequalities within your ICS?</td>
<td>30%</td>
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<tr>
<td>B2: Why do you want to be part of the Children and Young People’s Health Equity Collaborative?</td>
<td>25%</td>
</tr>
<tr>
<td>B3: What are the main issues for children and young people in your ICS, and what are your plans and priorities?</td>
<td>30%</td>
</tr>
<tr>
<td>B4: What added value will your ICS bring to the Children and Young People’s Health Equity Collaborative?</td>
<td>15%</td>
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(2) 10-15 ICS will be invited to attend a partnership conversation in which we will explore:
- Current ICS priorities
- Existing partnerships within the ICS
- Children and young people’s participation
- Data governance and informatics

(3) A final selection and invite to interview will then be based on the optimal combination of:
- Geography (rural/urban)
- Demographics (protected characteristics)
- Deprivation (socioeconomic status and variation within an ICS)
- Population size
## Application Timescales

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Children and Young People Health Equity Collaborative launched and applications open</td>
<td>01 September 2022</td>
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<tr>
<td>ICS and Partners Stakeholder Engagement Event</td>
<td>22-29 September 2022 (time TBC)</td>
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<tr>
<td>Application deadline</td>
<td>31 October 2022 – 12pm</td>
</tr>
<tr>
<td>ICS contacted for Partnership Conversations</td>
<td>14-25 November 2022</td>
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<tr>
<td>ICS Partnership Interviews</td>
<td>w/c 12 December 2022</td>
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<tr>
<td>Initial Steering Group Meeting</td>
<td>w/c 23 January 2023</td>
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If you have any additional queries, please contact healthteam@barnardos.org.uk


We require all applications to be submitted and received by **12pm on Monday 31 October 2022**

To learn more about the collaboration and how to apply, visit: [www.barnardos.org.uk/health-equity-collaborative](http://www.barnardos.org.uk/health-equity-collaborative)
The Role of ICS in Addressing Health Inequities

Dr Jessica Allen
Deputy Director of the UCL Institute of Health Equity
Reducing health inequalities through action on the SDH:

Why take action?
- Social justice
- Efficiency
- Cost effective/demand reduction
Social Justice

Under-75 mortality rate from causes considered preventable by deprivation (IMD 2019), directly standardised rate, per 100,000, Lancashire and Cumbria local authority districts, 2017-19
Efficiency

Hospital Emergency Admission Rates
depression quintiles compared to least deprived

Most deprived 20%

Least deprived 20%

Age on Admission (years)
Cost/demand reduction

Figure 4.2. Average annual NHS spend, by age and neighbourhood deprivation quintile group, England, 2011/12

a) Males

Note: Q1 is the most deprived and Q5 (not featured in the graph), is the least deprived and the reference quintile
Healthcare system

ICS roles in the SDH:

• As partner
• As commissioner
• As employer
• As an advocate
• As service provider
# Health equity system partners

<table>
<thead>
<tr>
<th>As a partner</th>
<th>As a commissioner</th>
<th>As an employer</th>
<th>As an advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National government</td>
<td>• Social value commissioning</td>
<td>• Health and wellbeing of staff and contractors</td>
<td>• Local area conditions – green spaces, air pollution, air housing, schools etc</td>
</tr>
<tr>
<td>• Local government</td>
<td>• Local procurement</td>
<td>• Improving conditions in the social determinants of health</td>
<td>• National policies – health equity in all policies influencing government and other public services and business</td>
</tr>
<tr>
<td>• Health care</td>
<td>• Spending to revitalize areas</td>
<td>• Advice: financial advice services, debt management advice, housing, parental leave, caring leave, family leave.</td>
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<tr>
<td>• Public services</td>
<td></td>
<td>• Pay and conditions</td>
<td></td>
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<tr>
<td>• Community voluntary sector</td>
<td></td>
<td>• Preparations for retirement.</td>
<td></td>
</tr>
<tr>
<td>• Businesses and economic sector</td>
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<td></td>
<td></td>
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<tr>
<td>EG: Children and young people – System links with schools, with police, with housing, air pollution, planners, early years, businesses.</td>
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</table>
How? The role of the ICS

- Partnerships - Prioritising health inequalities
- Investing in programmes on the social determinants of health
- Strengthened accountability for health inequalities
- Support for workforce and for provider organisations
Health care organisations taking action on the social determinants of health

• Integrated care systems (Cheshire and Merseyside, Lancashire and Cumbria)
• Acute trusts
• Community and mental health trusts (East London Foundation Trust)
• Primary care networks
• Health care workforce
Reframing our Marmot Trust Initiative

ELFT is the first NHS organisation to explore this:

- People with severe mental illness (SMI) are dying 15-20 years earlier than they should. We often see service users whose conditions are caused or made worse by unstable incomes, jobs and housing.

- As an NHS Trust, you can feel powerless to make changes to these building blocks of health, when a lot of our efforts are focused on delivering acute clinical care.

- ELFT wants to test the boundaries of what an NHS organisation can and should do, to close these gaps in health by working towards stable jobs, good pay, and quality housing for our service users, and other members of the communities we serve.
ELFT’s Marmot Mountain: Potential actions in line with our vision

ELFT as a training & employment provider

Our service users

The wider Luton community

Establishing good working relationships with community partners & employers

- Promote access to employment & apprenticeships at ELFT for SUs and other disadvantaged groups by addressing potential barriers in our recruitment processes
- Provide training/a skills academy for local people for jobs in health and social care
- Bring meaningful employment & apprenticeship opportunities to local people
- Monitor and increase the number of SUs supported into good employment
- Improve SU satisfaction with employment support services provided by ELFT
- Partner with VCS organisations to conduct community outreach for employment support to vulnerable groups
- Engage with young people to raise aspiration and promote access to healthcare careers
- Engage with public & private sector employers to advocate for good quality work, mentally healthy workplaces & equitable access to volunteering and employment opportunities
ELFT’s Marmot Mountain for children and young people

Healthier Wealthier Families pilot
Perinatal mental health prevention and early intervention
Improving language and communication development
Newham Family Hubs pilot
0-5 years

Supporting Headstart on mental health
Improving integration of education, health and social care

Joint apprenticeship pathway for young people
ELFT anchor ambitions around local employment and training
Increasing aspiration/mentoring for healthcare careers

16-25 years

Trauma informed practice
Social risk screening in clinical encounters
Repurposing ELFT spaces
Social welfare alliance training
Increase staff with lived experience

Establishing good working relationships with community partners – e.g. LA, CVS
Any questions?