A Road Map to Creating Health Equity and Prosperity in Hastings

A Whole Systems Approach

Background and Context

Recommendation 1: Embrace Systems Thinking:

Systems thinking is a way of approaching problems and organising processes that is based on an idea of integration that is grounded in the belief that in a system, component parts act differently when isolated from other parts or the system environment. It allows us to understand the dynamics and properties of the complex systems in which we work, and what kinds of interventions can lead to better results.

Systems thinking is not about theory, it is 'a way of seeing and talking about reality that helps us better understand and work with systems to influence the quality of our lives.' Once we understand how systems work, and our own role in them, we function more proactively and effectively within them. Similarly, the more we understand systemic behaviour, the more we can anticipate that behaviour and work within the system for improvements. It is important to note that there should be a focus on relationships between systems rather than their structures.

- **Action** – Embrace and acknowledge the complexity of the problems that we are dealing with. Looking at the **whole, multifaceted system** that impacts upon a complex problem, rather than just parts of it, enables us to see how we can make changes that will have the greatest impact on the lives of people we are working to improve. The Health Equity, Wellbeing and Prosperity Seminar to be held in Hastings in September 2022 will bring partners together to facilitate whole systems mapping, launch the discussion paper which will inform the local strategy and delivery plan as well as;

Creating Health Equity, Wellbeing and Prosperity in Hastings
A Whole Systems Approach

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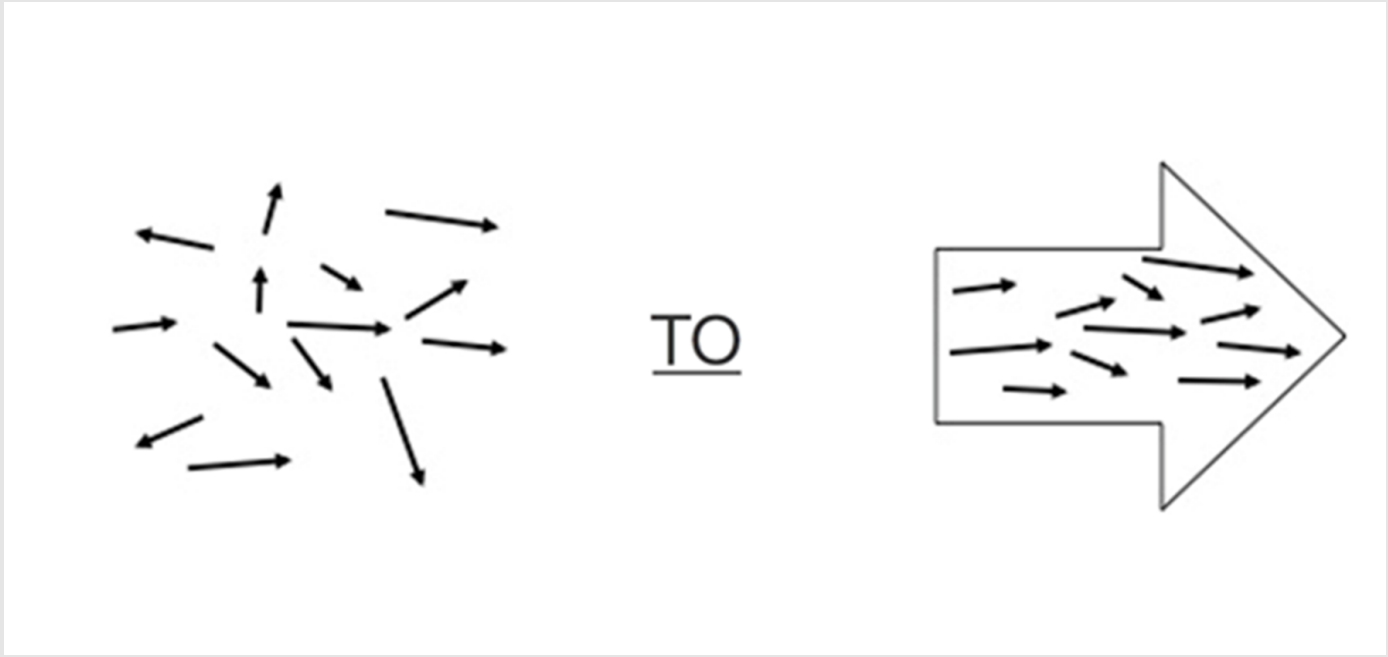
What was and is the purpose?



- **Purpose for the workshop event** principally to get 'the system' together to **put into practice systems thinking** through whole systems mapping which focused on understanding/mapping the root causes **(causes of the causes)** for health inequalities in Hastings.

- The **focus** was therefore on capturing opportunities around the **wider determinants of health** and actions that can be delivered **uniformly** across the whole system so that it is pulling together in the same direction.

- There was a **focus on relationships between systems rather than their structures**

Workshop Event - A Whole Systems Approach to Creating Health Equity, Wellbeing and Prosperity in Hastings

East Sussex College, Hastings Station Plaza Campus, Station Approach, Hastings East Sussex TN34 1BA.

Wednesday the 14th of September 9.30am – 16.00pm

	Programme
9.30am	**Registration and Networking**
10.00 – 10.20am	**Welcome, Introduction and Housekeeping** - Paul Barnett – Chair of Hastings LSP - Opening Address - Lourdes Madigasekera-Elliott - Chair of the Hastings Health Inequalities Group - Terry Blair Stevens - Office of Health Improvement and Disparities
10:20 – 10.30	**Keynote Address** Professor Chris Whitty – Chief Medical Officer for England
10.30 – 10.45am	**Making Health Everybody's Business – A Whole Systems Approach** Darrell Gale – Director of Public Health for East Sussex
10.45 – 11.00am	**Tea and Coffee Break**
11-11.30PM 11.30-13.30pm	**Whole Systems Mapping - ALL** - Facilitator: Anna Card – Public Health Improvement Specialist - Breakout and Mapping Exercises x 2: What are the root causes of health inequalities in Hastings?
13.30 – 14.30	**Lunch**
14.30 – 14.50PM	**Feedback from Whole Systems Mapping** - Whole Systems Mapping – Feedback from discussion groups - Whole Systems Mapping and Delivery Plan - Where do we go from here? Lourdes Madigasekera-Elliott and Terry Blair-Stevens
14.50-15.10pm	**The Universal Healthcare Proposition in Hastings** Dr Jonathan Serjeant – Associate Fellow at London Southbank University and Health Systems Innovation
15.10-15.30pm	**Opportunities for working better together in Hastings and the Integrated Care System** Stephen Lightfoot – Chair of NHS Sussex
15.30-15.45pm	**Next Steps** - Follow up workshop, analysis, and strategy development Lourdes Madigasekera-Elliott
15.45 – 16.00pm	**Closing Address** Lourdes Madigasekera-Elliott - Chair of the Hastings Health Inequalities Group

The Event

1. We know that it is important and necessary to work as a 'whole system' to tackle health inequalities, but ***how does this work in principle, practically*** and how can we embed this further?

2. ***What is the sum of our total parts***? What is 'the system' or systems we are working too?

3. How do we ***reduce barriers*** across the system that contradict our individual and collective efforts to achieving health equity, wellbeing, and prosperity?

4. What needs to be done to create health equity, wellness, and prosperity in Hastings and across all service areas, where are the ***gaps and opportunities*** to join up?

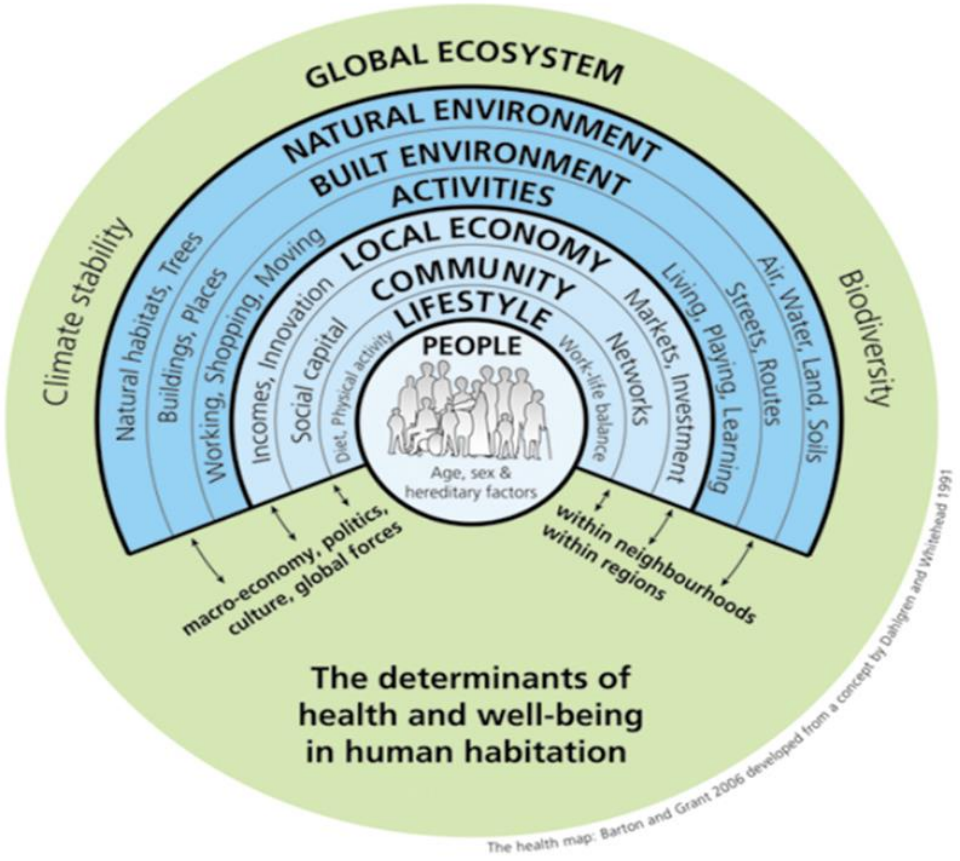
5. What are our ***joint priorities*** and how do we maximize ***economies of scale***, efforts, resources, and capacity?

