

Children and Young People's Health Equity Collaborative

Believe in
children
 Barnardo's



INSTITUTE *of*
HEALTH EQUITY



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)

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Welcome

Rukshana Kapasi

Director of Health, Barnardo's

The Importance of Health Equity in the Current Climate

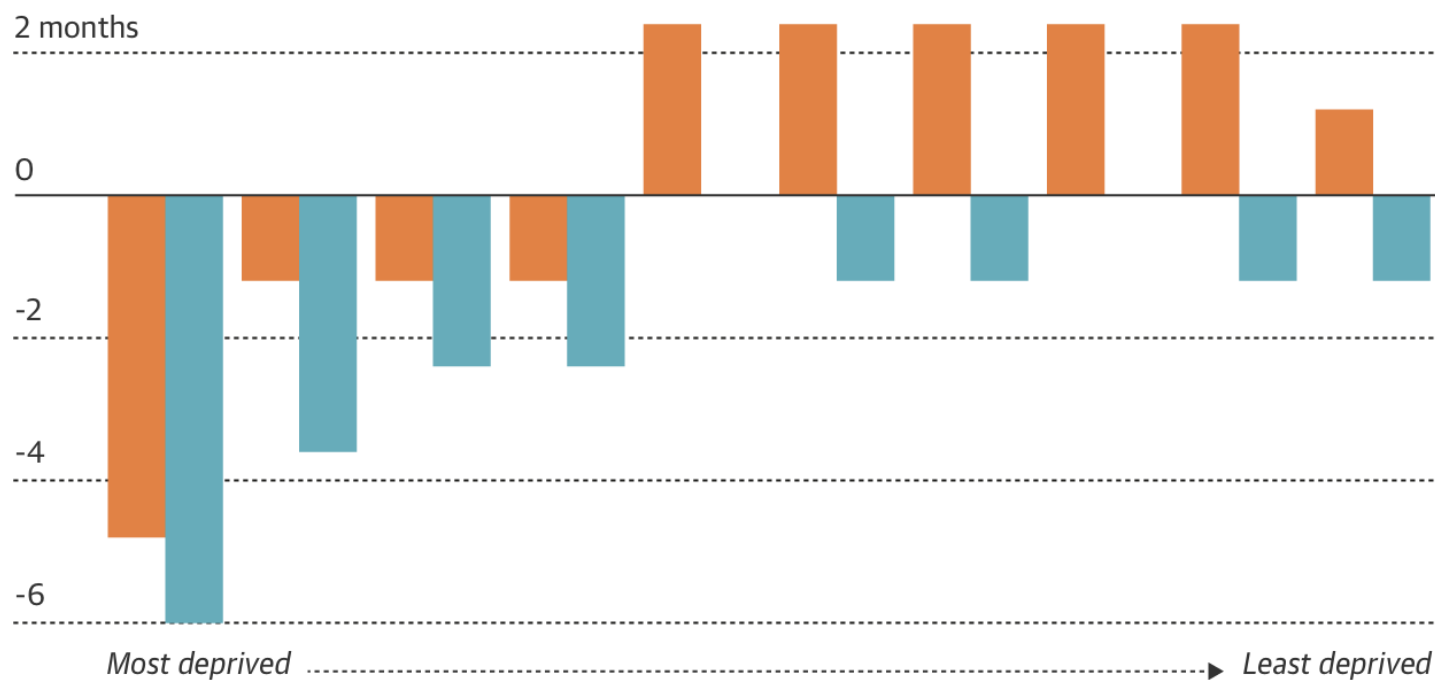
Prof Sir Michael Marmot

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

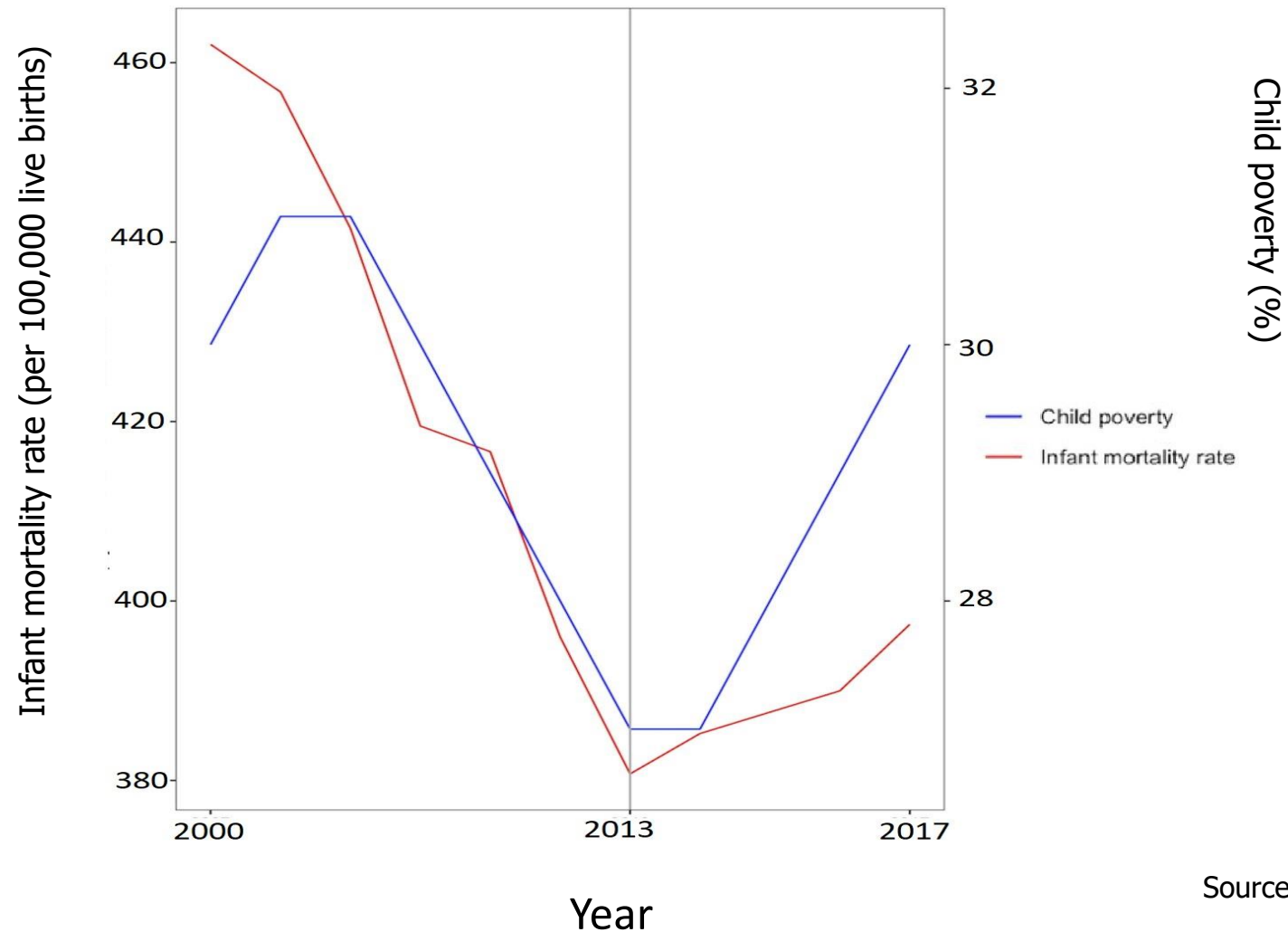
Figure 3: A league table of child well-being outcomes: mental well-being, physical health, and academic and social skills

Overall ranking	Country	Mental well-being	Physical health	Skills
1	Netherlands	1	9	3
2	Denmark	5	4	7
3	Norway	11	8	1
4	Switzerland	13	3	12
5	Finland	12	6	9

