

**onenortherndevon**

**REDUCING HEALTH INEQUALITIES**

**STAKEHOLDER WORKSHOP**

29 JUNE 2022  
AGENDA

# WORKSHOP SNAPSHOT



To view video from PDF click:  
<https://vimeo.com/729991007>





## WHO IS HERE?

70 people representing different parts of the Northern Devon system attended the workshop.

OUR SYSTEM: Representatives from primary care, secondary care, voluntary sector, social care, mental health services, housing, councillors, education, business, libraries, police, One Communities, charities, residents of Northern Devon.



29TH JUNE 2022



**HEALTH INEQUALITIES STAKEHOLDER WORKSHOP  
FACILITATORS: DAVID RELPH & ANDREA BEACHAM**





# WHY ARE WE HERE?

**Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.**

**- King's Fund**



**Health inequalities can involve differences in:**

- health status**
- access to care**
- quality and experience of care**
- behavioural risks to health**
- wider determinants of health**



# If the Northern Locality was a village of 100 people



Devon

Clinical Commissioning Group

The Northern locality has a population of around 168,000 people, and includes the areas of Barnstaple, Bideford, Holsworthy, Ilfracombe, South Molton and Torrington.

5 would be under the age of 5



14 would be aged between 5 and 17



6 would be aged between 18 and 24

15 would be aged between 25 and 39



34 would be aged between 40 and 64

14 would be aged between 65 and 74



12 would be aged over 75



9 people would live in one of the 20% most deprived LSOAs in England

9 people would be living with a long-term health condition or disability which limits their day to day activities a lot

11 people would be unpaid carers

1 person would not speak English as their main language



3 people would identify as lesbian, gay or bisexual

8 people would not have a car or vehicle in their household

Over one fifth of children aged 4 would be overweight



Less than 1% of children would be in care

8% of adults would be obese



Over 1 in 10 adults would have a diagnosis of depression

15% of people over the age of 15 would smoke



Around 18% of children aged 5 would have obvious untreated decayed teeth

On average, women would live to be 83 years old, and men would live to be 80 years old



# WHAT DO WE WANT TO ACHIEVE?

We want to update the current One Northern Devon Health Inequalities Strategy and ensure it:

- a) is co-designed;
- b) involves all those who can have an impact
- c) addresses the systemic barriers

- **What do we want to achieve today?**
- Your commitment
- To start the process ... and work out how this can continue to be co-produced and delivered
- To surface the barriers and what needs to be done to remove or mitigate them.
- Better visibility of the 'system'- what we're all doing, what else we could do, where we could join up better
- Do we think our collective resources are targeted in the places that will have the most impact.
- To explore what you could do now and how we could support you in doing that.

- **What do YOU want to achieve today?**

**one northern devon**  
Safe, Clean, Sustainable Places | Health & Wellbeing | Economy, Employment & Skills

### 10 Year Quality of Life Strategy – 2020-2030

#### VISION

One Northern Devon's Strategy covers a 10 year period starting in 2020, the year that saw a global pandemic transform the way we live and work. By bringing together our full range of partners in a united purpose, we can mitigate the threats and challenges brought about by the crisis and use every opportunity and advantage we have in Northern Devon to design a way of life that is fairer for all.

Our vision is that people in Northern Devon live **happy and healthy lives** in safe, clean and connected communities where people are supportive of one another and aspirations are achieved through **equal access to the best education & employment, whilst living in decent homes and enjoying our world-class natural environment**

**Who are we?**  
One Northern Devon is a partnership of public services, businesses, voluntary & community groups

**What do we do?**  
We **collaborate** together, influence policy & **work over the long term** to improve the quality of life, protect our shared natural environment and address local inequality

**Why do we exist?**  
We exist because **concerted, systematic action** is needed across **multiple fronts** to address the causes of health & social inequalities. We need to work as **ONE system** to tackle complex, multifaceted factors involved

**Our strength:**  
Our strength is in being able to **bring organisations and communities together** to change things for the better

**Our approach:**  
**Collaboration is key** - there are things we can only do and problems we can only solve if we work together.

**We create positive change by:**

- Empowering communities
- Working together to improve services
- Challenging each other to work in a way that benefits us all
- Acting as a collective voice for Northern Devon
- Attracting new resources to Northern Devon

**A SYSTEM NOT SECTOR STRATEGY**

"Interventions to tackle health inequalities need to reflect the complexity of how they are created and perpetuated, otherwise they could be ineffective or even counterproductive. Evidence shows that a comprehensive approach can make a difference. This includes, but goes well beyond, the health and care system." - King's Fund

"We need a vision & mission which brings together local effort with specific goals to narrow the gap. It will mean **new partnerships with other public services, with the community and voluntary sector and with industry**. We are watching with interest the government's 'levelling up' agenda ... focusing on the links between health and economic development, to understand and develop the considerable opportunities in this area" – NHS Confed, Feb 2020

#### OUR MOTIVATION

Based on factors often outside their direct control, people in England experience **systematic, unfair & avoidable** differences in the opportunities they have to lead healthy lives. (Marmot Review Feb 2020). In Northern Devon, people in the most deprived communities can expect to die 15 years earlier than those in our most affluent.