6. How do we ***avoid duplication*** and achieve maximum outcomes for our people and places? What are the ***big wins*** (i.e., housing, infrastructure, economy, education…)?

7. What impact are we having, what outcomes do we need to achieve and ***what should our collective efforts equate to***?

New Members

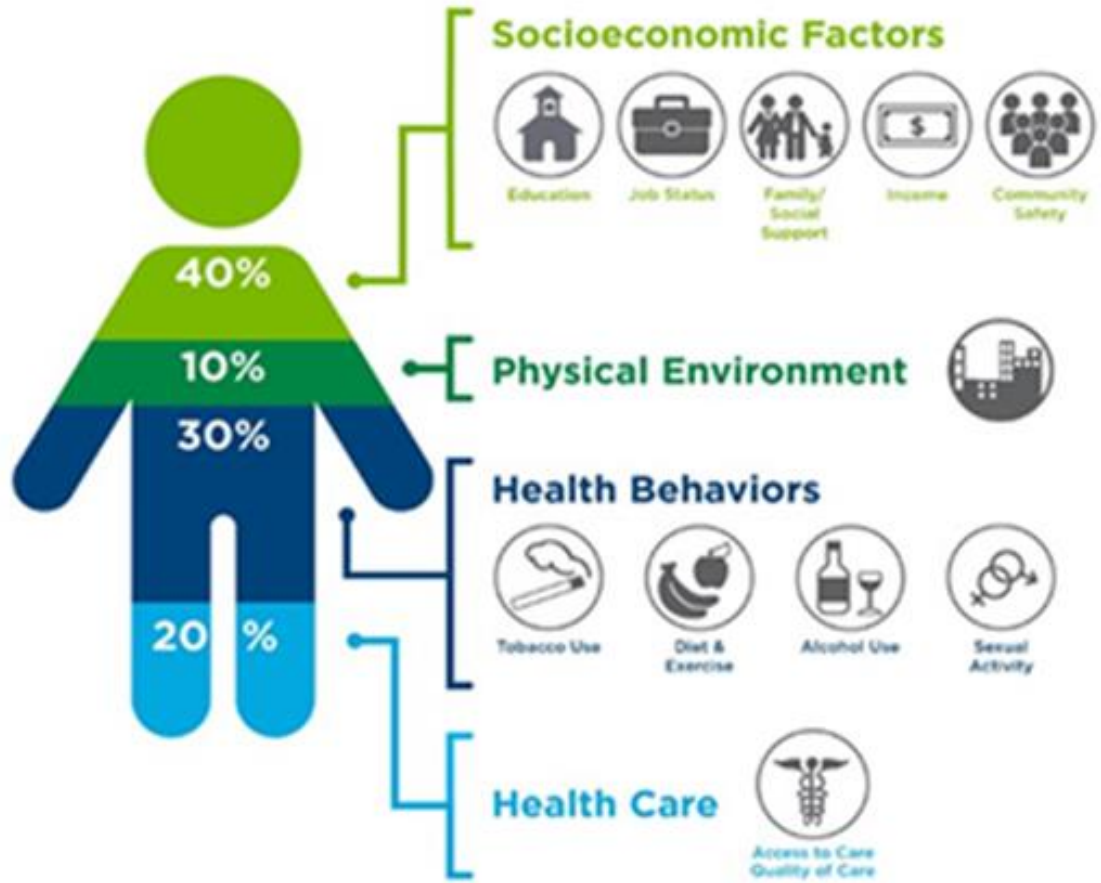
- Jayne Jeffrey – Employment Support Manager
- Brett Pearson – Locate Services Director
- Josh Broadway – East Sussex Fuel Poverty Coordinator
- Penny Beale – Penny Beale Memorial Fund Domestic Abuse Charity
- Jas Gray – GP Link Worker – Active Hastings
- Trudy Hampton – Chief Executive and Welfare Lead



The Bigger Picture

- To be solution focused – let the evidence drive us
- Use **whole systems mapping** to capture **barriers and opportunities**
- Greater focus on areas that can deliver key outcomes for people and place outside of ‘health’.
- The **objective:** to inform and identify **key actions for the system**
- This work will inform the development of the **‘Creating Health Equity and Prosperity in Hastings’ Strategy and Whole Systems Delivery Plan.**
- Opportunity to create a common language, capture opportunities, identify synergies and ripple

What Goes Into Your Health?