UNICEF Report Card 16 2020

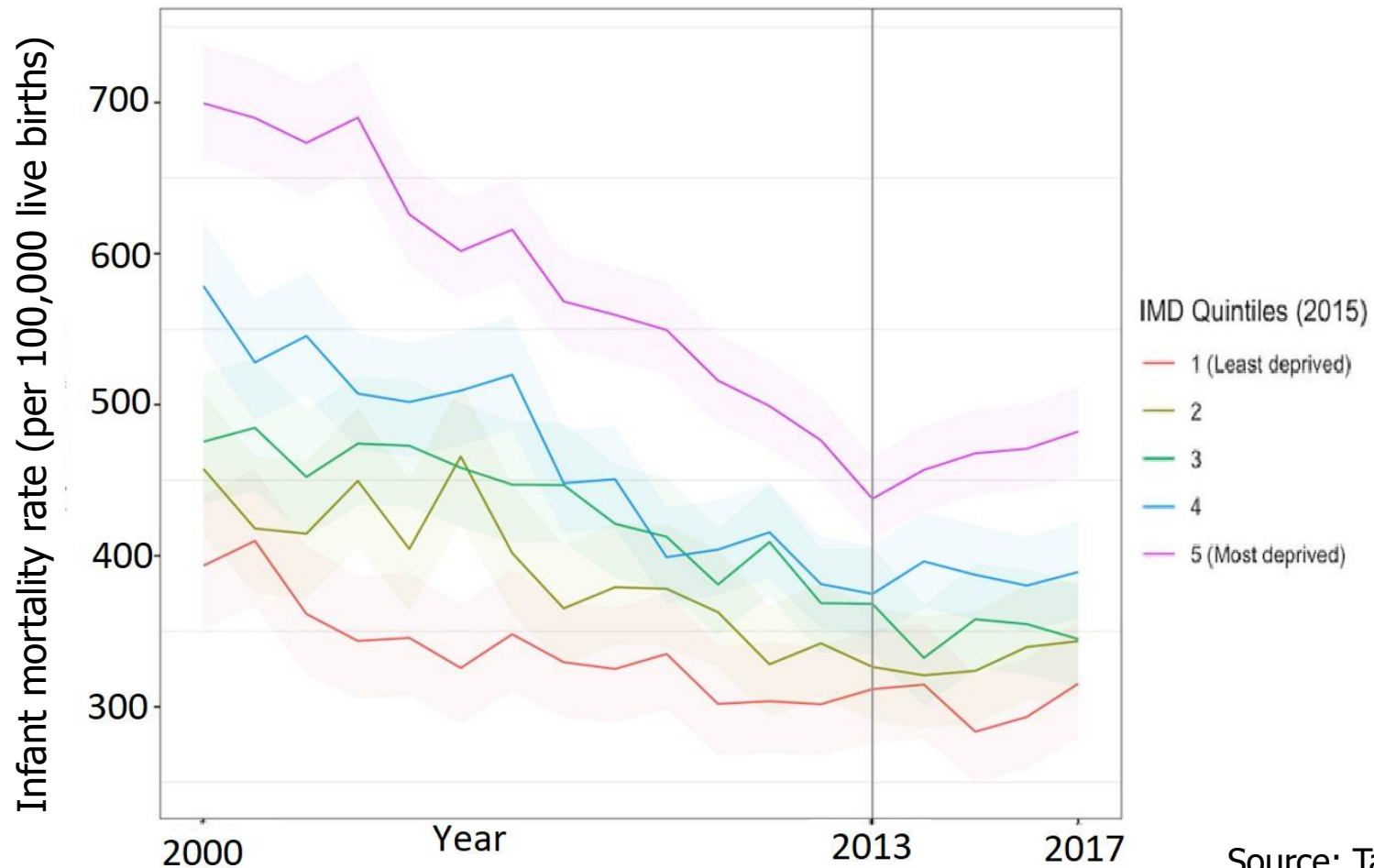
Ranks: UK 27 USA 36 out of 38

Trends in infant mortality & child poverty



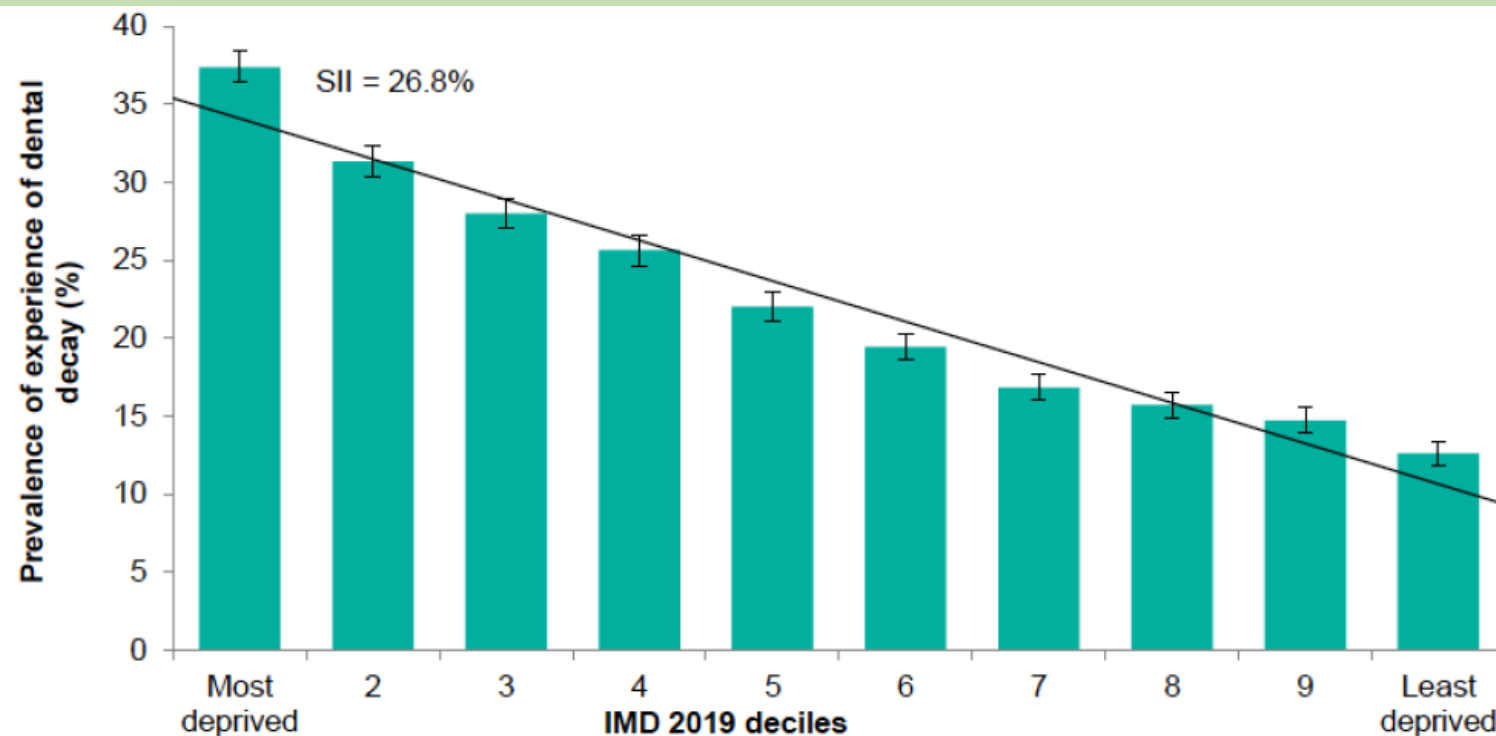
Source: Taylor-Robinson et al. BMJ Open

Infant mortality by deprivation quintile



Source: Taylor-Robinson et al. BMJ Open

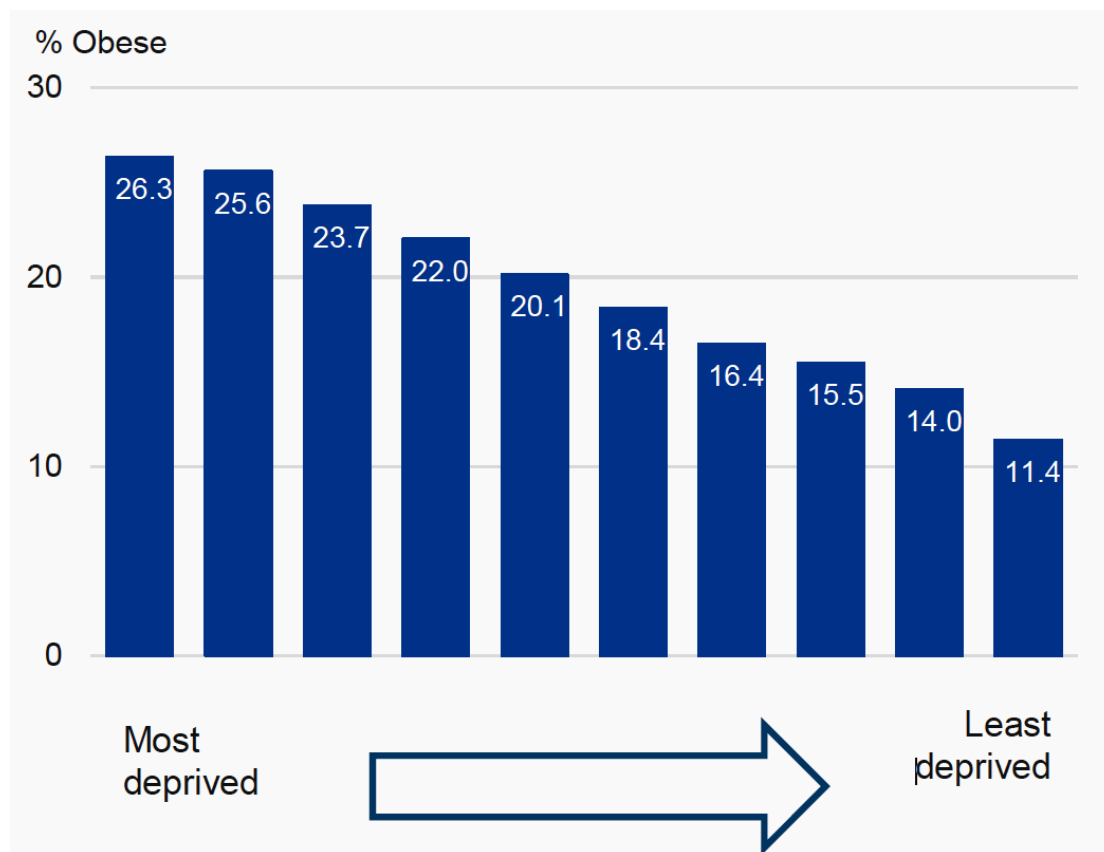
Gradient in caries in 5-year-old children



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).