Our partners have come together out of a moral and social duty to address this inequity.

#### KEY ISSUES FACING NORTHERN DEVON

**Child poverty:** N. Devon/ Torridge worst in Devon  
**Excess weight in 11yr olds:** Torridge worst in Devon  
**GCSE attainment:** Torridge worst in Devon  
**Teenage conception:** Torridge worst in Devon  
**Physical activity:** Worst in Devon  
**Alcohol related admissions:** North Devon worst in Devon  
**Domestic violence:** North Devon 2<sup>nd</sup> highest after Exeter  
**Rough sleeping:** North Devon highest after Exeter  
**Fuel poverty:** Highest in Devon

**Early Covid Evidence**

- Death rate double in disadvantaged areas
- Economic downturn likely to increase inequalities
- Child/ fuel poverty will increase
- Loneliness/ mental health issues will increase
- Positive signs of how life could change for the better including environmental & technological changes

#### 10 PRIORITIES

We aim to tackle these inequalities together through interventions focussed on 10 priorities:

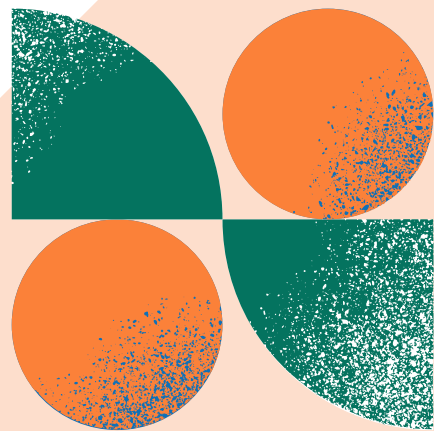
THEME	PRIORITY	LEAD PARTNER
Health & wellbeing	1. Obesity/healthy weight (pg 2)	Devon CCG
	2. Loneliness (pg 3)	NDVS & TTVS
	3. Crisis prevention and support (pg 4)	D&C Police & Devon PH
	4. Child poverty (pg 5)	Action for Children
Safe, clean sustainable places	5. Fuel poverty (pg 6)	361 Energy
	6. Climate emergency (pg 7)	North Devon Biosphere
	7. Strong and resilient communities (pg 8)	One Communities Group
Economy, employment and skills	8. Supporting local employers (pg 9)	North Devon Plus
	9. Local supply chain development (pg 10)	North Devon Biosphere
	10. Increasing employment opportunities (pg 11)	Petroc



# THE FRAMEWORK

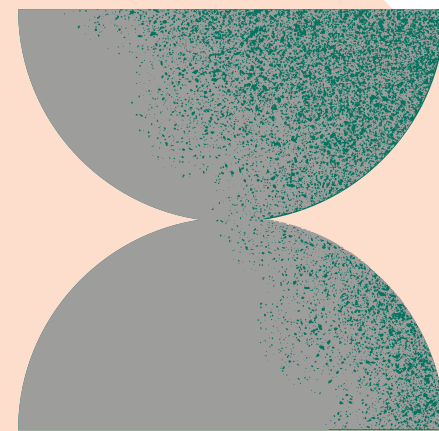
## DOUBLE DIAMOND

A structured design approach to tackle challenges in four phases:



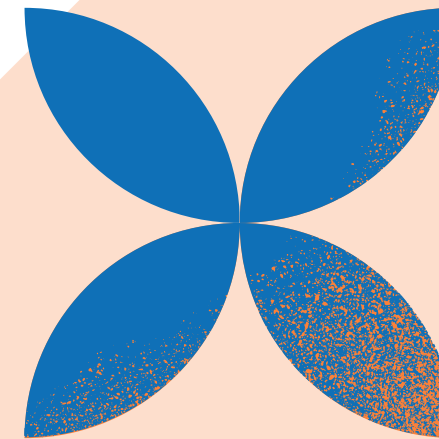
### DISCOVER

Research to understand and gain insight into the problem (divergent thinking)



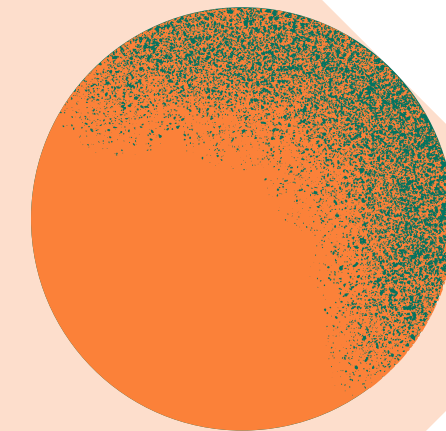
### DEFINE

Synthesise the insights gathered to define the challenge in a different way (convergent thinking)



### DEVELOP

Create different potential solutions to a clearly defined problem. Seek inspiration. Co-design with different people (diverging)