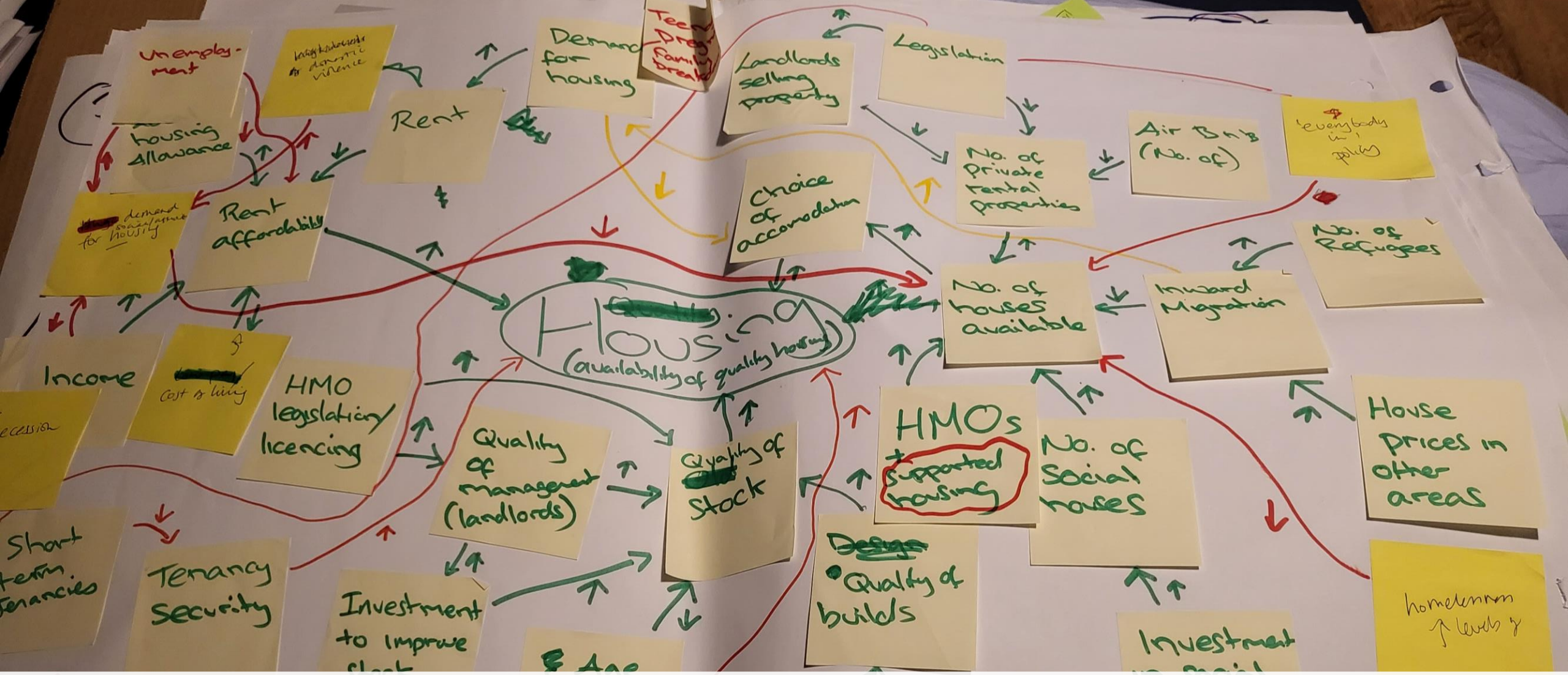


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

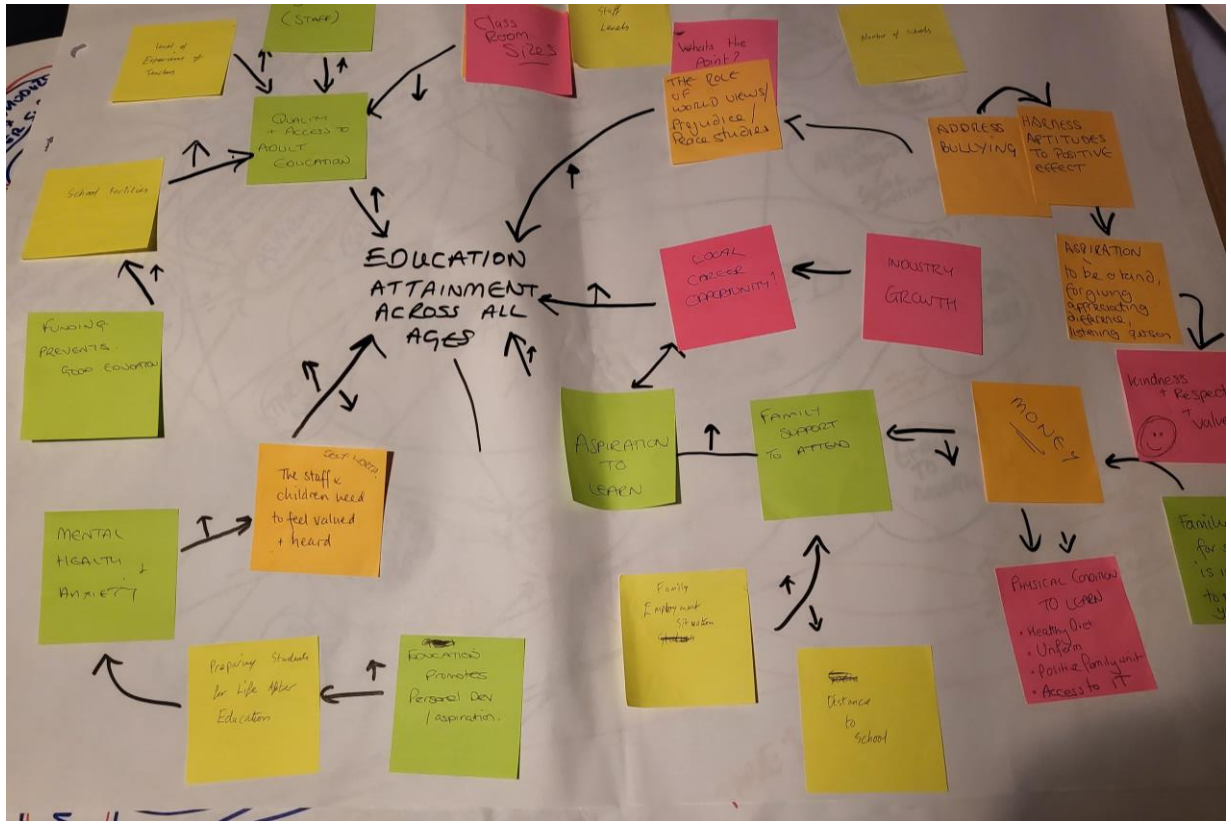
Mapping the causes of the causes in Hastings

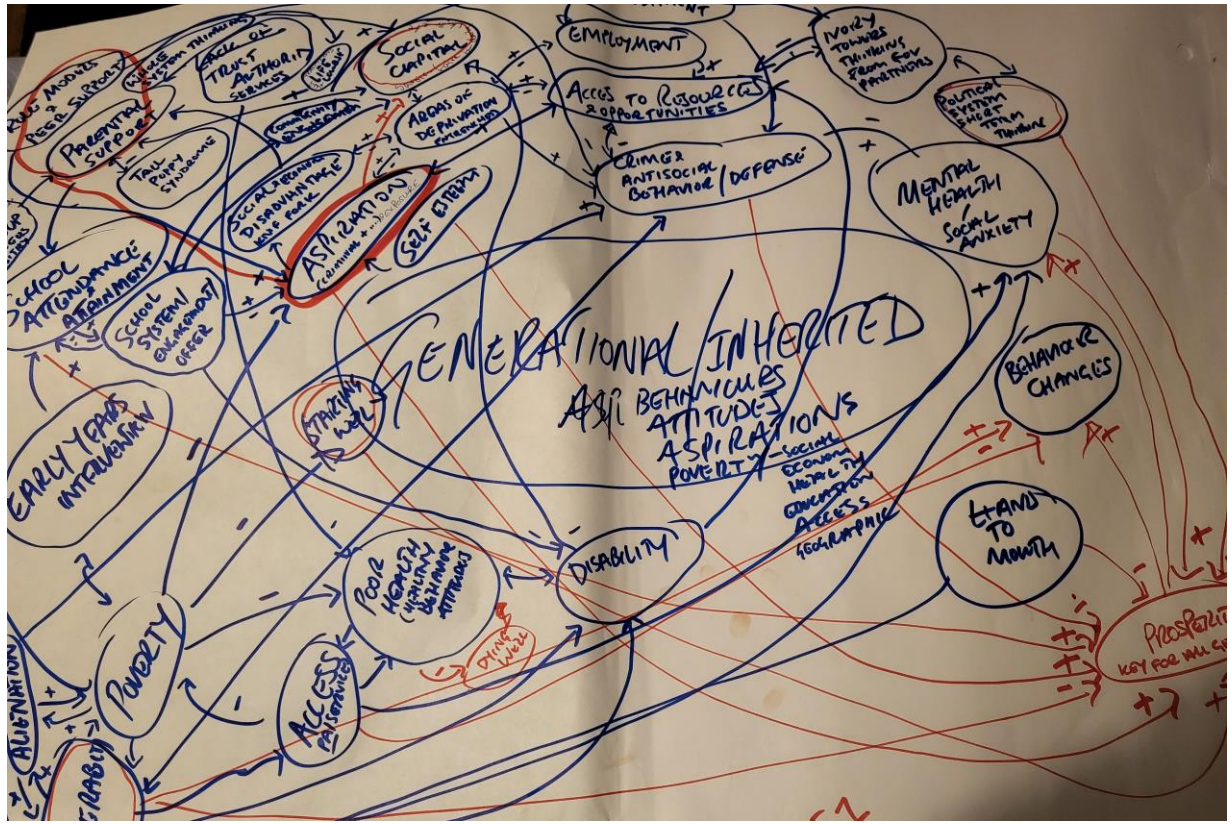
Engaging the System, Partners and the Community

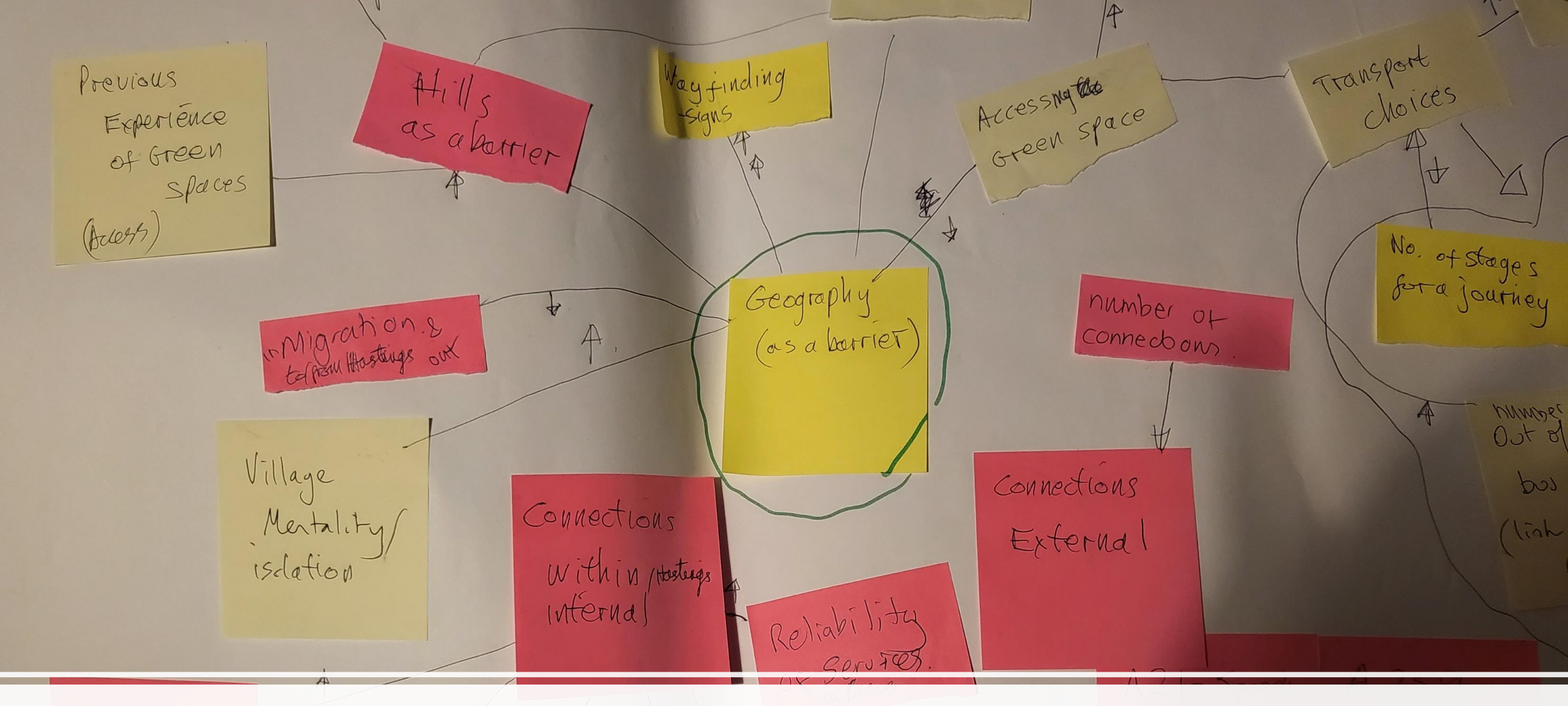

Unemployment
Demand for housing
Landlords selling property
Legislation
Rent
Housing Allowance
Rent affordability
Choice of accomodation
No. of private rental properties
Air B n' B (No. of)
No. of houses available
Inward Migration
No. of Refugees
Housing
(availability of quality housing)
Income
Cost of living
HMO legislation/ licencing
Quality of management (landlords)
Quality of stock
HMOs + supported housing
No. of social houses
House prices in other areas
Short term tenancies
Tenancy security
Investment to improve stock
Quality of builds
Investment
Affordable Mortgage
Ability to buy
(building regs)
availability
funding + incentives