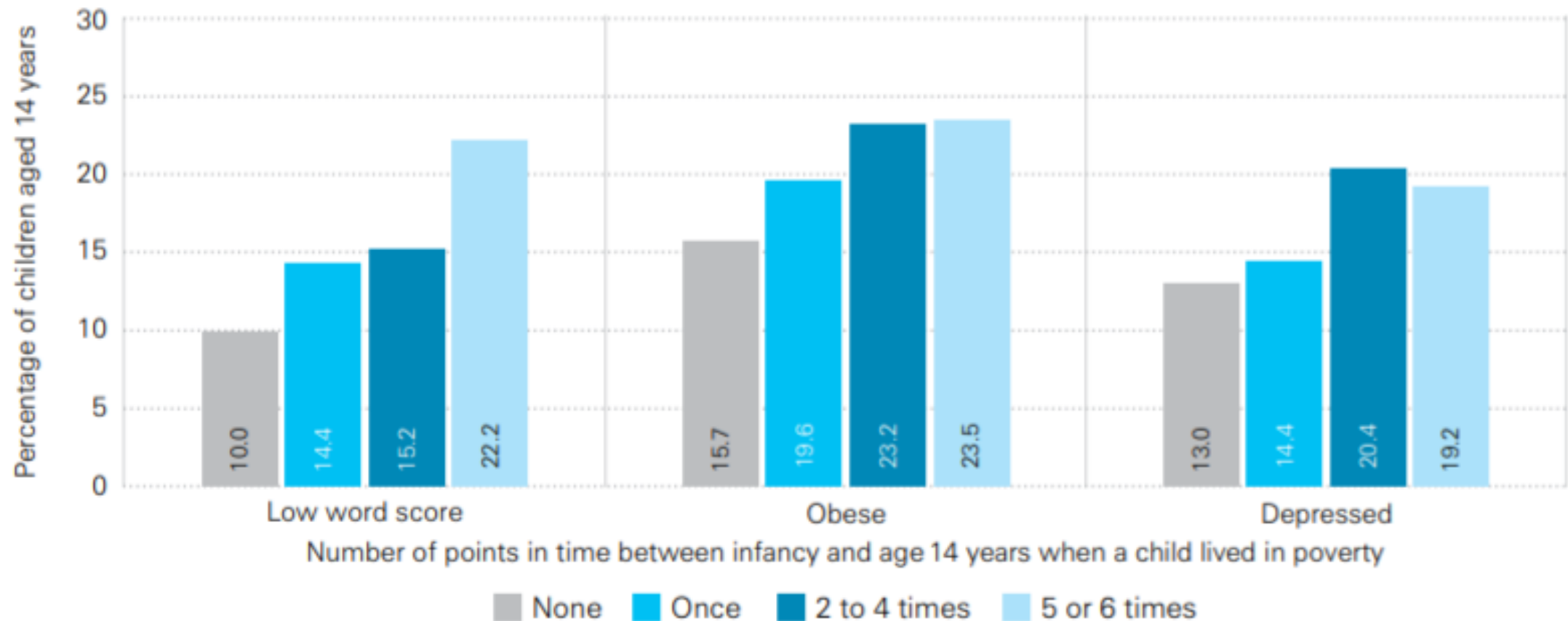
From Richard Watt

Obesity Prevalence in Year 6 by Deprivation England 2016/17



Obesity: 95th centile of BMI

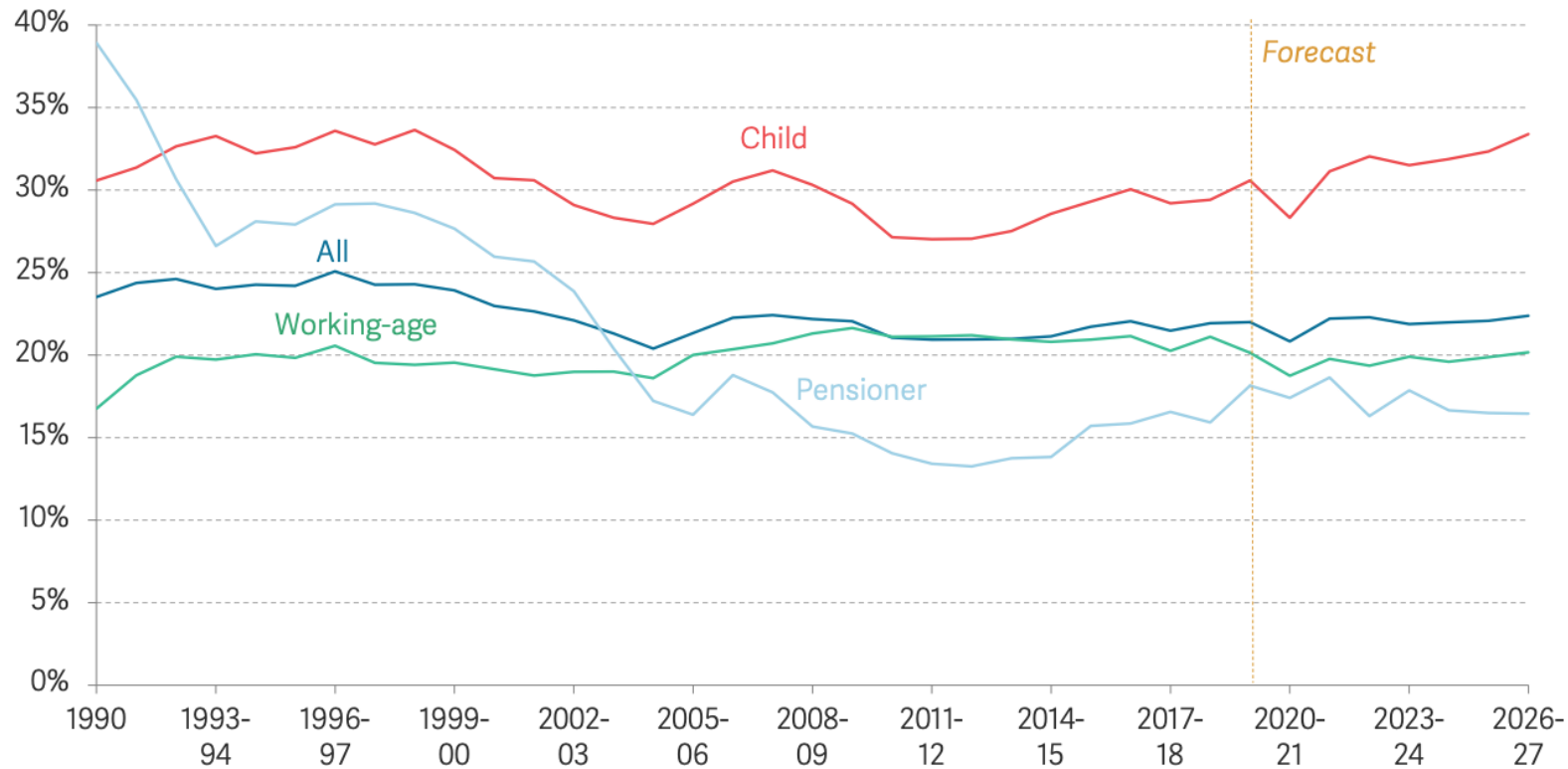
History of household poverty and three outcomes at 14 years of age in the UK



