

# Examples of good practice in reducing health inequalities

## Background

The report Fair Society, Healthy Lives (“the Marmot report”<sup>1</sup>) identified six key policy recommendations to help tackle health inequalities, which Medway has adopted. These are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.

The Joint Health and Wellbeing strategy 2018—2023 for Medway has identified four priorities in reducing health inequalities, which are as follows:

1. Monitor the variation in key outcomes across Medway, including school readiness
2. Influence the delivery of services to reduce variation across Medway
3. Reduce variation in healthy life expectancy
4. Support early help to families

## Place-Based Approaches to Reducing Inequalities

Recognising and reducing health inequalities involves applying a health inequalities lens to all activity that takes place in an area. Place-based approaches utilise a population intervention triangle (PIT; Figure 1) as a framework to help address and reduce health inequalities. The triangle illustrates that inequalities can be reduced by applying civic-level, community-centred and service-based approaches tailored to specific areas; and it highlights the importance of planning and integrating these to effectively combine and amplify their positive impact.

---

<sup>1</sup> <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

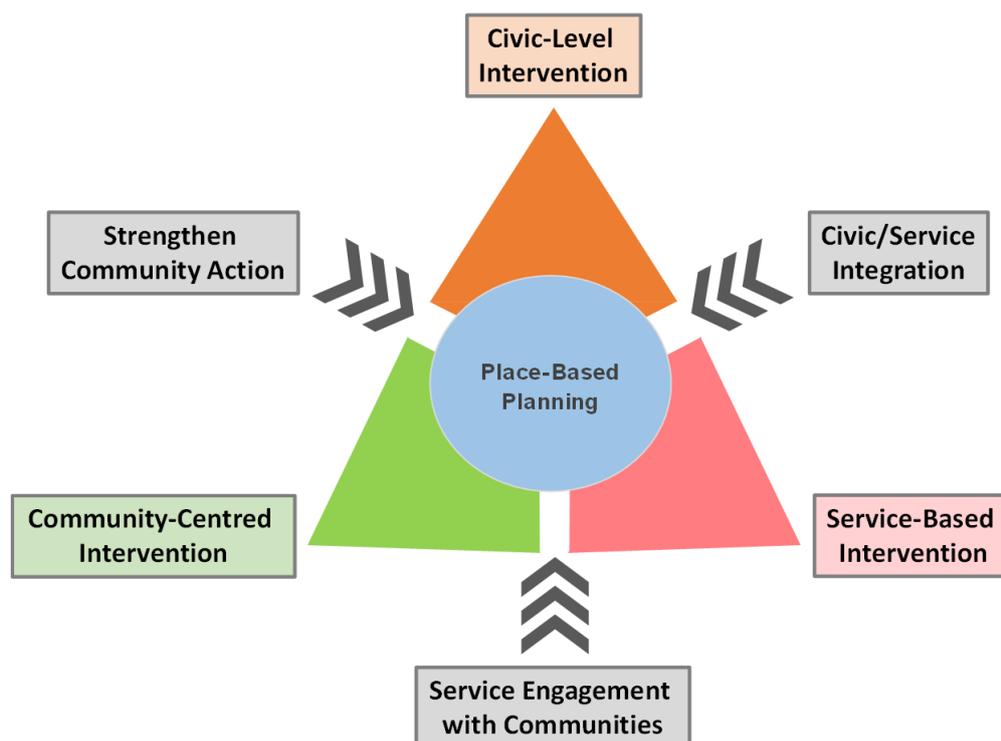


Figure 1 The Population intervention triangle.  
<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

## Examples of place-based approaches from outside of Medway

Below are two examples of place-based approaches to reducing health inequalities from outside of Medway. These are illustrative of the sorts of ideas that can be implemented, rather than models that should be copied exactly.