Housing Map

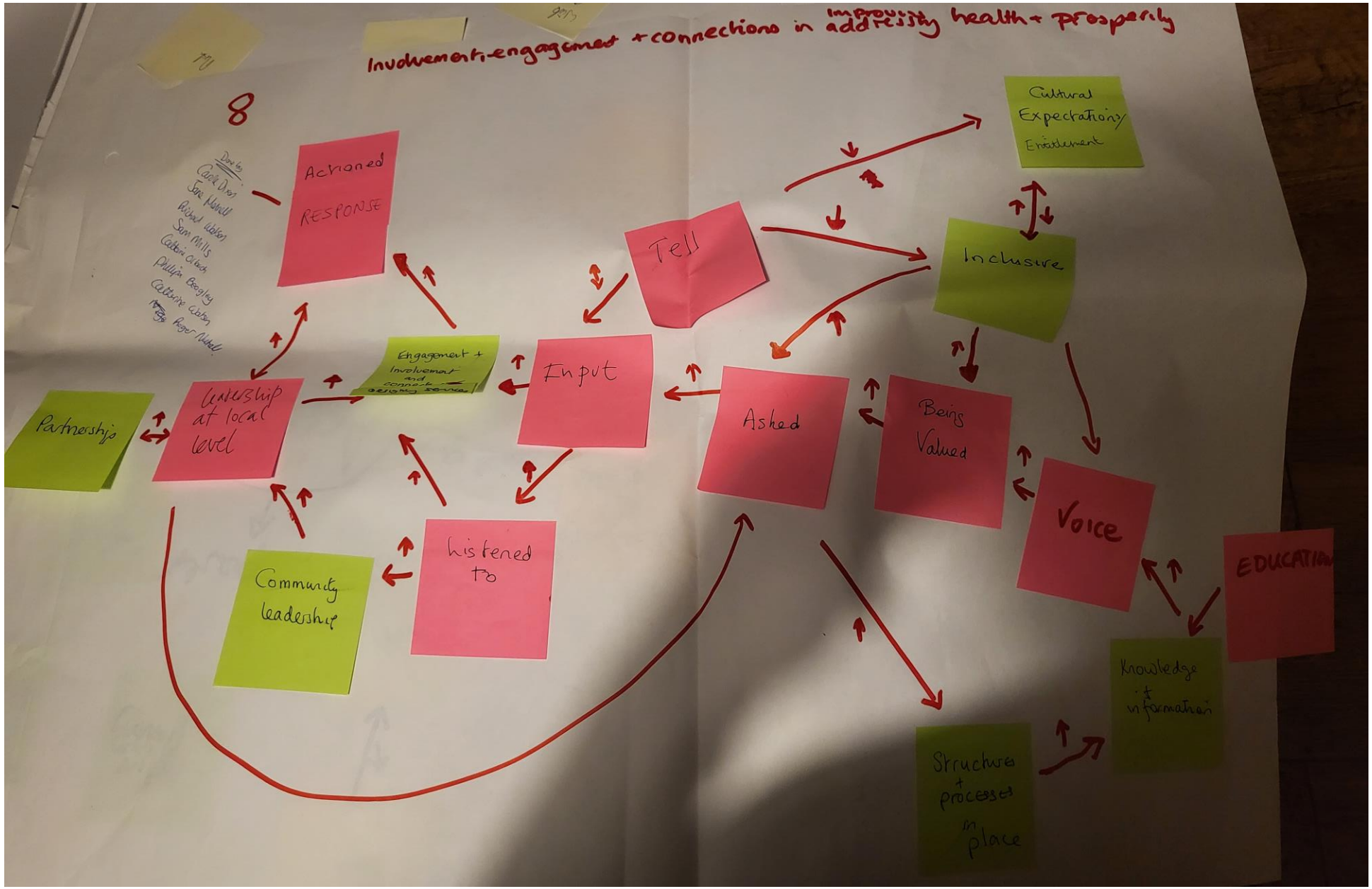
Education and Generational Maps

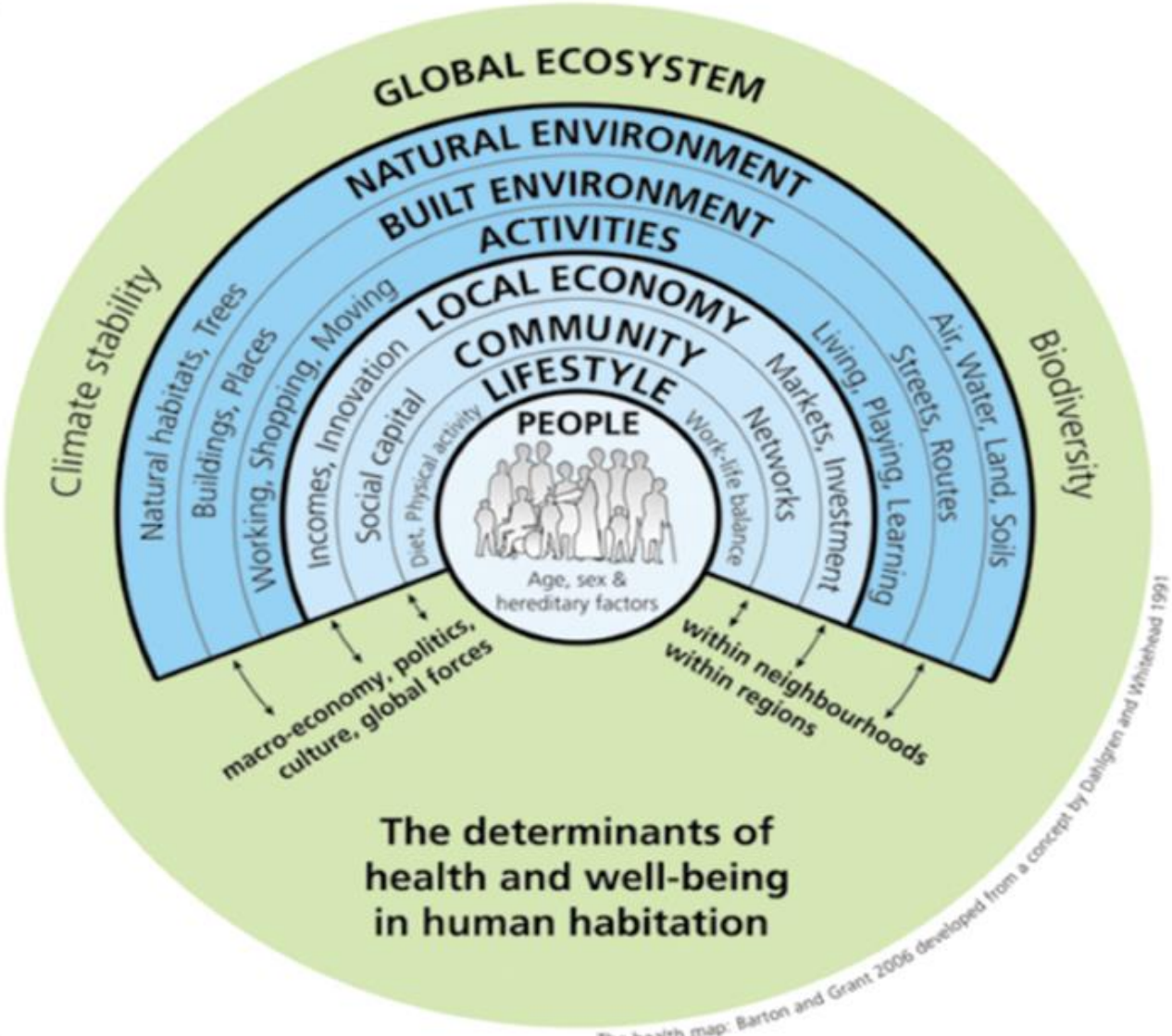





Previous Experience of Green spaces (Access)
Hills as a barrier
Wayfinding signs
Accessing Green space
Transport choices
No. of stages for a journey
Migration. & to/from Hastings out
Geography (as a barrier)
number of connections
Village Mentality/ isolation
Connections within Hastings internal
Connections External
Reliability
In Access/distance GP location
Passenger

Geography


Involvement, engagement + connections in adversity
health + prosperity
8
Actioned RESPONSE
Tell
Cultural Expectations/ Entitlement
Inclusive
Engagement + Involvement and
Input
Partnership
Leadership at local level
Asked
Being Valued
Voice
Listened to
Community leadership
Knowledge + information
Structures + processes in place


GLOBAL ECOSYSTEM
NATURAL ENVIRONMENT
BUILT ENVIRONMENT
ACTIVITIES
LOCAL ECONOMY
COMMUNITY
LIFESTYLE
PEOPLE
Age, sex & hereditary factors
Natural habitats, Trees
Buildings, Places
Working, Shopping, Moving
Incomes, Innovation
Social capital
Diet, Physical activity
Work-life balance
Networks
Markets, Investment
Living, Playing, Learning
Streets, Routes
Air, Water, Land, Soils
Climate stability
Biodiversity
macro-economy, politics, culture, global forces
within neighbourhoods
within regions
The determinants of health and well-being in human habitation
The health map: Barton and Grant 2006 developed from a concept by Dahlgren and Whitehead 1991

Environment

NO

PARKING SPACE

Drinking Water Quality

Bottle water sales increase ↑ if tap water is rubbish.