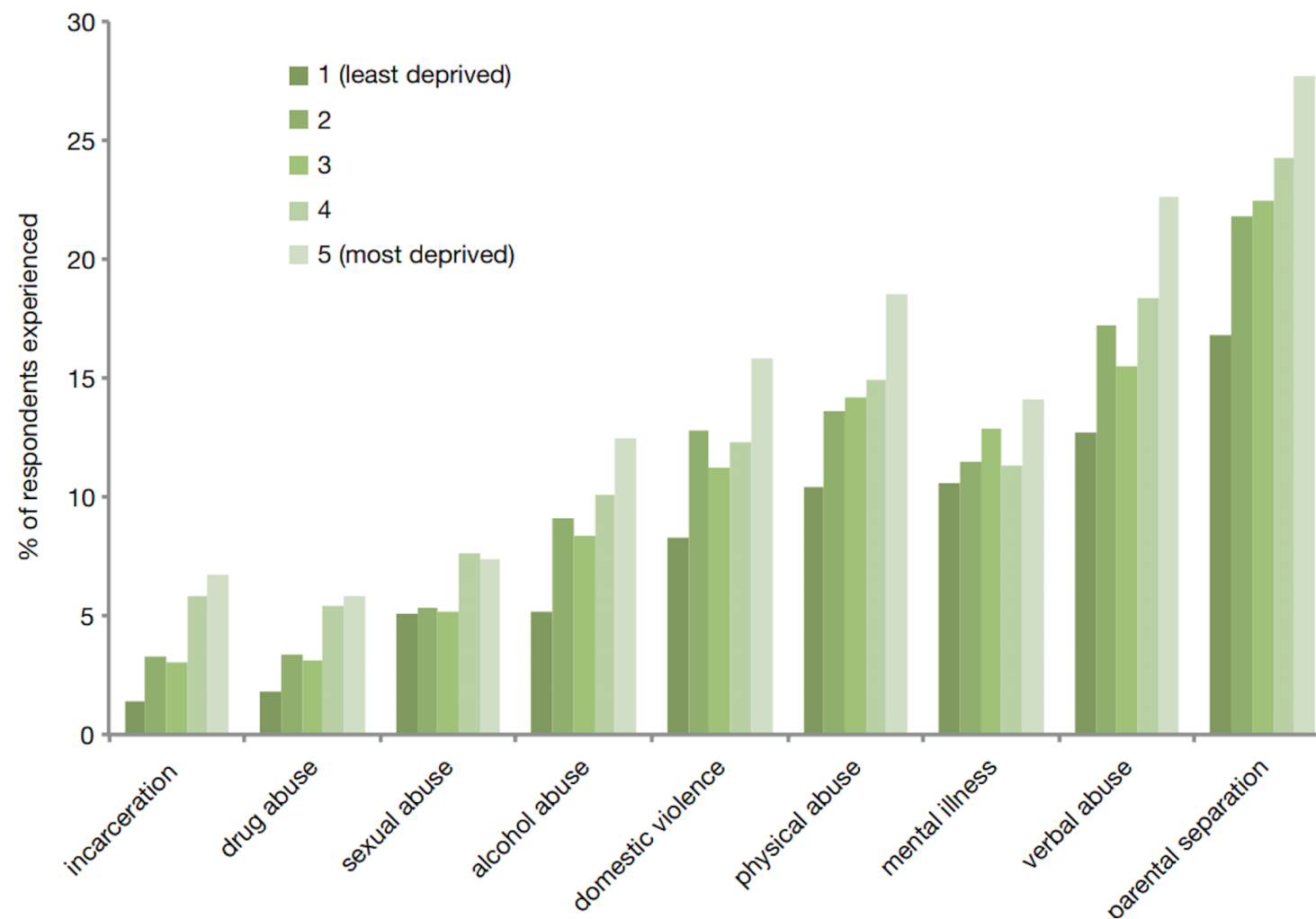
UK Child Poverty Rising

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

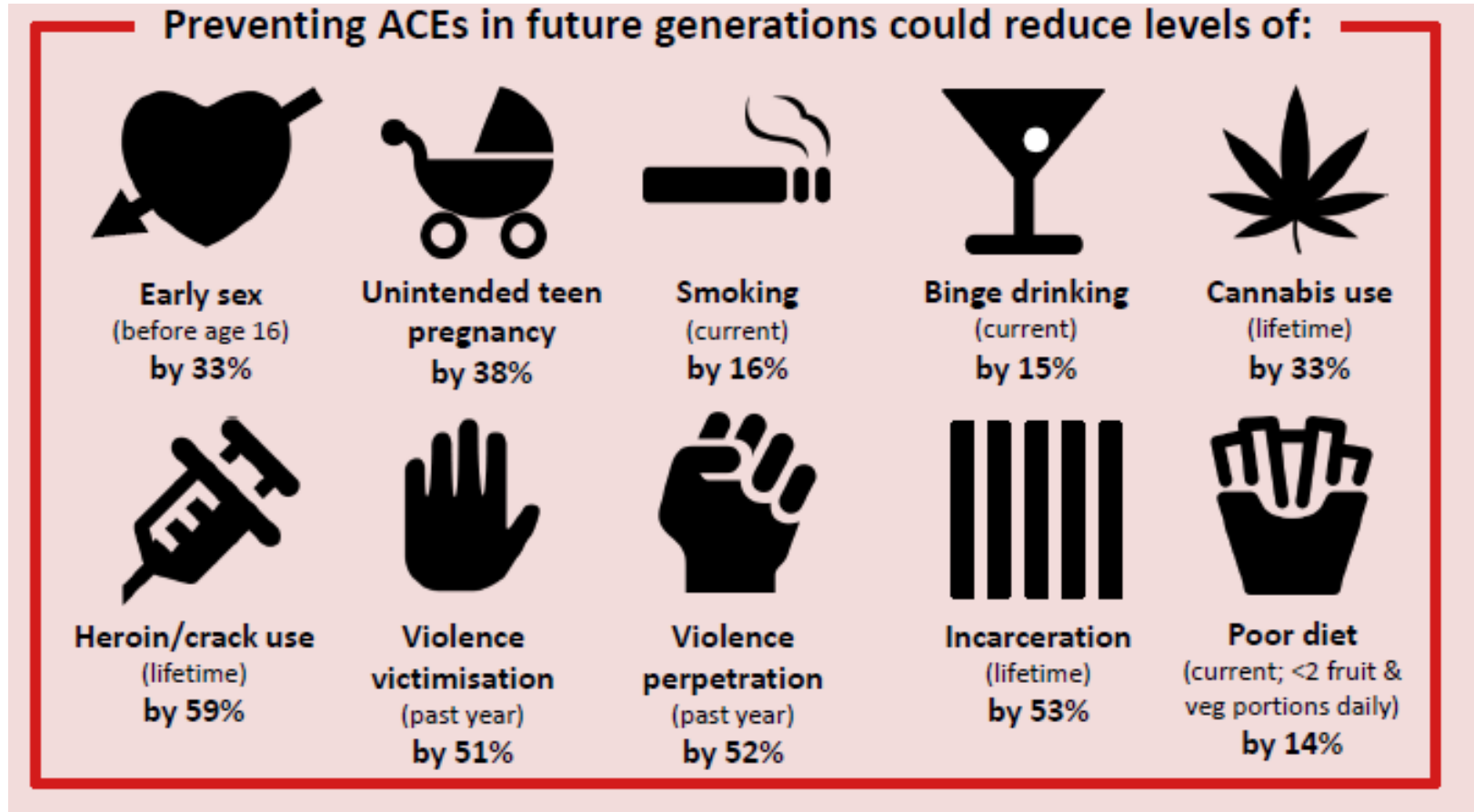
Proportion of people living in relative poverty, after housing costs: GB/UK