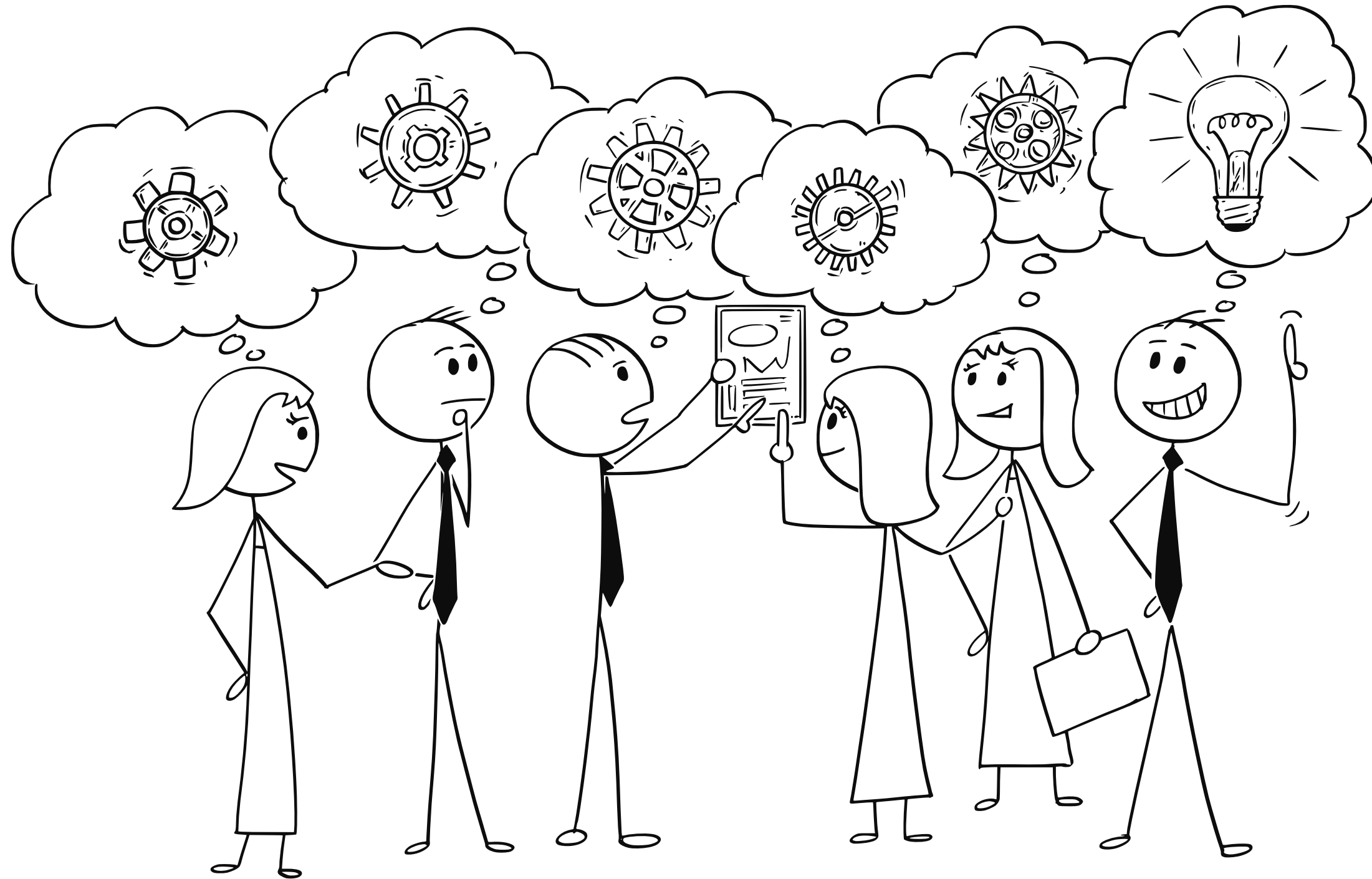


### DELIVER

Test solutions at small scale, rejecting what won't work and improving what will (converging)



