Welcome to the Health Inequalities Workshop

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Equality Act Quiz

Under the Equality Act 2010 there are nine protected characteristics. How many can you name?

Write as many as you can think of now...



How many did you get right?

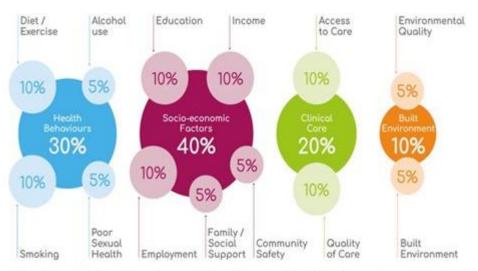
- Race
- Religion or Belief
- Gender
- Sexuality
- Marriage or Civil Partnership
- Pregnancy & Maternity
- Transgender
- Age
- Disability



The issues that affect our health and

wellbeing

As is the case elsewhere in the United Kingdom, people are dying earlier than they should due to preventable and avoidable ill health and there are wide inequalities in life expectancy. Almost every aspect of our lives - our jobs, homes, access to education, public transport and whether we experience poverty, racism or wider discrimination impacts our health and, ultimately, how long we will live. These factors are often referred to as the wider determinants of health.



Long term conditions: Around 30 per cent of all people with a long-term physical health condition also have a mental health problem with a higher high levels of anxiety

Housing:

Those in rented accommodation are more likely to feel lonely often, especially in 16-24-yearold population

Health behaviours:

Adults with depression are twice as likely to smoke as adults without depression. People with schizophrenia are three times more likely to smoke than other people and tend to smoke more heavily.

Social connectiveness: Those with an underlying health

condition more likely to feel lonely often especially in the younger 16-24-yearold population groups

The impact of deprivation

Life expectancy and healthy life expectancy at birth are lowest for people living in more deprived areas. On average, people in the more deprived areas of Hampshire and Isle of Wight live a shorter life than those in the least deprived areas (3 years less for men and **2.8 years for women**). They are also more likely to spend more of their life in poor health. Portsmouth and Southampton see greater levels of deprivation, ranking 57 and 55 out of 317 local authorities in England (where a ranking of 1 = the local authority with the highest level of deprivation).

Hampshire is among the least deprived authorities although there are areas that fall within the most deprived areas in the country. 10% of children in Hampshire aged 0 to 15 years are living in income deprived families, and9% of residents aged 60 or over experience income deprivation

Isle of Wight is the 80th most deprived authority in England. 92.7% of the Island's population are resident in areas defined as coastal and these coastal areas have lower life expectancy and higher rates of many diseases in comparison to non-coastal areas.Just over half the population of the Island lives in area which are in the three deciles of highest deprivation.

Southampton is ranked 55th most deprived authority in England. 28% of Southampton's population live in neighbourhoods within the 20% most deprived areas nationally.

Portsmouth is ranked 57th most deprived authority in England. 13% of Portsmouth's population live in the 10% most deprived areas nationally, and over 60% are in the most deprived two quintiles.

25% of households in Portsmouth are in relative poverty. In 2019/20 17% of children were in absolute low-income families (before housing costs). This varies from 29% of children in the most deprived ward to 7% of children in the least deprived ward.

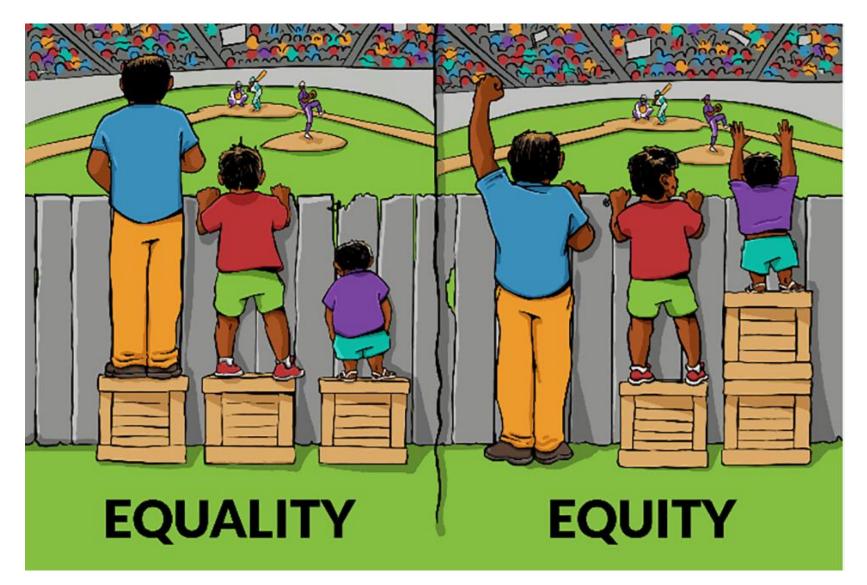


What to expect in this workshop

- Health inequalities information for Hampshire
- Example of a commissioned service
- Your chance to share best practice
- Next steps



