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Left
Behind
Neighbourhoods

Session 6 briefing: NHS – neighbourhood health services?

Improving health outcomes in ‘left behind’ neighbourhoods

March 2021

This briefing provides an overview of health in 'left behind' neighbourhoods. Informed by the latest OCSI data dive, it reveals the physical and mental health challenges faced by residents living in England's 225 'left behind' neighbourhoods, and how they have increased significantly during the COVID-19 pandemic. It explores community-led approaches to improving health and wellbeing, and the potential for residents in 'left behind' neighbourhoods to have greater control over their health in the future.

At a glance

The COVID-19 pandemic has put a spotlight on health inequalities, with 'left behind' neighbourhoods disproportionately impacted by the virus (APPG 2020). Research suggests that the higher proportion of residents with pre-existing health conditions has made these neighbourhoods acutely vulnerable to COVID-19. This highlights the need for targeted, community-led interventions to support them to improve long term health outcomes.

The latest data dive (OCSI 2021) commissioned for the APPG shows that 'left behind' neighbourhoods face:

- **Lower 'healthy' life expectancies**, with residents living 7.5 fewer years in good health
- **Higher rates of cancer**, including a 74 per cent higher incidence of lung cancer
- **Greater mental health challenges**, with residents more likely to suffer from mental illness
- **Disproportionate vulnerability to COVID-19**, with a higher proportion of residents categorised as clinically at-risk
- **Higher mortality rates from COVID-19** than other deprived areas and nationally

Health inequalities

Where you live is a key determinant of health status (Public Health England [PHE], 2017). Living and working in more deprived areas has the biggest impact of any factor on health status (PHE 2017). This is caused by a combination of social and economic issues including employment, income, diet, education and housing – also known as the 'social determinants of health,' and, over past decades, 'avoidable and unfair differences' in the health of the most and least deprived communities have grown (PHE, 2017).

Health inequalities have a social and human cost, reducing the longevity and quality of people's lives, as well as a direct economic impact (PHE, 2017)**.** The 2010 Marmot Review (2010:11-12) accounted for the economic cost of working age ill-health directly attributable to health inequalities. It found that they equate to £31 billion of lost production and a cost to the taxpayer of £28 to £32 billion per annum (Marmot et al, 2010:11-12).

Health in 'left behind' neighbourhoods

Health inequalities result in poorer health for residents in 'left behind' neighbourhoods. The latest research from OCSI shows that life expectancy in 'left behind' neighbourhoods is lower than the national average. But where residents face acute challenges is healthy life expectancy – the average number of years an individual is expected to live in 'good' health – with healthy life expectancy 7.5 years lower in 'left behind' neighbourhoods than the England average.

Physical Health

Nearly twice the number of people in 'left behind' neighbourhoods self-report their health to be 'bad' or 'very bad' when compared to the England average. This may be due to the high proportion of people with certain health conditions: compared to the national average there is a higher prevalence of obesity, diabetes, asthma, COPD and high blood pressure. Particularly concerning is the higher incidence rates of cancer, including a 74 per cent higher incidence rate of lung cancer than the English average.

Mental Health

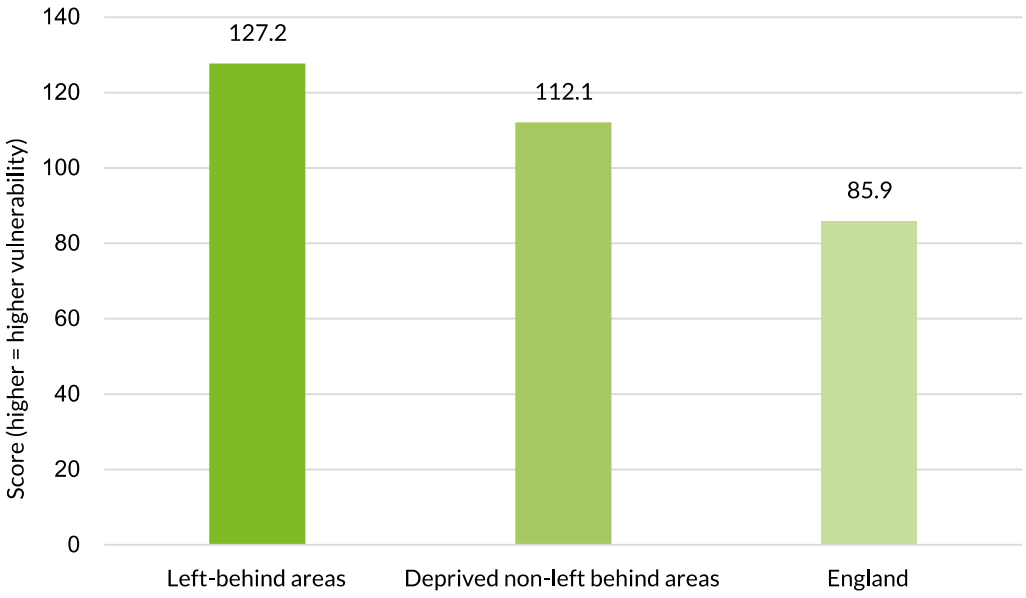
A higher proportion of residents in 'left behind' neighbourhoods suffer from mental illness compared to other deprived areas and across England, with residents twice as likely to be claiming benefits for mental health-related conditions. This has a direct impact on these communities: people with mental health issues face significant additional barriers in terms of housing, income and access to community groups and organisations (Mental Health Foundation & JRF, 2016).