# CO-PRODUCTION BENEFITS & CHALLENGES



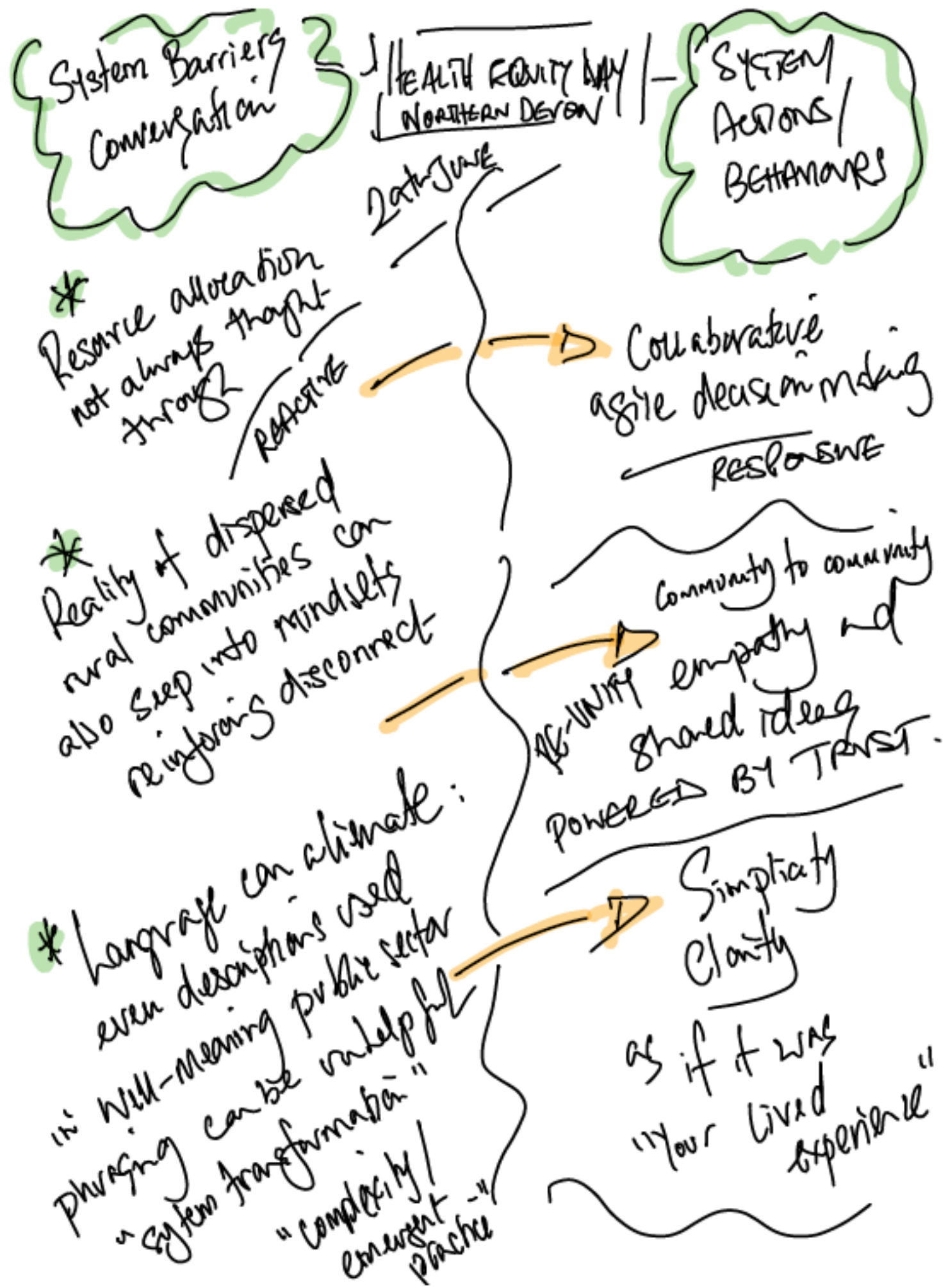




**WHAT DO WE NEED TO DO TO  
CREATE THE RIGHT CONDITIONS  
FOR EQUITY?**



# ONE TABLE'S SKETCH NOTES



\* Invest can often come with conditions and require "shoe-holding"

\* Short termism and crisis response

\* Learning is sometimes lost or not thought about

What if we had great boundaries based on need? and only worked with resource allocation and investment that had flexibility to respond to what's most important

Can we move our thinking beyond crisis to long-term root cause + collective approaches (WHO ARE GUARDIANS OF FUTURE?)



TABLE FACILITATOR: GARETH DIX  
TABLE PARTNERS: DR LINCOLN SARGEANT, DR RUTH TAPSELL,  
AMANDA BOWEN, DR CHLOE CAREY, EMILY FAIRCLOTH

WHERE NEXT  
↓

LIVED EXPERIENCE  
IN DESIGN SPACE

Convene  
spaces to  
build trust.

Stories help  
experience is  
powerful  
Take a Questioning  
Mindset -  
WE NEED COORDINATORS  
OF LEARNING?

Make Cultivating  
Agency a priority  
Confidence  
to Decision

WIDEN INDICATORS  
OF SUCCESS TO  
COMMUNITY  
WELLBEING +  
VIBRANCY

Think Holistic  
in approach  
and tailor  
support

e.g. **HUB**  
for relationship  
Financial advice  
wellbeing <sup>es</sup> physical activity  
Learning  
Digital  
planning

Create conditions  
for psycho-social  
SAFETY  
Cups of tea  
with purpose!!