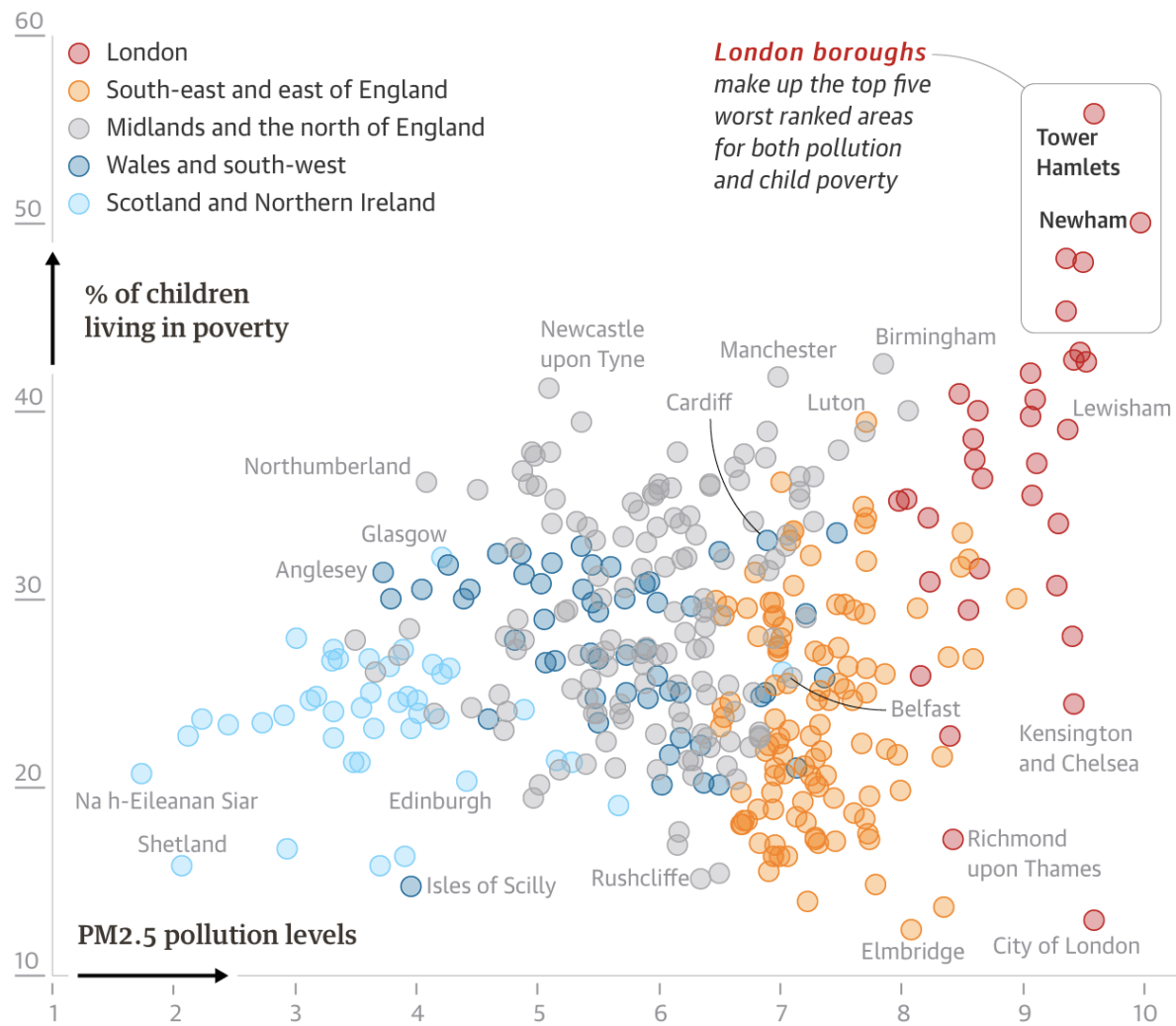
ACEs by Income - England 2013



Adverse Childhood Experiences: England



Children from low-income households are more likely to live in areas of high air pollution

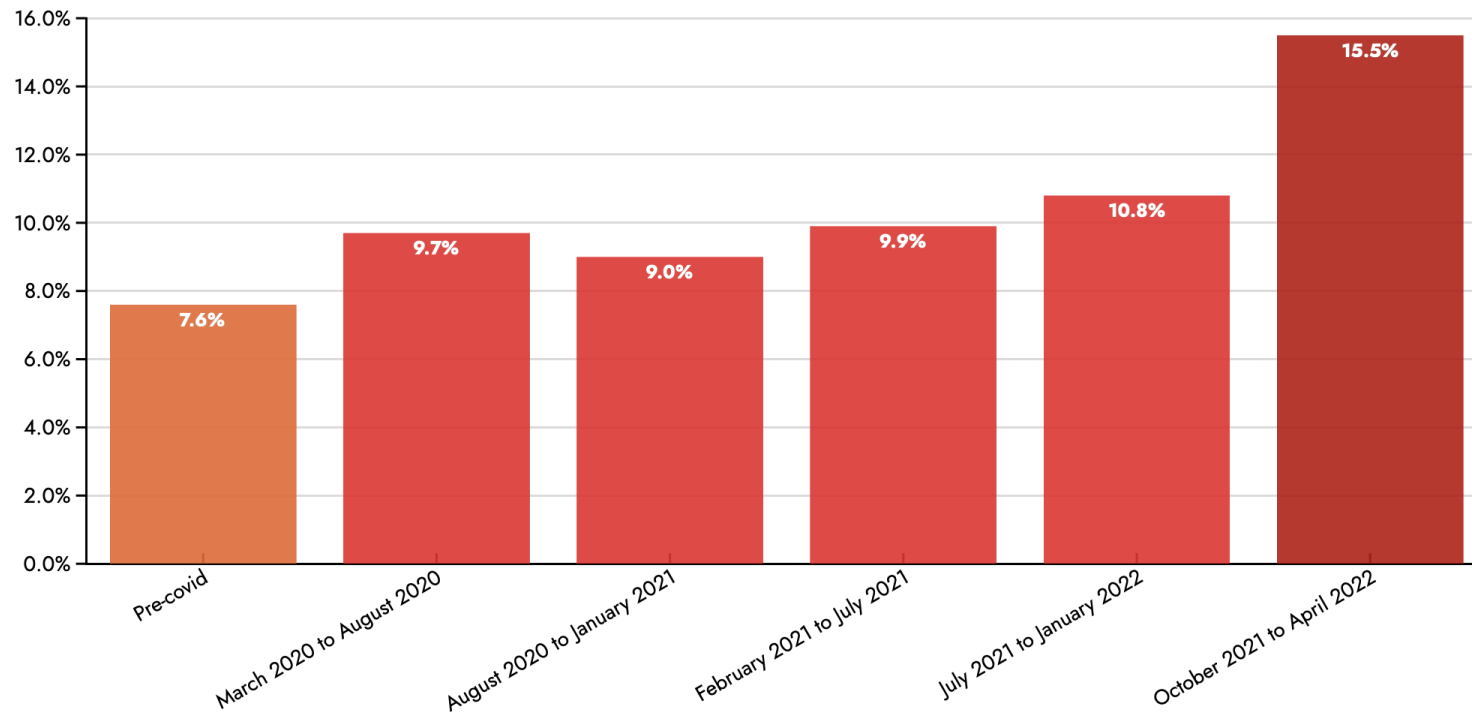


Guardian graphic. Source: Labour analysis of Defra, End Child Poverty coalition data. Note: child poverty data is after housing costs. Pollution is population-weighted annual mean PM2.5 concentration for 2020 (micrograms per cubic metre)

Food Insecurity

Household food insecurity levels have increased by 60% since the first six months of the pandemic

Percentage of households experiencing food insecurity*:

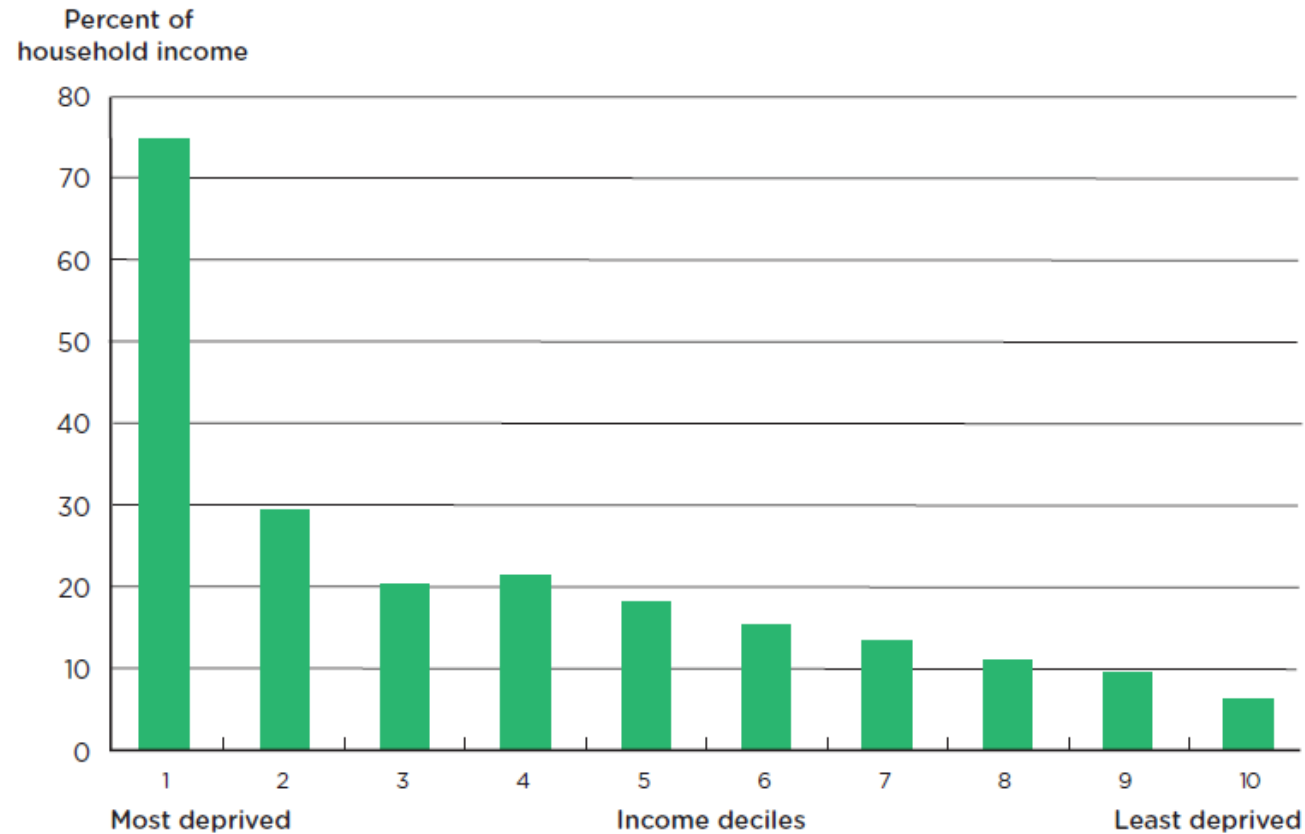


*Food insecurity during the pandemic (6-month recall period) compared with pre-Covid (12-month recall period).
Pre-covid source: Food Standards Agency, Food and You Survey 2018. Re-analysed to allow direct comparison.