It should be noted that in Medway we consider health inequalities in our public health interventions by performing health equity audits and adjusting the delivery of our services to try to reduce health inequalities. The Public Health team also has collaborative working agreements with other parts of the council to address health inequalities through other council services. Medway Council and Medway CCG (before the CCGs in Kent and Medway combined to become one CCG) worked together to define “quantifiable levels of ambition” for the CCG to address health inequalities in health outcomes.

### School Readiness in Middlesbrough

Background – school readiness in Medway

- One of the key recommendations is to give every child the best start in life and one of the priorities is to monitor the variation in key outcomes across Medway, including school readiness.
- There has been an overall increase in the level of school-readiness in Medway. Children and Family hubs are available to every household and resources are allocated in proportion to the need at area level, then within each hub individual families can be sign-posted to interventions that they need. This is an application of proportionate universalism.

## Appendix C

- However, there is a variation in school readiness in Medway within populations of different ethnicities, with children of Chinese ethnicity having the highest school readiness at 78.2%, white British children 72.7%, Asian children 71.3% and Black children 69.3%.
- Investment in the early years of life (0-5 years) is highly effective in terms of the impact on future health and wellbeing and is highly cost-effective.

### Background – school readiness in Middlesbrough

- Analysis of school readiness data in 2015 identified that children in Middlesbrough had significantly lower rates of school readiness than the England average, as well as poorer health outcomes.
- A review of the existing pathways and frameworks identified that their Stronger Families team (comprising children centres and family case workers), and the Health Visiting team (delivering the Healthy Child Programme) were both contributing to school readiness, but services were not consistent across the county and teams often worked independently with no shared vision or framework to coordinate with one another.

### Actions Taken

- Health Visiting and Council's Early Years services were re-designed
  - Improved access to good quality childcare, including to nationally funded free early education for 2–4-year-olds.
  - Achieving 2 Year Olds (A2YO): if parents and children meet the eligibility criteria then children of this age are entitled to a free early education place for up to 15 hours a week.
  - Nursery Education Grant (NEG): all parents of 3 and 4 year old children are entitled to 15 hours of NEG and those with a household income below a specific threshold are entitled to 30 hours.
- Stronger Families team was reorganised into four teams:
  - School Readiness Team
  - Family Partnership Team
  - Family Team
  - Work Readiness Team
- School Readiness Team
  - Support childcare settings such as nurseries and primary schools to improve quality of services.
  - Provide a more consistent and generic offer from Children's Centres to ensure quality in access.
  - Tracking and follow-up for families not seen within a 3-month period (build up and maintain relationships).
  - Exploring and adapting Children's Centre delivery models, for example introducing one on a school site and integrating the management and leadership of the school.
- School readiness pathway developed to be in line with the Healthy Child Programme (HCP)
  - Health services have an integral role to play in supporting families.
  - HCP is a universal service which provides a pathway of touchpoints for health visitors to see parents and children up to age 5.
  - Improved communication between health visitors and Stronger Families
    - Health visitors now refer children to the School Readiness Team if required following the 24-27 month review through the Ages and Stages Questionnaire.

## Appendix C

- School Readiness Team would then see a referred child at home and in the children's centre.

### Outcome

- This project started in 2015 and so the long-term impact is not yet known
- Sample of 95 parents between October 2017 and September 2018
  - 69 children (73%) had progressed in their development at the three-month review
  - All parents (100%) reported an increase in child's early years skills
  - 93 parents (98%) reported an increase in their confidence levels.
- Anecdotal evidence
  - Staff in schools report children seem happier and have an increased vocabulary
  - Fathers report feeling more involved in parenting.
- Hopeful that habits will be passed on such as parents reading to their children.
- Expectation that as a result of being school-ready and being educated, children will make healthier lifestyle choices as adults.

Middlesbrough identified that intervention was needed to improve school readiness. They adapted current services to allow better integration and communication between them and made them available in a proportionate way to families that needed them most. This shows collaboration between sectors as well as a targeted strategy implementing proportionate universalism. Both quantitative analysis and anecdotal reports suggest that there are improvements in school readiness.