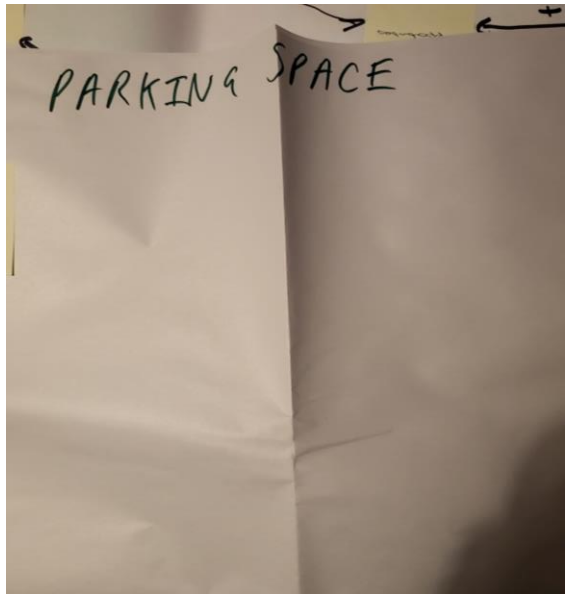
CRIME

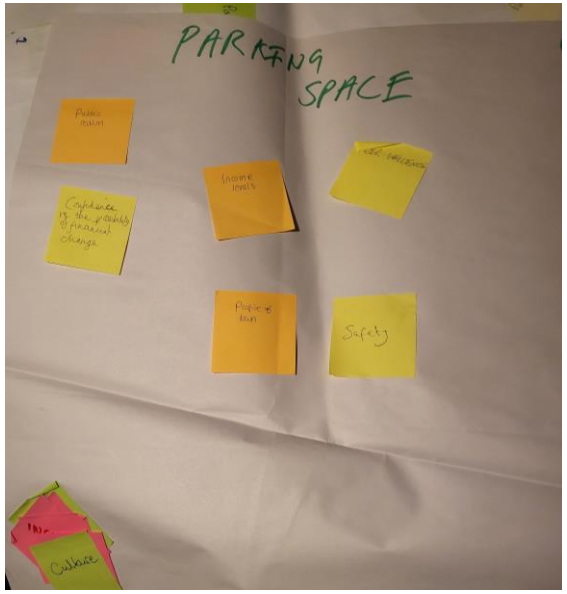
Deprivation level, Perceptions of safety