Source: Food Foundation May 2022

Food Insecurity



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

Children and Young People Health Equity Collaborative

Vision

We aspire to guarantee a basic state of health and wellbeing for all children, regardless of circumstance.

Ambition

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.

Programme Outline

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

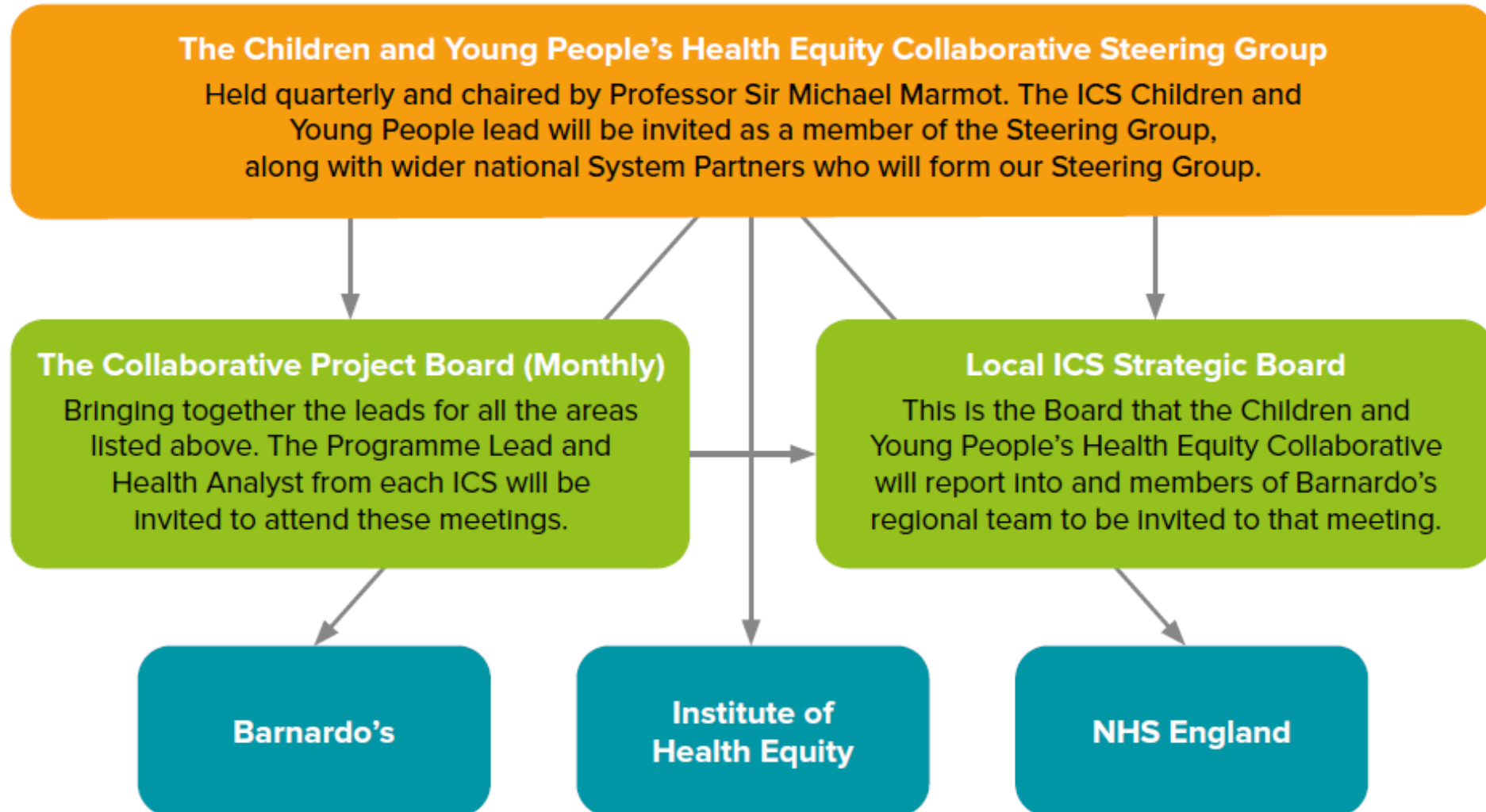
Programme Timelines

Workstream	22/23	23/24	24/25
1. Health Equity Framework	<ul style="list-style-type: none"> ICS recruitment Stocktake of existing CYP Health Equity measures 	<ul style="list-style-type: none"> Co-design with CYP and VCSE organisations Publication of CYP Health Equity framework Ongoing iteration 	<ul style="list-style-type: none"> Publish evaluation of its application National rollout alongside systems partners
2. Dynamic Measurement Tool	<ul style="list-style-type: none"> Data governance arrangements Data availability assessment and data capture strategy 	<ul style="list-style-type: none"> Procure and pilot Dynamic Measurement Tool Evaluation of roll out of measurable dataset, inc. impact on VCSE sector 	<ul style="list-style-type: none"> Continued development of Dynamic Measurement Tool Share learning with VCSE partners
3. Intervention		<ul style="list-style-type: none"> Co-design intervention with CYP and VCSE partners 	<ul style="list-style-type: none"> Pilot intervention Evaluate pilot Disseminate learning

Roles and Responsibilities

Barnardo's	Institute of Health Equity	Integrated Care System
<ul style="list-style-type: none">• Programme management for the Collaborative.• Coordination of Individual ICS programme plans, programme-wide communications and support our governance structures.• Link with our regional teams to deliver workshops to engage children and young people, and VCSE partners in our programme.• Lead on the specification, procurement or development of the Dynamic Measurement Tool.• Lead the service design of our supporting intervention(s), leveraging our expertise in working with children and young people.	<ul style="list-style-type: none">• Lead responsibility for designing the Children and Young People's Health Equity Framework.• Design means of measuring and capturing data with the tools and partners available.• Advise on how to use the tools in practice to guide ICS strategy.• Support service design of the Health Equity Interventions.• Lead the evaluation of all workstreams of the Children and Young People's Health Equity Collaborative.	<ul style="list-style-type: none">• Convene local working groups and enable children and young people's participation and VCSE engagement in development of the Framework.• Take a lead role in ensuring data governance requirements are met and for partners to access data under the required data sharing agreements.• Participate with all evaluation activity.• Support the codesign and delivery of the Health Equity Interventions.

Governance



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:

Question	Weighting
B1: What is your existing commitment to addressing health inequalities within your ICS?	30%
B2: Why do you want to be part of the Children and Young People's Health Equity Collaborative?	25%
B3: What are the main issues for children and young people in your ICS, and what are your plans and priorities?	30%
B4: What added value will your ICS bring to the Children and Young People's Health Equity Collaborative?	15%

(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

Children and Young People Health Equity Collaborative launched and applications open	01 September 2022
ICS and Partners Stakeholder Engagement Event	22-29 September 2022 (time TBC)
Application deadline	31 October 2022 – 12pm
ICS contacted for Partnership Conversations	14-25 November 2022
ICS Partnership Interviews	w/c 12 December 2022
Initial Steering Group Meeting	w/c 23 January 2023