INPUT  
Dr Lincoln Sargeant  
Dr Ruth TapSELL  
- NHS Eng team  
- Amanda Bowen  
TITVS  
- Dr Chloe  
Carey  
to be continued  
Gareth Dix  
FACILITATOR





# TOWARDS CREATING A DESIGN BRIEF

FIRST DRAFT FROM COLLATING ALL TABLE DISCUSSION NOTES

## DESIGN PRINCIPLE 1

### PERSON-CENTRED

Provide person-centred services - focused on what matters to the individual, not service

## DESIGN PRINCIPLE 4

### CO-PRODUCED

Co-produce solutions with the people and communities affected

## DESIGN PRINCIPLE 7

### BUILD ON GOOD PRACTICE

Build on existing areas of good practice

## DESIGN PRINCIPLE 2

### CONSIDERS PERSON'S WIDER CONTEXT

Work in ways that support the 'whole person' including their wider circumstances

## DESIGN PRINCIPLE 5

### TARGET RESOURCES WHERE THEY WILL HAVE MOST IMPACT

Distribute resources equitably and where they will have the most impact

## DESIGN PRINCIPLE 8

### THINK LONGER TERM

Think longer term and ensure adequate resources are allocated towards prevention

## DESIGN PRINCIPLE 3

### WHOLE PLACE

Work in ways that support the 'whole place' and recognise rural and coastal challenges

## DESIGN PRINCIPLE 6

### JOIN FORCES & PROMOTE SHARED LEADERSHIP

Promote shared leadership and join forces across the system towards a common aim

## DESIGN PRINCIPLE 9

### COMMUNICATE

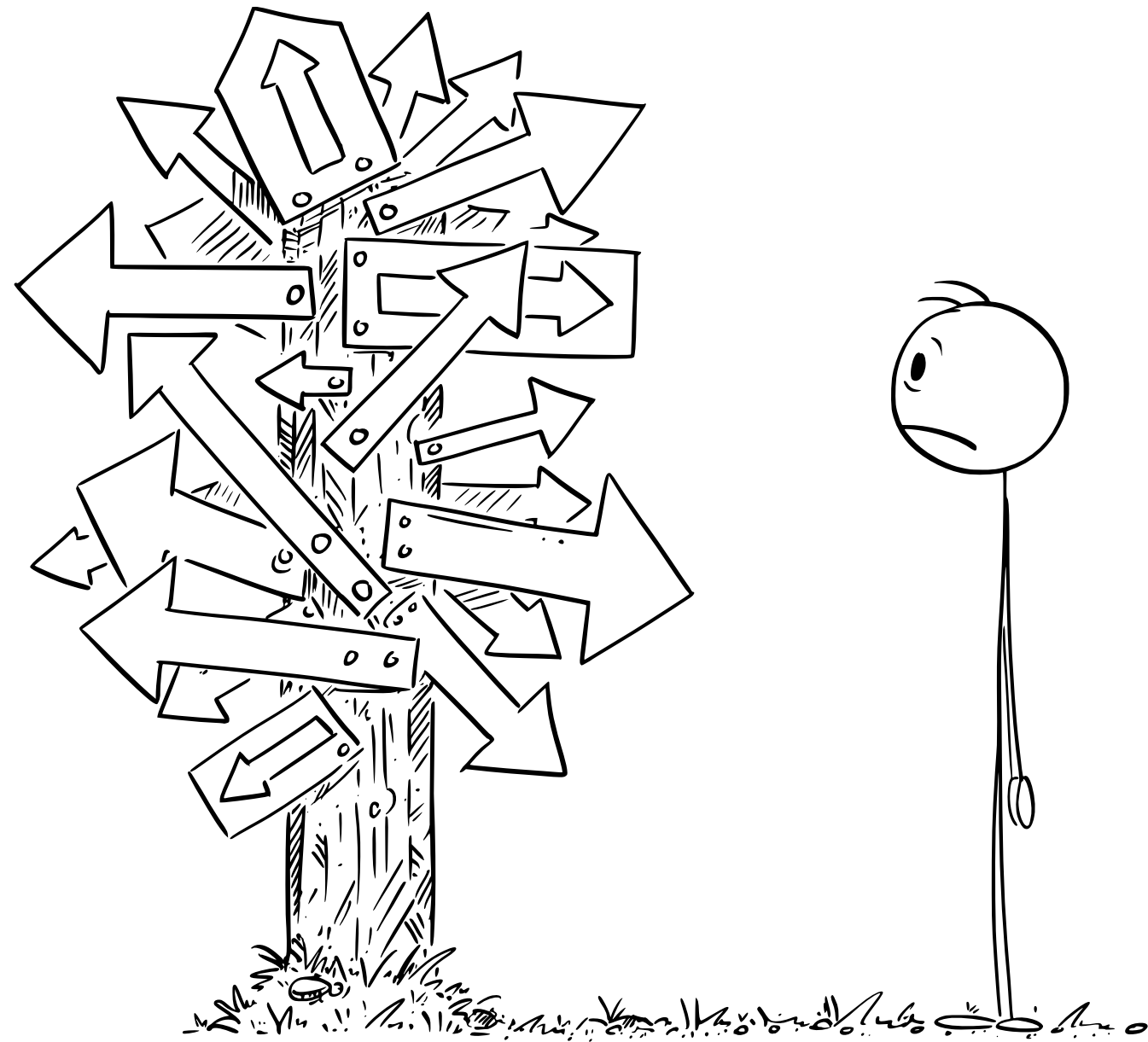
Get better at communicating with each other across the system