So what can social prescribing do to help?





Social Prescribing Plus: setting up social prescribing

for eveluded around

for excluded groups



(Together Co)

- From the most deprived wards in Brighton and Hove − 43% (estimated 34% of Brighton & Hove population lives in those areas, 2019)
- From ethnically diverse backgrounds − 75% (estimated 19% of the city's population are from those backgrounds, 2019)
- ➤ with LGBTQ characteristics 16% (estimated 11-15% of people living in the city are LGBTQ, 2014)
- ➤ with two or more long-term health conditions 40% (22% of people aged 20+ in the city have two or more long-term physical or mental health conditions, 2019)
- (Monitoring data represents service users supported in Q4 2021/22)

SP Plus

Sussex Interpreting Services – those with language needs

Trust for Developing Communities – ethnically diverse communities

LGBTQ Switchboard – Trans & non-binary people

Friends, Families & Travellers – Gypsy, Roma & Traveller communities

Together Co – complex needs & deprived areas



Social Prescribing+









Why SP Plus?

- A direct response to the needs of specific communities, facing additional and specific barriers to accessing services and support.
- Long-standing VCS links and ongoing conversation about needs and solutions within local communities.
- SP Plus utilises the expertise and networks of specialist partners to develop and provide a service that works effectively for underserved groups, building on what is already there and working.





How it works -

- Social prescribing is provided by partner organisations in tailored ways to best meet the needs of the individuals and communities they support.
- Utilises expertise, trust and existing community links to reduce barriers to access.
- Referral pathways within the partnership support 'no wrong door' access to social prescribing and promote individual choice about how and from whom people receive support.
- The partnership supports sharing of expertise and professional support, maximising opportunities for learning.

Social Prescribing Partnership of the Year 2022



Think about your work – which of those characteristics are you strong on? Which groups do you support well?

- Race
- Religion or Belief
- Gender
- Sexuality
- Marriage or Civil Partnership
- Pregnancy & Maternity
- Transgender
- Age
- Disability





All PCNs now must have a Health Inequalities lead....

Which groups are you targeting for support?

Protected Characteristics





Examples



 So you aren't the expert, but can you get advice from a local organisation supporting a group you want to work with?

Start the conversation by reaching out to that group asking for help

You might be able to recruit staff/volunteers from the community you wish to reach out to There are specialist roles for example:

Money guidance and social welfare legal advice



Where should I start?

- Is there a group for the people you want to contact?
- Where might you start?

- Ask your local infrastructure organisation (look yours up here if you are not sure who they are https://navca.org.uk/) if they can recommend a group to work with
- Get in touch with a local councillor/community engagement officer and ask if they can help
- Go to a faith network/disability forum

If we don't do something different...

Reaching out to diverse community groups

Crawley Community Action's social prescribers are having a monthly case-finding session at the Apple Tree Centre



Why might this approach might not suit everyone?

9% of people in Crawley are not registered with a GP



"In line with the findings of the other summary and briefing on who is and isn't accessing social prescribing, it is clear that people from Black, Asian and ethnically diverse population groups are under-represented in social prescribing".

NASP Evidence Summary

- English as a second language
- Not knowing about the free help and support available
- Cultural expectations about who will give support
- Building trust
- Inclusivity

Next steps



- What will you do as a result of today's workshop?
- Who do you need to speak to?

If you need help let us know

Southeast.thrivingcommunities@nasp.info

f.white1@nhs.net

Useful Links...

- Joint strategic needs assessment Portsmouth City Council
- Health (southampton.gov.uk)
- JSNA Overview Service Details (iow.gov.uk)
- Joint Strategic Needs Assessment (JSNA) | Health and social care |
 Hampshire County Council (hants.gov.uk)