Police

- no go areas for some people at some times

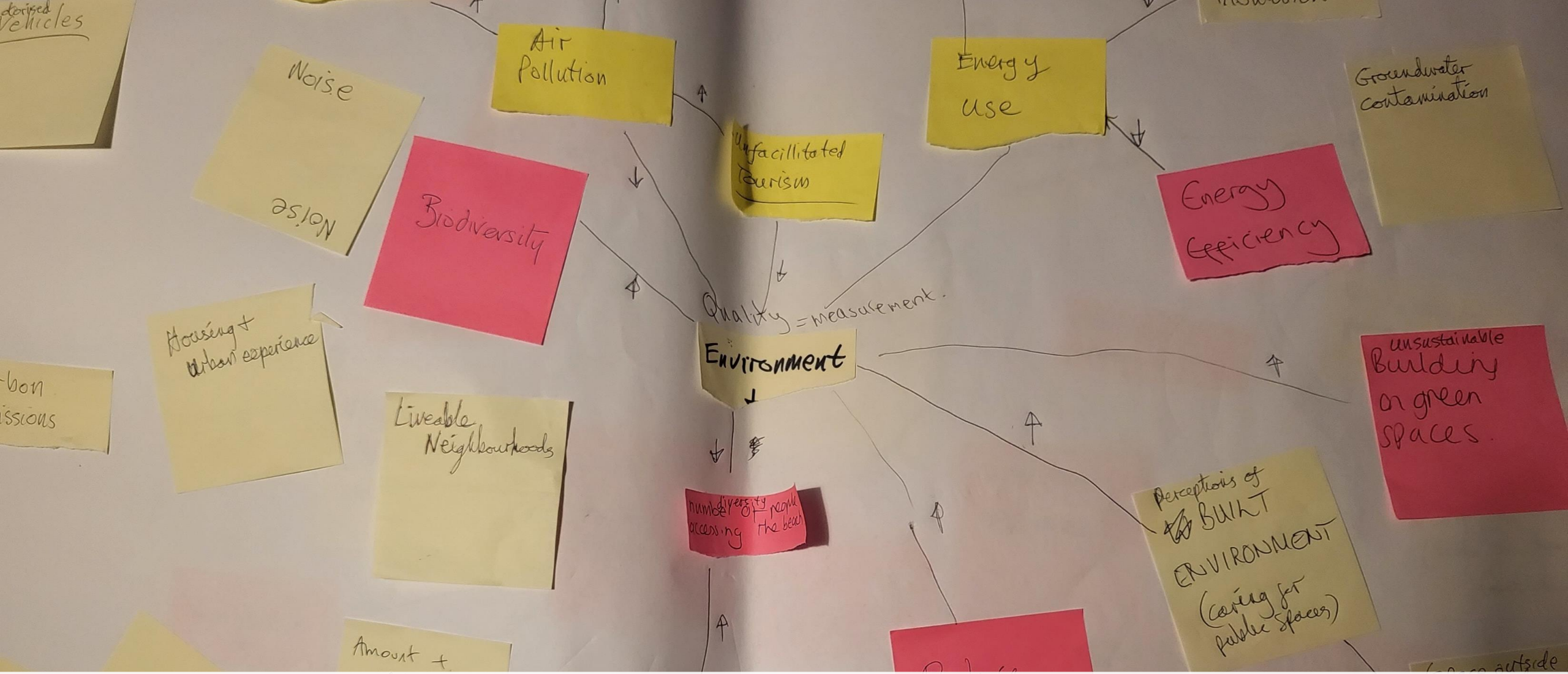
Service. essibility



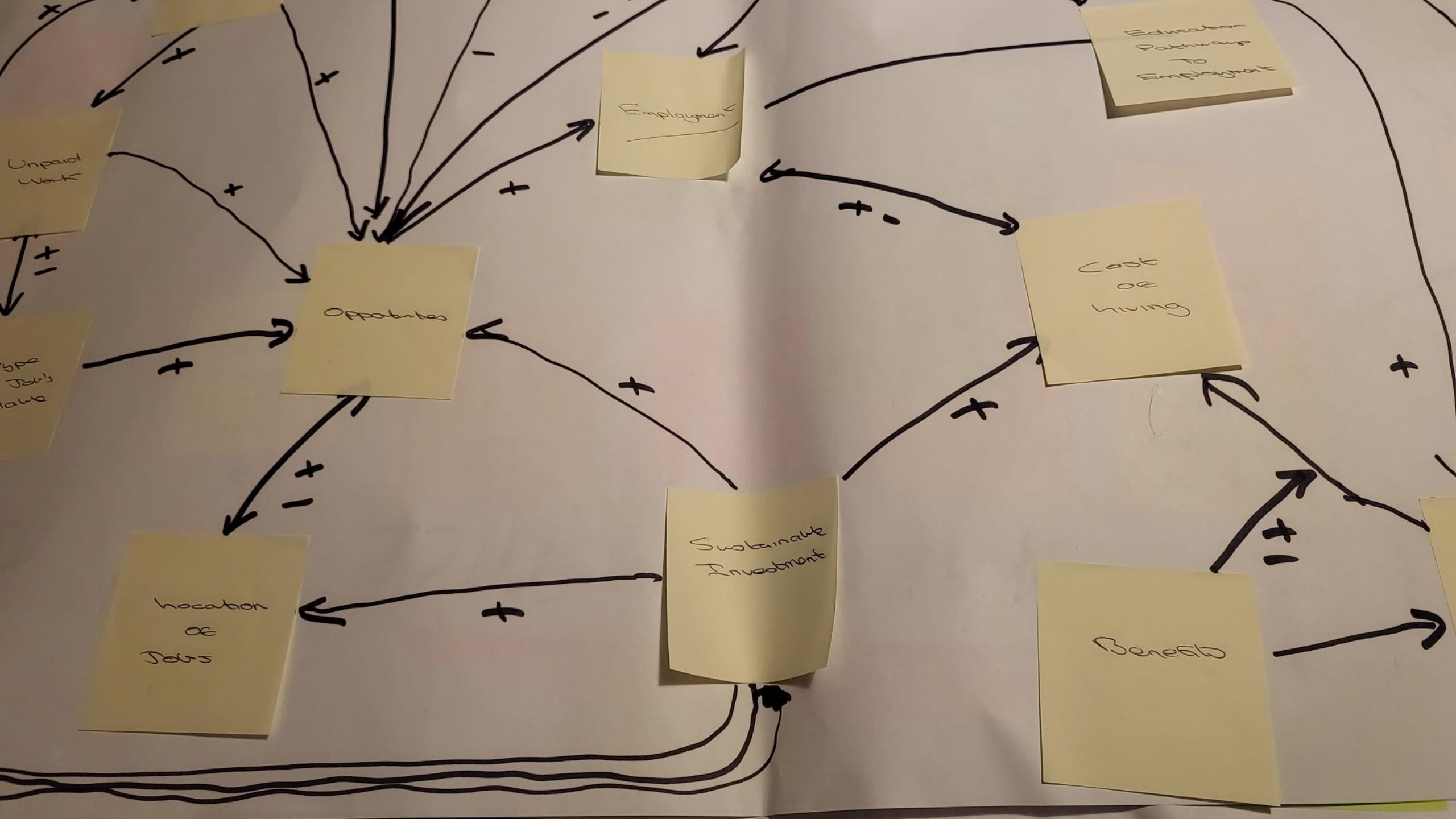


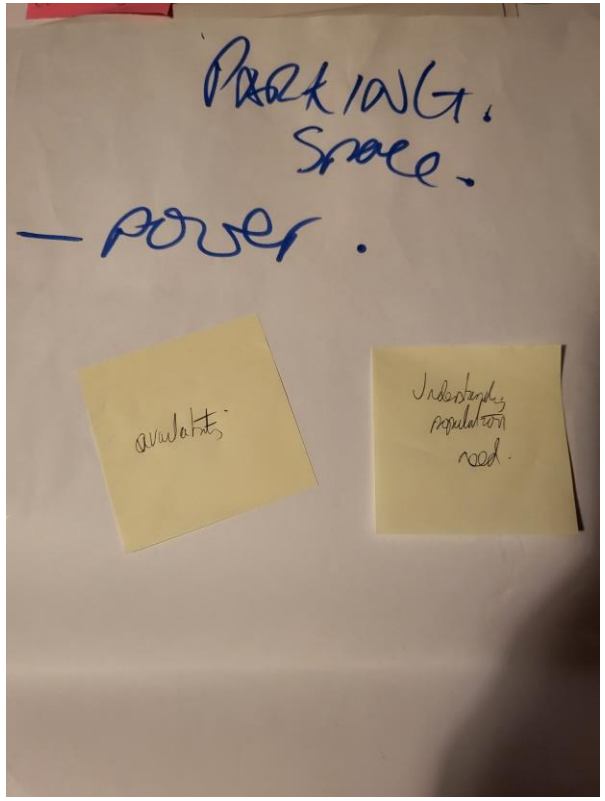
Parking

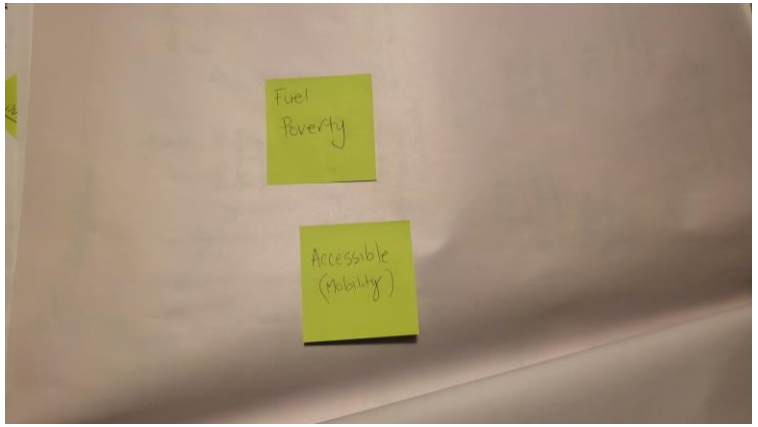
Did someone mention Kermit the Frog and Parking



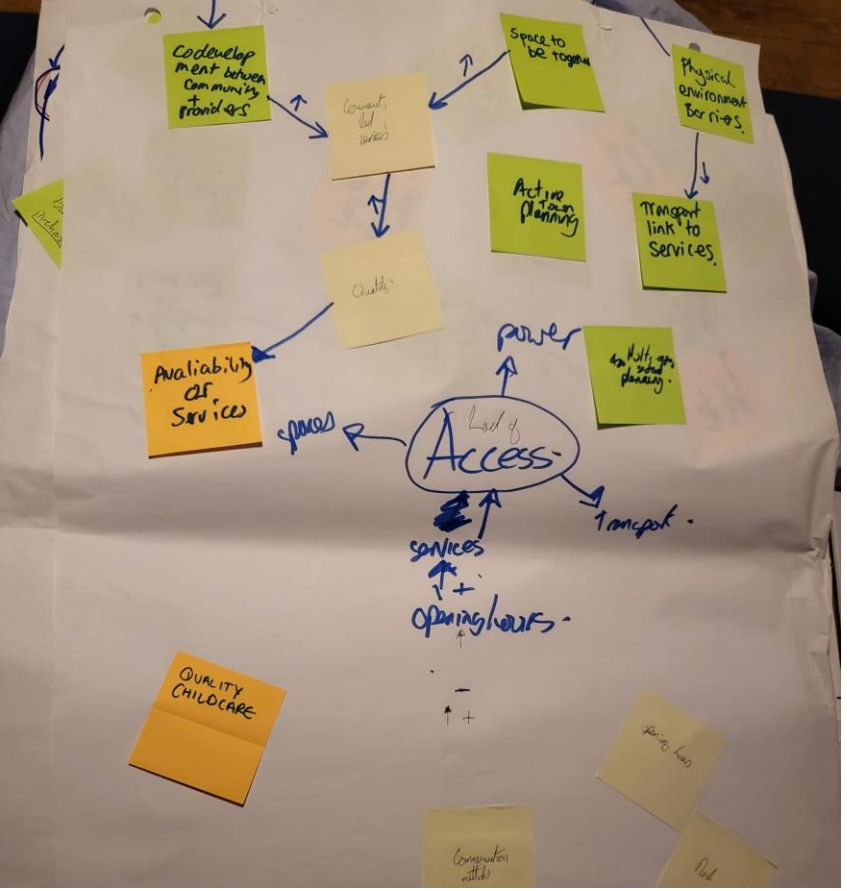
Environment Map

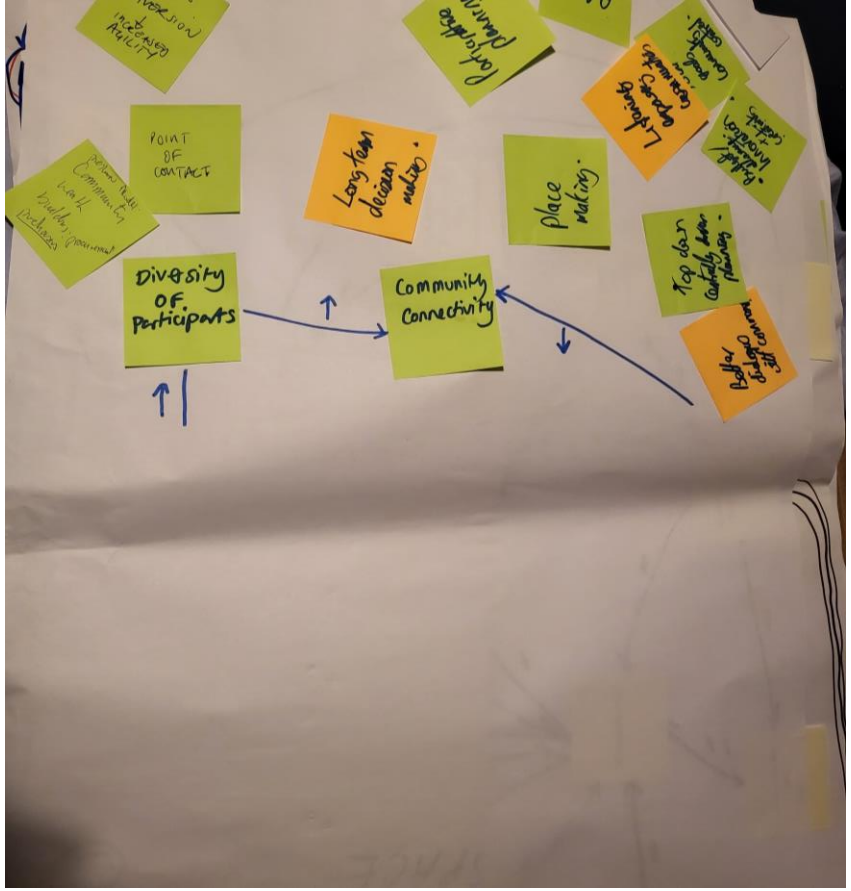

Unpaid Work
Employment
Education Pathways to Employment
Opportunities
Cost of living
Location of Jobs
Sustainable Investment
Benefits