# PLAN FOR THE DAY

- PRECIS OF INSIGHTS GATHERED SO FAR
- SYSTEM THINKING
- TWO FOCUS AREAS CHOSEN BY YOU:

PHYSICAL HEALTH OF PEOPLE WITH COMPLEX NEEDS



HOUSING





## DISCOVERY STAGE INSIGHTS SO FAR

One Northern Devon began an engagement project in April, with the aim of exploring the challenges that people across Northern Devon face as we emerge from the COVID-19 pandemic. During Phase 1 which runs until October 2022, quantitative and qualitative research and engagement methods are being used, with members of One Communities and Devon County Council taking part in data collection, alongside two research consultants. Phase 2 is to develop a sustainable co-production model that allows service providers to listen and respond to the experiences of people who experience inequalities and staff who work with them.

The interim report can be found [here](#)

The engagement with organisations and community members has so far shown the biggest challenges people are facing to be:

- **Poor transport infrastructure**
- **Lack of affordable housing**
- **Poverty**
- **Geographical remoteness and rurality**
- **Social isolation and loneliness**
- **Low wage economy**

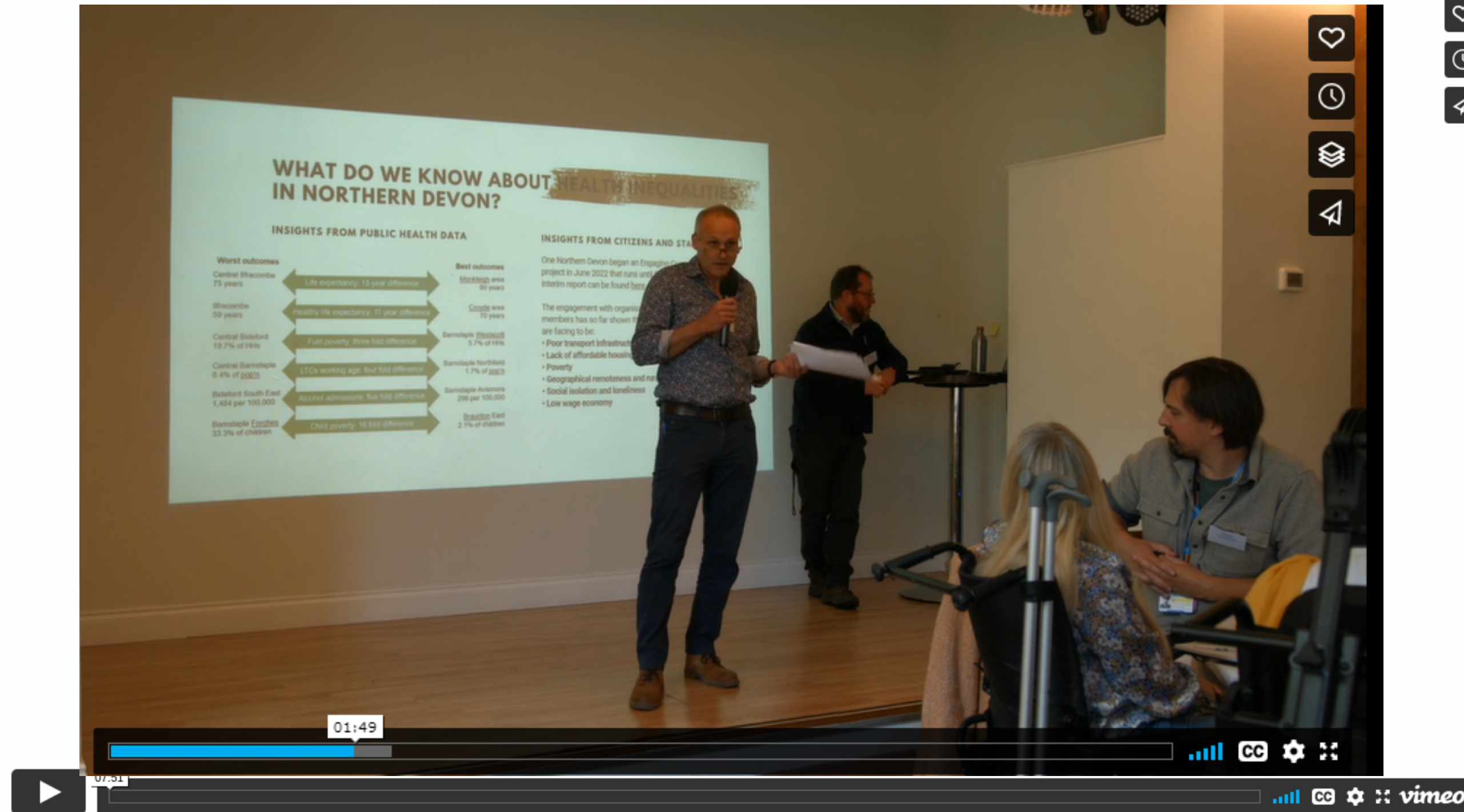


# HEALTH INEQUALITIES

09.30-10.30

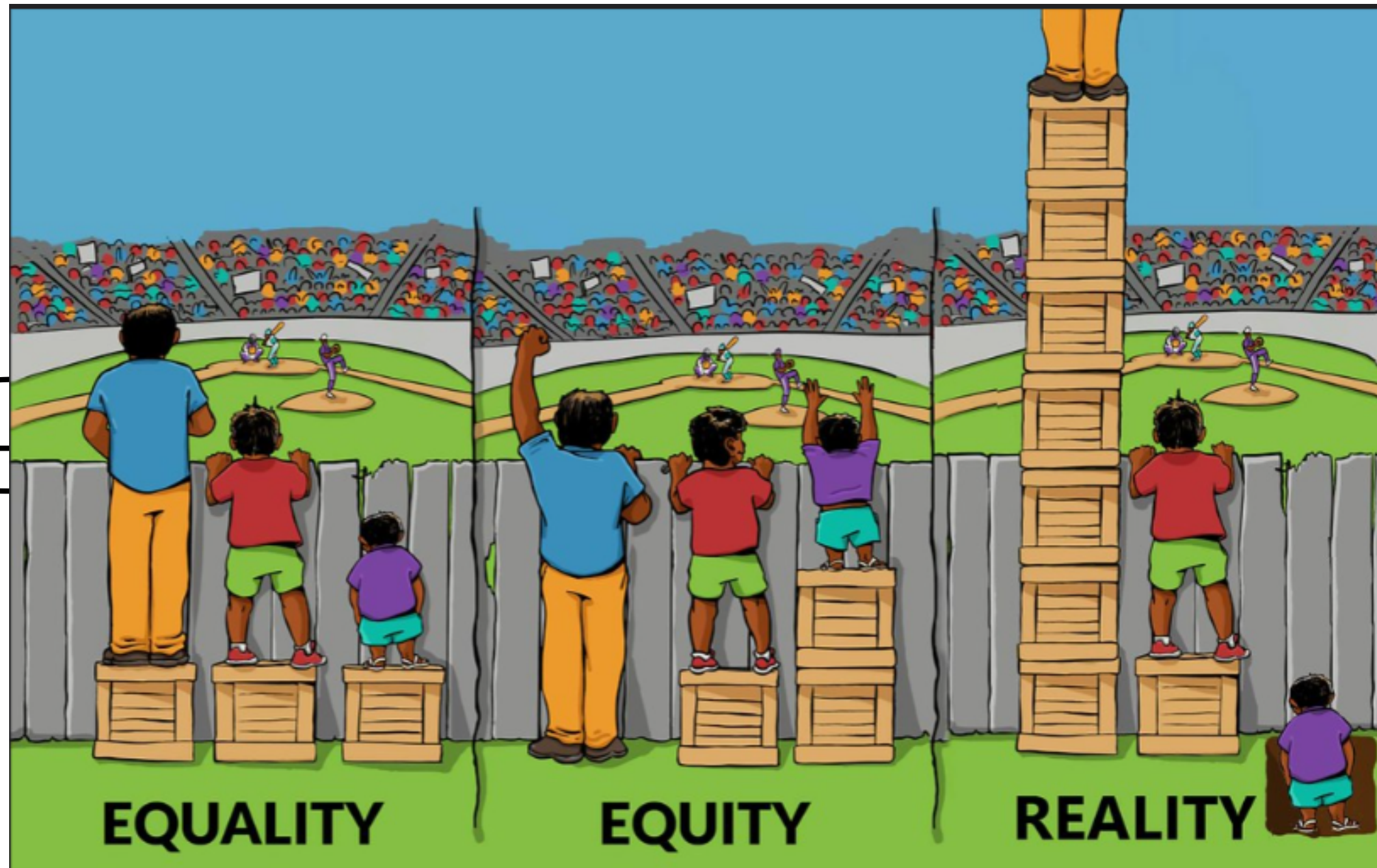


# HEALTH INEQUALITIES DR OLIVER HASSALL



To view video from PDF click [here](#)