The impact of COVID-19

Health inequalities have increased significantly during the COVID-19 pandemic- with communities who already faced worse health outcomes found to be more vulnerable (ONS, 2020). Early research revealed that in comparison to similarly deprived areas and the England average, 'left behind' neighbourhoods have a higher proportion of residents categorised as clinically vulnerable and a higher prevalence of disproportionately impacted groups, including people with learning disabilities (APPG, 2020: 7; Ford and Mitchell, 2020).

'Left behind' neighbourhoods have since seen a higher COVID-19 prevalence rate (6,935 per 100,000) than across England (5,708). The Marmot Review (Marmot et al, 2020b:198) suggest that the association between high prevalence rates and deprived areas is due to the poorer living conditions, lower housing quality and a higher number of residents in 'at risk' occupations on average in these places. 'Left behind' neighbourhoods also have higher overall COVID-19 mortality rates (154.6 per 100,000 people), compared to other deprived areas (141.8) and England as a whole (122.4).

COVID-19 Vulnerability Index



Source: British Red Cross 2020

Current approaches

In recent years, national health policy has shifted towards a 'Population Health' approach, focusing on the social determinants of health and working more closely with 'communities and local people' (NHS England, 2021).

The **NHS Long Term Plan** (2019) details commitments to shift care away from hospitals and closer to communities. It includes the expansion of 'primary care networks', where GP practices collaborate with locally-based community, mental health, social care, pharmacy and voluntary services. This will provide the structure and funding to enable a proactive, targeted approach to population health (The King's Fund, 2019).

It also includes plans to build infrastructure for social prescribing (NHS England, 2021). Social prescribing is a key component of personalised care, improving patients' health through connecting them to community groups and statutory services for practical, social and emotional support (NHS England, 2021).

Public Health England's Strategy 2020 – 2025 (2020) adopts a 'population health' approach, arguing that good health is the outcome of a person's community and social networks, and wider socio-economic and environmental circumstances. In response, both developing place-based approaches and enhancing the integration of local services are mainstreamed into PHE's plans to address the country's top health challenges.

The Department of Health's recent **Health and Social Care White Paper** (2021) has been welcomed for a shift towards greater collaboration. It plans to make the NHS more capable of 'delivering joined-up care to increasing number of people relying on multiple services' (The King's Fund, 2021). Despite this, the White Paper falls short of a more preventative, community-led model. Commentators have said that through centralising decisions it risks entrenching a paternalistic approach, as opposed to giving communities themselves the powers and resources to improve population health (Lent, 2021).

Community-led approaches

Why community-led approaches?

Community-led approaches are necessary to address current and future health challenges. New Local (2016:23) stresses that place-based health inequalities require the growth of locally bespoke systems to respond to different neighbourhoods' challenges.

There has been significant research into the positive role that communities can play in health. Communities have a direct positive effect through the services and resources they provide, including community health services, mental health support, leisure facilities and green spaces (People's Health Trust, 2018).

Communities also boost health outcomes indirectly. According to a recent study, participation in community assets, defined as charity, voluntary or community groups, is associated with improved quality of life and, over the long term, generated a 'net benefit' through reductions in health care costs (Munford et al, 2020).

Other studies have found that community-led provision increases residents' sense of control - a 'key factor for wellbeing and health' (Marmot et al, 2020:89). High levels of community control with regards to local activities and services lead to better health outcomes, caused by higher engagement in health promoting behaviours (Marmot et al, 2020: 89). Similarly, People's Health Trust's Local Conversations programme found that having a say over decisions that impact them gave residents a 'stress buffer', improving mental health and reducing stress (People's Health Trust, 2018:3).

What are community-centred approaches?

Community-centred approaches recognise that residents themselves are the key to good health. They are by definition 'citizen-led' and 'asset-based': harnessing latent skills and knowledge to promote health and wellbeing within communities rather than institutional settings, and in ways that increase people's sense of control over their health and lives (Foot, 2012:8; The King's Fund, 2021).

A review by Public Health England and the NHS (2015) identified four main types of community-led approaches. These include initiatives that:

- **Strengthen communities** – to build community capacity and confidence to take effective action on health
- **Boost community resources** – to identify specific local needs and develop the skills and resources to address them
- **Foster collaboration** – strengthening partnerships between communities, local authorities and health services to design and deliver programmes that are tailored, proactive and preventative
- **Promote effective volunteering** – enhance the capabilities of residents to provide their peers with access to advice, support and organise health related activities

Case studies

Community-centred health in Frome, Somerset

A collaboration between Frome Medical Practice and the community and voluntary sector has enabled a 'systemic population health intervention' (Abel et al, 2018:4). It includes identifying residents at risk of unplanned hospital admission, developing care plans for them, referral to social prescribing, as well as proactive community development. It has resulted in significant reductions in unplanned admissions, with a decrease in healthcare costs across the whole population (Abel et al, 2018:4).

Community Health Champions: Kingsbrook and Caldwell Big Local

Residents in Kingsbrook and Caldwell employ a Community Health Champion, revolutionising the way local people interact with the health service. The Community Health Champion, based in the local GP surgery, offers support with the non-medical issues affecting a patient's health such as a poor support network, bad housing or an inactive lifestyle. It was found that, across 10 case studies, the health and social care savings from this approach amounted to £39,667 across an 18-month period (KCBL, 2018).

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About the APPG on 'left behind' neighbourhoods

The All-Party Parliamentary Group for 'left behind' neighbourhoods is a cross party group of MPs and Peers. It is committed to improving social and economic outcomes for residents living in 'left behind' neighbourhoods, through the development and advocacy of hyper-local initiatives and policies. The group will look at ways to support and rebuild these communities following the disproportionate impact of COVID-19, to ensure they are stronger and more resilient in the future.