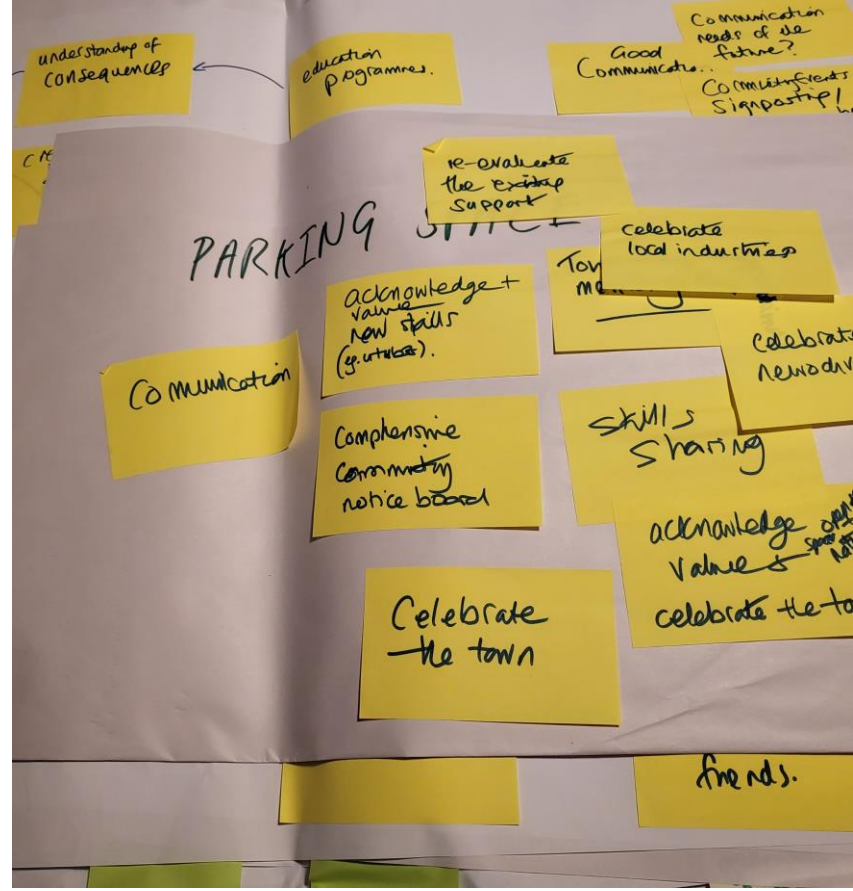




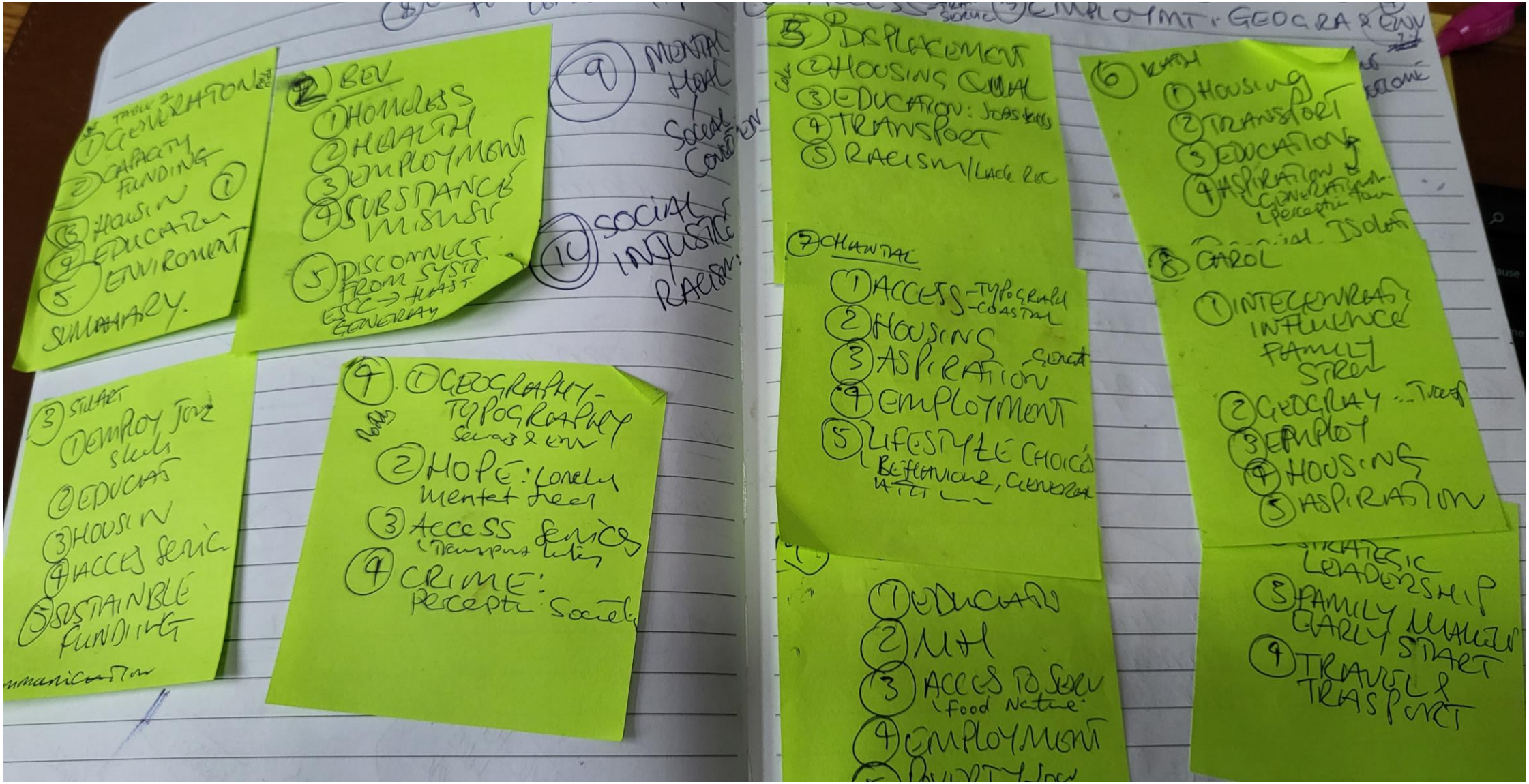
More Parking?


Codevelop ment between Community providers
Space to be togeth
Physical environment Barriers.
Active Town planning
Transport link to Services.
Availability of Services
power
spaces
Lack of Access
transport.
services
opening hours.
QUALITY CHILDCARE


POINT OF CONTACT
Long term decision making.
place making.
Diversity of Participants
Community Connectivity


understanding of consequences
education programmes.
Good Communicate
PARKING
celebrate local industries
acknowledge + value new skills
Communication
Comprehensive community notice board
skills Sharing
Celebrate the town
friends.

More Maps

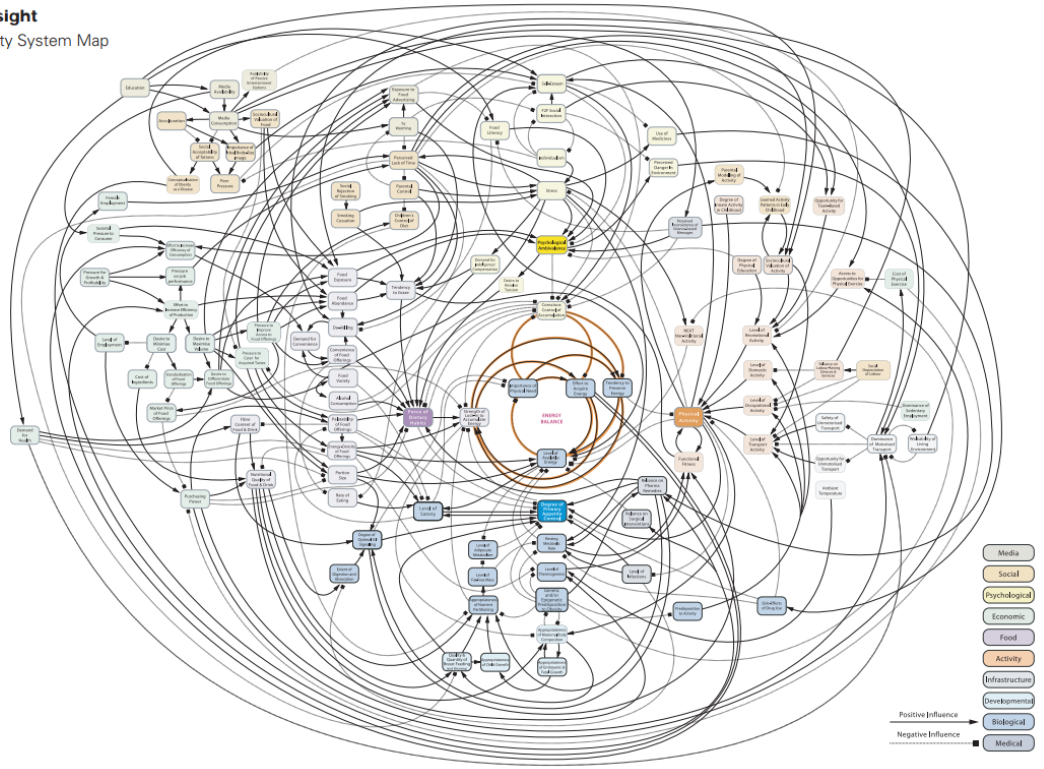

GENERATION
CAPACITY
FUNDING
HOUSING
EDUCATION
ENVIRONMENT
SUMMARY.
BEV
HOMELESS
HEALTH
EMPLOYMENT
SUBSTANCE MISUSE
DISCONNECT FROM SYSTEM
MENTAL HEALTH
SOCIAL CONNECTION
SOCIAL INJUSTICE
RACISM
DISPLACEMENT
HOUSING
EDUCATION: JOBS
TRANSPORT
RACISM/BLACK LIVES
CHRONIC
ACCESS - TYPOGRAPHY - COASTAL
HOUSING
ASPIRATION
EMPLOYMENT
LIFESTYLE CHOICES
HOUSING
TRANSPORT
EDUCATION
ASPIRATION
CAROL
INTERGENERATIONAL INFLUENCE
FAMILY STRUCTURE
EMPLOY
HOUSING
ASPIRATION
STUART
EDUCATION
HOUSING
ACCESS SERVICES
SUSTAINABLE FUNDING
GEOGRAPHY - TYPOGRAPHY
HOPE: LONELY
ACCESS SERVICES
CRIME:
EDUCATION
MH
ACCESS TO SERVICES
EMPLOYMENT
STRATEGIC LEADERSHIP
FAMILY
EARLY START
TRAVEL & TRANSPORT

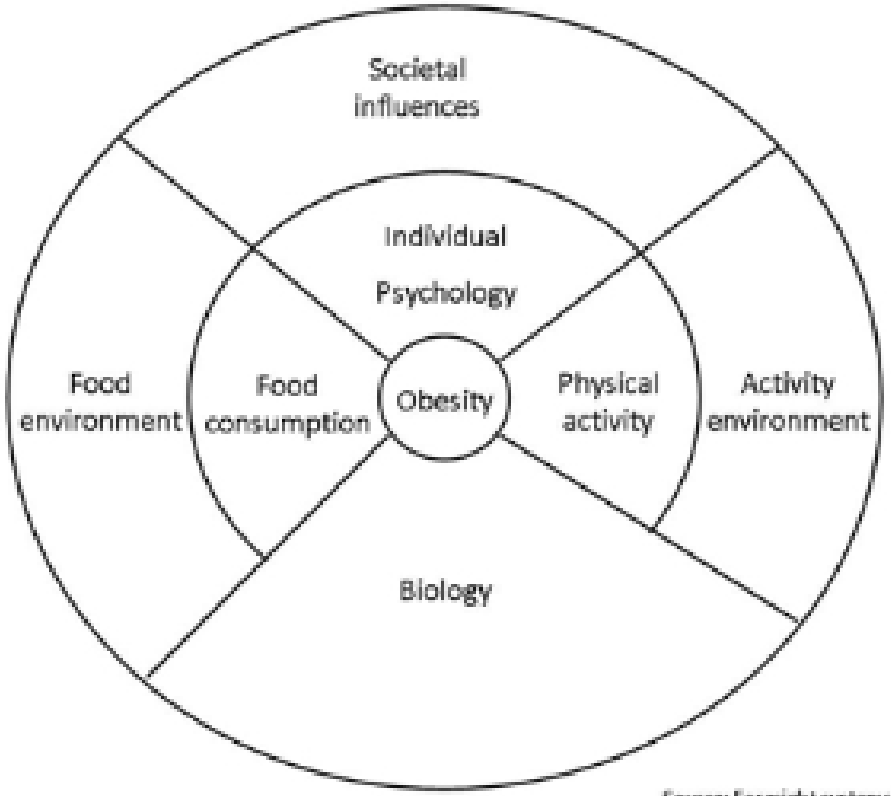
So what are we gonna do now?