If you have any additional queries, please contact healthteam@barnardos.org.uk

Please book your place via Eventbrite: www.bit.ly/BarnardosCYP

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

The Role of ICS in Addressing Health Inequities

Dr Jessica Allen

Deputy Director of the UCL Institute of Health Equity

Health Creation

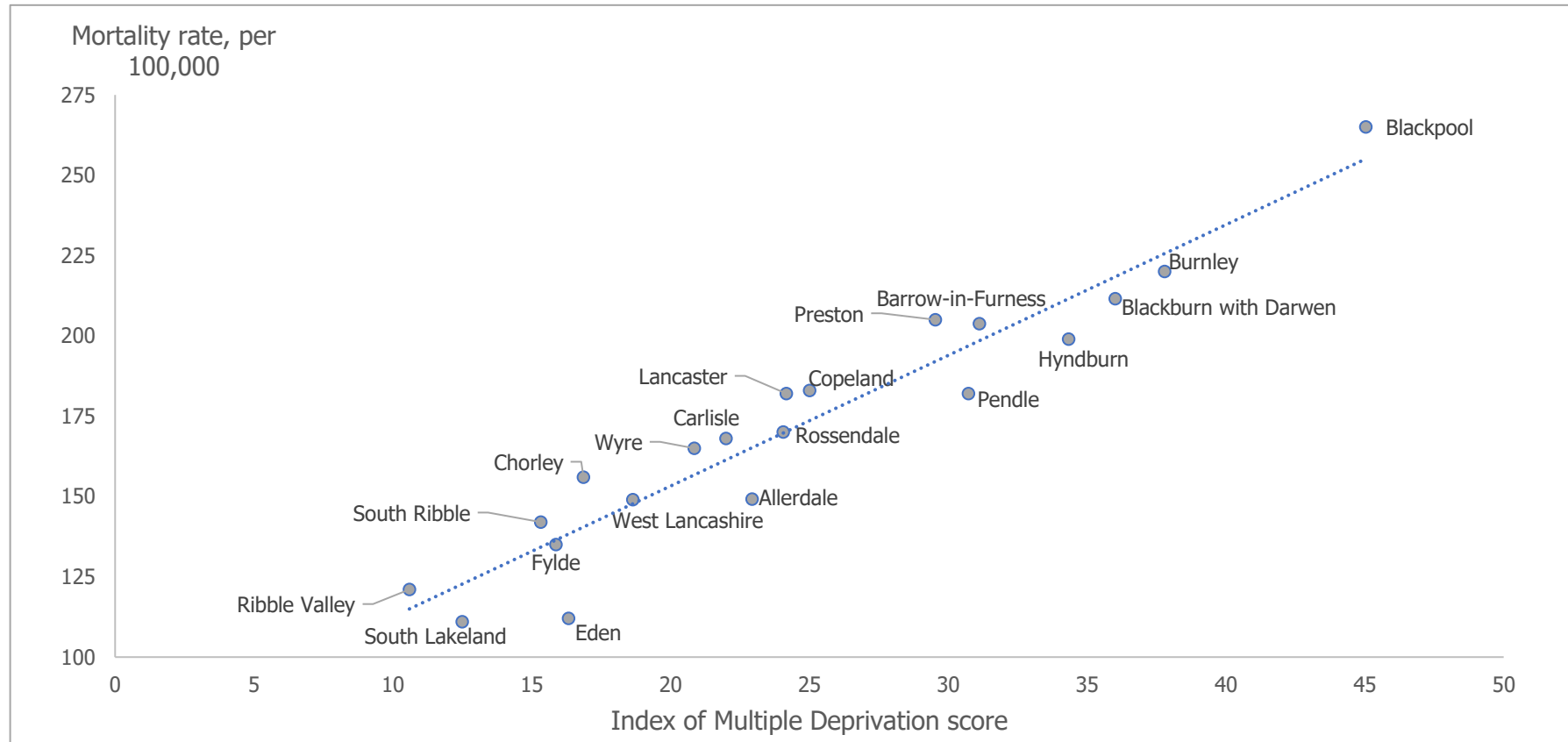
Reducing health inequalities through action on the SDH:

Why take action?

- Social justice
- Efficiency
- Cost effective/demand reduction



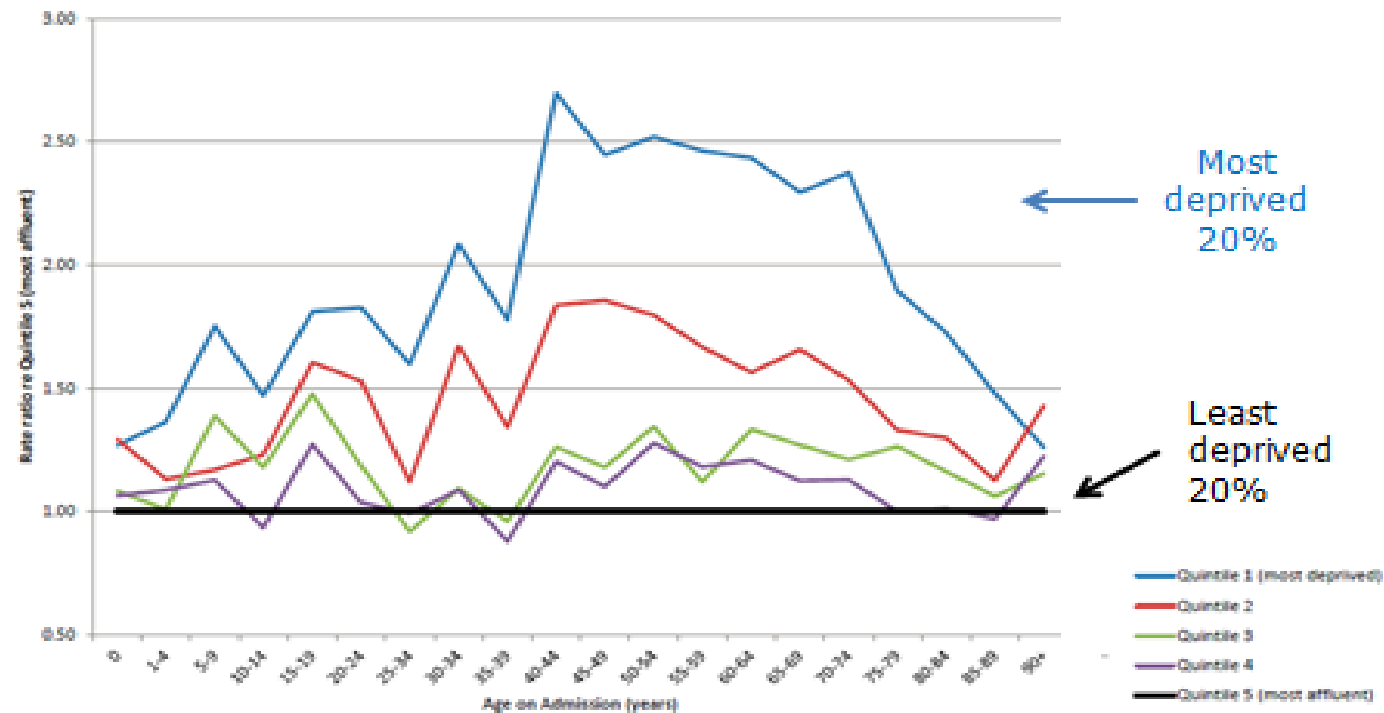
Social Justice



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
deprivation quintiles compared to least deprived

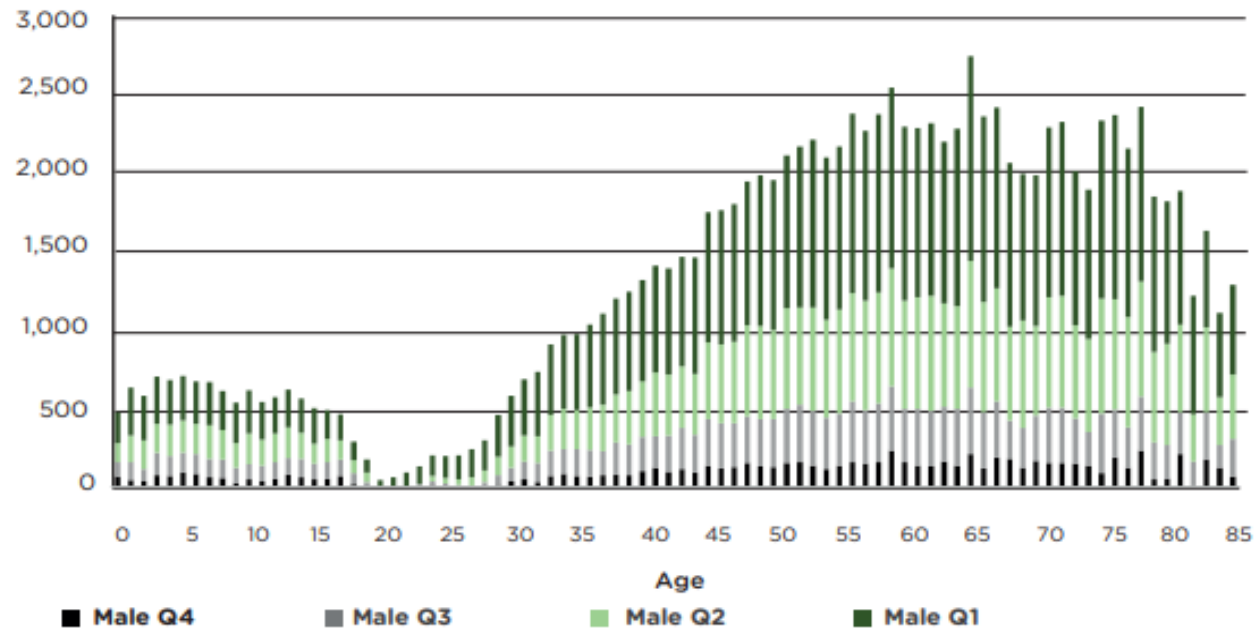


Cost/demand reduction

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

a) Males

Average additional
annual NHS spend
pounds



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

As a partner	As a commissioner	As an employer	As an advocate
<ul style="list-style-type: none">• National government• Local government• Health care• Public services• Community voluntary sector• Businesses and economic sector <p>EG: Children and young people –System links with schools, with police, with housing, air pollution, planners, early years, businesses.</p>	<ul style="list-style-type: none">• Social value commissioning• Local procurement• Spending to revitalize areas	<ul style="list-style-type: none">• Health and wellbeing of staff and contractors• Improving conditions in the social determinants of health<ul style="list-style-type: none">• Advice: financial advice services, debt management advice, housing, parental leave, caring leave, family leave.• Pay and conditions• Preparations for retirement.	<ul style="list-style-type: none">• Local area conditions – green spaces, air pollution, air housing, schools etc• National policies – health equity in all policies influencing government and other public services and business