Talent4Care: responding to a workforce shortage while addressing the wider determinants of health (Blackpool)

<https://phe.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=a715cb966f746b7e26b16d0e2171a4d2>

Blackpool Council identified two problems facing their community: a shortage of people in health and social care, and higher than desired rates of unemployment.

Background: employment in Medway

- Unemployment is bad for health and wellbeing as it is associated with an increased risk of mortality and morbidity.
- Good quality work improves health and wellbeing across people's lives and protects against social exclusion. Characteristics of good quality employment include:
  - Safe and secure job
  - Supportive management
  - Opportunities for training and development.
- In Medway, employment varies across ethnic groups, with the estimated highest being in White British and White Other populations (82% and 76% respectively). Asian and Black populations had lower employment estimated employment at 66% and 67% respectively.
- There are also differences geographically. For example, when looking at the number of people claiming job seekers allowance by small neighbourhood, the top three neighbourhoods were all in River ward, and the neighbourhoods with the lowest number in Rainham Central and Hempstead and Wigmore wards.

## Appendix C

### Employment background in Blackpool

- Employers in the area were all recruiting from the same group of people and this scheme would be able to bring new people into that system.
- Combined approach could tackle the problem of a workforce shortage in one sector with high levels of unemployment.

### Actions Taken

- Talent4Care is a six-week training programme that aims to attract and prepare unemployed people to work in health and social care.
- The programme aims to:
  - contribute to integrating health and social care
  - address shortages in the workforce by training new people from a disadvantaged background
  - upskill the existing workforce.
- A partnership between Blackpool and the Fylde College, Blackpool Teaching Hospitals NHS Trust and Blackpool Council called the Health and Social Care Career Academy works closely with employers to ensure the content of the programme meets workforce needs and increases the employability of participants.
  - Led by the Career Academy Steering Group that includes representatives from Blackpool and the Fylde College, Blackpool Council and NHS England, alongside private businesses and organisations across the statutory and voluntary sector including Job Centres, Lancaster University, More Positive Together and Union Learn.
- Focuses and directs services to unemployed people as well as existing health and social care staff who want to develop skills further (tackles not just unemployment, but some of the criteria for good employment).
- Course is accessible
  - Free to attend
  - Unemployed people can access additional support through the Job Centre and More Positive Together for costs (travel/childcare)
  - Blackpool and The Fylde College provide bursaries, childcare support and travel costs to the unemployed
  - Publicised to ensure broad participation
    - Individuals referred from different organisations or programmes
    - Academy and Job centre work together to run job fairs to increase awareness through community events.
- Content of course meets the needs of employers
  - Co-designed with local employers
  - Changes regularly to meet needs.
- Employment opportunity through the course
  - Attendees are guaranteed an interview with a local employer
  - Given mock interviews for preparation
  - NHS sector-based work programme also includes two weeks of work experience
  - support is given for individuals with conditions that may affect learning such as dyslexia or autism.

## Appendix C

### Outcome

- Out of a typical cohort of 20, 11 are successful at interview and go into employment while seven continue with further qualifications.
- Employers have said that they are interviewing and hiring individuals who perhaps wouldn't otherwise have ventured into the sector.
- Key points to learn from the scheme
  - Partnerships are key
  - Assign a lead
  - Communication between partners, organisations and experts to plan and deliver
  - Ensure participants are informed
  - Dynamically refine and update the approach as necessary to keep skills relevant
  - Match people to the right employer.

Blackpool Council identified two problems facing their community: a shortage of people in health and social care, and higher than desired rates of unemployment. By combining teams from public bodies with relevant private businesses and organisations, they were able to target a disadvantaged population and give them the support necessary to develop skills to gain employment in specific areas that were hiring. This approach implements the population intervention triangle as well as applying proportionate universalism to successfully achieve its goals.