How do we take this forward

Foresight

Obesity System Map





Source: Foresight systems map, 2007

Stages, Milestones and Outcomes

Meet

Meet with the Health Equity and Prosperity Partnership (including new members) in November to agree next steps.

Identify and agree timelines for analysis of information and date for 2nd workshop with partners.

Set up

Set up a small working group to do the initial analysis of information and how best to create the whole systems map (Nov – March 2023)

HBC, PH, OHID, LGA…

Analysis

Create

Create a detailed action plan that sets out:

- Event level actions
- System structures level actions
- System beliefs level action

Second workshop? (February/March 2023)

Engage

Engage the 'whole' systems to further agree and consolidate systems wide actions as well as identify any missing opportunities that need to be reflected in the 'actions'.

Once agreed engage communities and the public by going out to consultation as required.

Identify system issues and co-create solutions

Action

- System wide action on health inequalities will be facilitated and monitored through the Health Equity and Prosperity Partnership
- Will report to the LSP Board and where else? We need this to be a common priority across the system.

Mobilise and work better together

Avoid duplication

Appendix B: Detailed action plan

Physical activity

Action area	Developing and supporting the sport and physical activity workforce
Event level actions	Deliver training and networking to help support the development of the sport and physical activity workforce to enable them to provide an enhanced, tailored and supportive offer to inactive individuals.
System structures level actions	Sustain the active partnerships networks in Hastings and Rother and develop similar partnerships in other areas of East Sussex where they currently do not exist and where there is an identified need.
System goals level action	Increase the proportion of the professional workforce across East Sussex who have participated in professional development that will enhance their delivery of physical activity opportunities or the importance of physical activity.
System beliefs level action	The sport and physical activity workforce recognised the importance of professional development to support the ethos that 'physical activity is for all' allowing them to deliver a wide range of participation opportunities, allowing the population of East Sussex to find an option which best suits their personal preference and needs.

Action area	Supporting inactive people to become more active
Event level actions	Providers offer affordable physical activity opportunities to encourage and support participation from those least likely to be active (e.g. disabled, LTC's, older people, ethnically diverse people, women & girls) using local/national data and insight to target resources.
System structures level actions	Utilise the development of leisure centres and other key community facilities across East Sussex to ensure that new and existing facilities are welcoming and appropriate for inactive individuals.
System goals level action	Where appropriate, include measures to support inactive people to become more active within service level agreements /contracts.
System beliefs level action	Providers understand and embrace the benefits of delivering an offer which supports inactive individuals to become for active.

Environment

Action area	Embedding healthy weight activity within education settings
Event level actions	Create and share resources through education settings which provide information on local physical activity opportunities and support parents/carers to be active with their children at home. Deliver cookery programmes within education settings (as stand-alone or as part of broader weight management programmes). Promote healthy weight messages as part of the curriculum.
System structures level actions	Support education settings to adopt a 'whole school' approach to healthy weight, to include the development of relevant policies, incorporating healthy eating and physical activity across the curriculum, provision of professional development opportunities, facilitating pupil voice, and effective partnerships with external agencies.
System goals level action	Education settings engage in established programmes /accreditation schemes which recognise their commitment to adopting and embedding a 'whole school' approach to healthy weight. As part of the East Sussex Healthy Schools Programme, 75% of schools achieve self-validated Healthy Schools status by July 2024. As part of the Healthy Active Little Ones (HALO) programme: 60% of early years settings achieve the HALO Award or HALO Excellence Award (or improvement in line with specified award criteria) by July 2024.
System beliefs level action	Supporting children and young people to develop a healthy and active lifestyle is fundamental to their future life chances (e.g. child development, attainment, future health and wellbeing outcomes, employment, etc).

Action area	Creating a healthier weight environment
Event level actions	Support partners to implement improvements to local areas which promote a 'healthier weight' environment.
System structures level actions	Work with the local planning authorities to embed a 'health in all policies' approach into their planning processes e.g. health impact assessments, design guides, supplementary planning documents, etc. which support a 'healthier weight' environment.
System goals level action	Develop and implement a 'creating healthy places' strategic framework for the county which supports a health into place approach.
System beliefs level action	All organisations with responsibility for planning in East Sussex recognise and prioritise getting 'health into place' in their local areas.

Priority areas for action based on observation and metrics

1. **Environment**: built and natural including housing (quality, affordable and available), access to healthy food, climate change (planetary health), thriving neighbourhoods (healthy high streets, connectivity, accessibility, sustainability and 'complete')
2. **'Education and Economy'**: inclusive economy that supports quality employment, training skills, education and opportunities for all to prosper
3. **Mental Health and Wellbeing**: Clear relationship between mental health, employment and substance misuse as well as relationship between children and young people receiving treatment.

(Prevalence and Incidence, Risk Factors, Protective Factors, Services, Quality and Outcomes)

Environment: Topics and Indicators

- Housing: (indicators are fuel poverty, overcrowding, children in low income families, child poverty, affordability, homelessness)

- Natural Environment (indicators are utilisation of outdoor space for exercise/health reasons (ESWSHWP))

Indicator	Period	Hastings			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Fuel poverty (low income, high cost methodology)	2018	–	-	-	-	-	-	-	-
Overcrowded households	2011	–	1,540	3.7%	3.8%	4.8%	25.4%		1.2%
Children in low income families (all dependent children under 20)	2016	→	5,115	25.7%	12.7%	17.0%	32.5%		2.8%
Child Poverty, Income deprivation affecting children index (IDACI)	2019	–	4,524	26.5%	-	17.1%	32.7%		3.2%
Affordability of home ownership	2021	–	270,000	10.2	10.7	9.1	24.8		3.1
Households with overcrowding based on overall room occupancy levels	2011	–	3,842	9.3%	-	8.7%	34.9%		2.0%
Modelled estimates of the proportion of households in fuel poverty (%)	2020	–	5,756	12.9%	-	13.2%	22.4%		4.4%
Children in relative low income families (under 16s)	2020/21	→	3,878	22.6%	14.3%	18.5%	42.4%		3.3%
Children in absolute low income families (under 16s)	2020/21	→	3,130	18.2%	11.6%	15.1%	39.2%		2.7%
Homelessness - households in temporary accommodation	2020/21	–	271	6.3	2.7	4.0	48.6		0.0
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	–	929	21.4	9.9	11.3	31.0		0.0
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)	2020/21	–	234	5.4	2.2	2.6	8.7		0.0
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs)	2020/21	–	97	4.9	2.2	2.3	10.7		0.3
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2020/21	–	275	27.0	11.8	11.6	32.2		1.8
Fuel poverty (low income, low energy efficiency methodology)	2020	–	5,756	12.9%	8.6%	13.2%	22.4%		4.4%

Education and Economy

- Education: (indicators include educational attainment (5 or more GCSEs) % of all children, Homelessness households with dependent children owed a duty under the homelessness reduction act)

- Economy: (indicators include Economic inactivity rate, Socio economic gap in current smoker, % of population with physical or mental long term health condition in employment (16-64)

Mental Health: Topics and Indicators

- **Prevalence and Incidence**: Mental Health and Wellbeing JSNA - OHID (phe.org.uk) (indicators are Children and Young People, Common Mental Disorders, Severe Mental Illness)
- **Risk Factors**: Mental Health and Wellbeing JSNA - OHID (phe.org.uk) (indicators are Children & Young People, Physical Health, Deprivation, Housing & Employment, Alcohol, Drugs & Tobacco, Crime, Safety & Violence)
- **Protective Factors**: Mental Health and Wellbeing JSNA - OHID (phe.org.uk) (indicators are Life Expectancy. Employment, Physical Activity)
- **Services**: Mental Health and Wellbeing JSNA - OHID (phe.org.uk) (Self-Harm Hospital Admissions, Mental Health Related Care)

Top 3 issues related to ill mental health

- Relationship between mental health, employment and substance misuse.
- Relationship between children and young people receiving treatment.

Indicator	Period	Hastings			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	2020/21	–	-	17.1	8.9	10.7	32.1		-11.1
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2020/21	–	-	32.9%	25.2%	26.3%	47.3%		11.1%
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	15,265	20.2%*	14.8%*	16.9%*	24.4%		11.1%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	–	2,262	12.6%*	9.2%*	10.2%*	14.6%		7.1%
Odds of current smoking (self-reported) among adults aged 18+ diagnosed with a long-term mental health condition	2020/21	–	-	2.5	2.5	2.4	5.5		0.9
Odds ratio of reporting a mental health condition among people with and without an MSK condition	2021	–	-	1.1	1.3	1.4	0.6		2.8
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	–	51	59.8	51.8	69.7	207.3		17.5
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	–	32	76.0	70.9	99.1	309.4		21.1
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	–	19	43.8	33.5	41.1	130.7		13.6
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	–	456	495	366	379	1,899		129
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	–	321	712	516	545	2,840		147
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	–	135	289	228	222	1,042		69
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	2020/21	–	-	55.7%	68.8%	64.4%	40.5%		92.6%

Indicator	Period	Hastings And Rother			NHS region - local office	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
New children and young people receiving treatment in NHS funded community services: rate (quarterly) per 100,000 population aged 0-17	2016/17 Q1	-	105	296.5	174.0*	139.4	717.6		4.1

Thank you

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