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

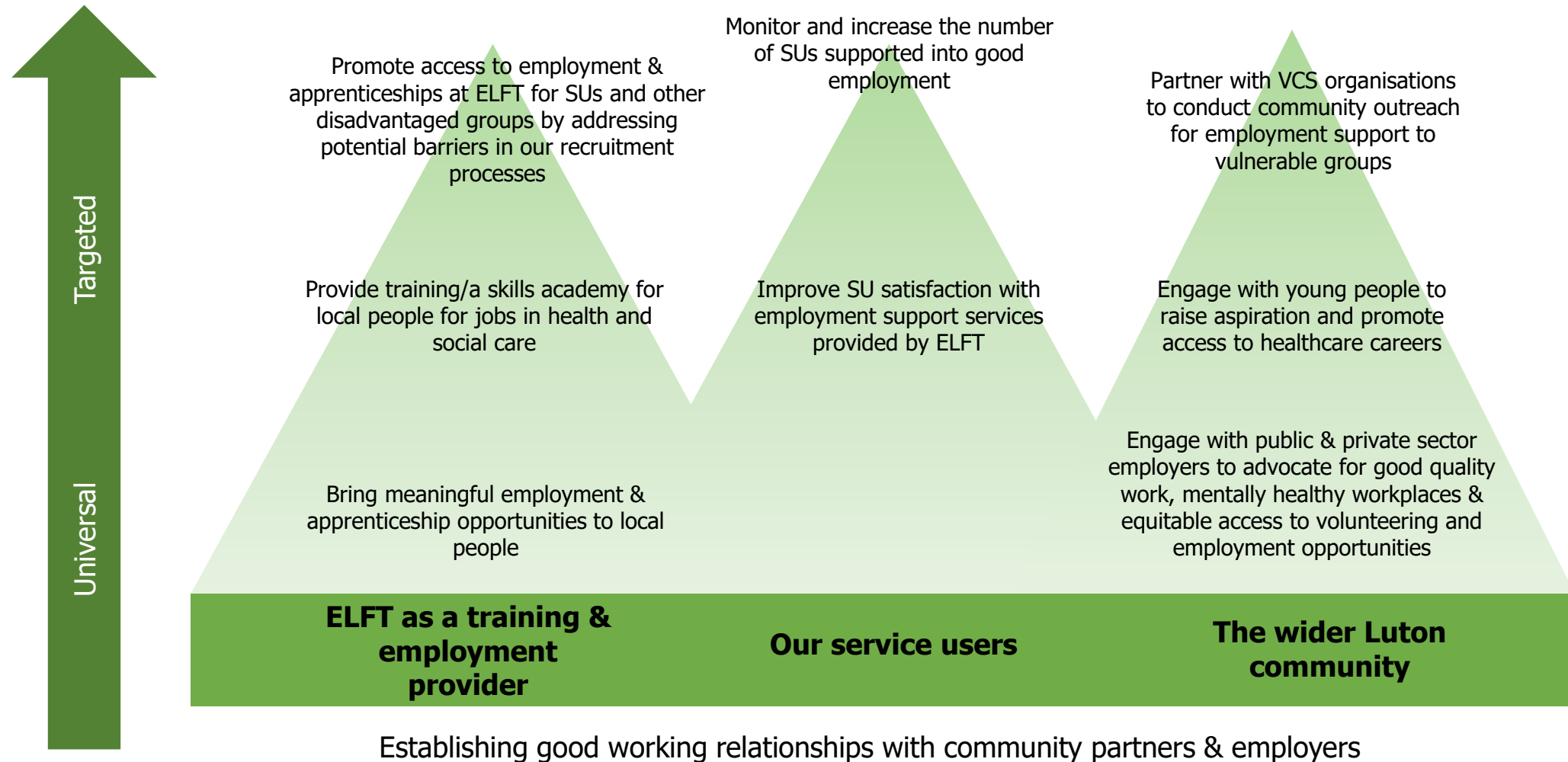


Reframing our Marmot Trust Initiative

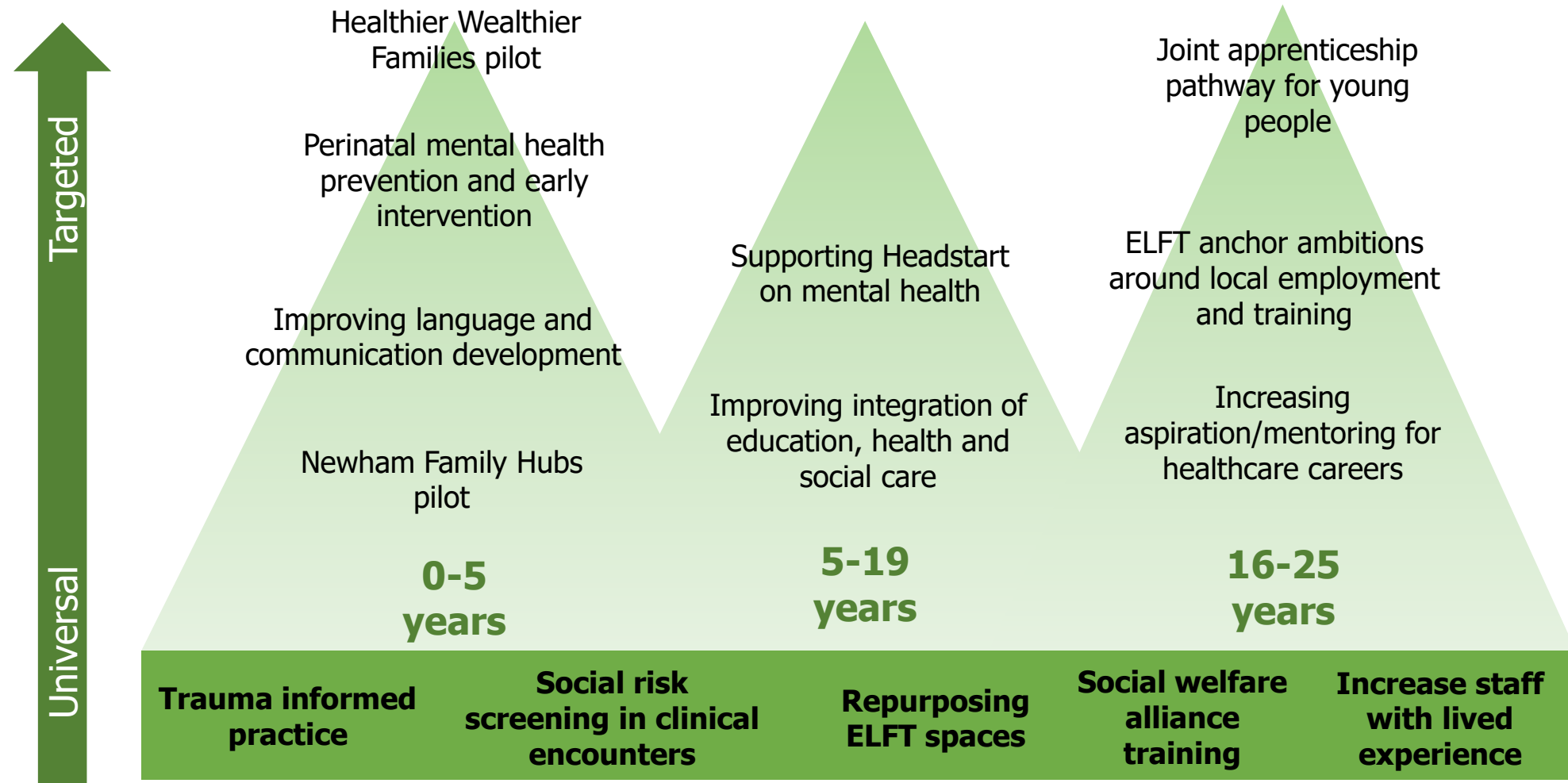
ELFT is the first NHS organisation to explore this:

- **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's Marmot Mountain for children and young people



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

Any questions?

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