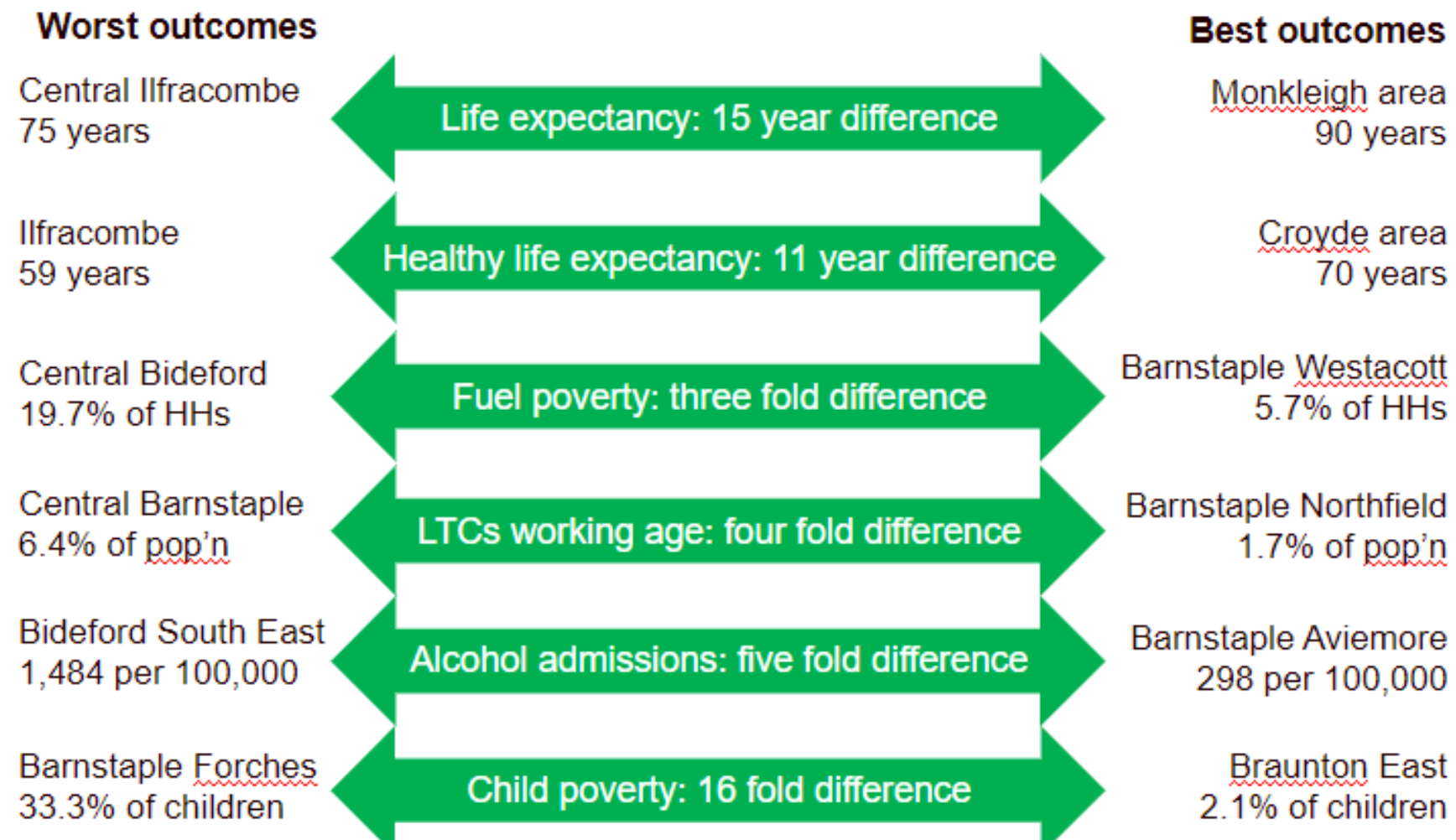
# WHAT DO WE MEAN BY HEALTH INEQUALITIES?





# WHAT DO WE KNOW ABOUT HEALTH INEQUALITIES IN NORTHERN DEVON?

## INSIGHTS FROM PUBLIC HEALTH DATA



## INSIGHTS FROM CITIZENS AND STAFF

One Northern Devon began an Engaging Communities project in June 2022 that runs until October 2022. An interim report can be found [here](#).

The engagement with organisations and community members has so far shown the biggest challenges people are facing to be:

- **Poor transport infrastructure**
- **Lack of affordable housing**
- **Poverty**
- **Geographical remoteness and rurality**
- **Social isolation and loneliness**
- **Low wage economy**



# COMPLEX NEEDS

09.30-10.30



# CLAIRE FISHER

## PERSPECTIVE OF A VCSE PROVIDER



To view video from PDF click:  
<https://vimeo.com/736178170>

# Supporting people with Complex Needs



**ENCOMPASS**



# High Flow

- Based on relationships and trust - Collaborative
- Whole Person approach
- Team Around the Person (TAP)
- Giving back control to clients/patients
- "We've got your back" approach



**ENCOMPASS**

# Seeing the Whole Person

- being human and professional and working with all of ourselves rather than denying our common human fallibility and struggle.
- Acknowledging adverse childhood experiences in a person and how this leads to certain learnt behaviors.
- Multiple layers of trauma and issues
- One size does not fit all



**ENCOMPASS**



# Being Trauma Informed

- Asking “What has happened” and NOT “what is wrong”
- Collaborative working – the value of lived experience cannot be ignored.
- Co-production
- Elastic Tolerance approach
- Support for frontline staff and volunteers – good supervision and support



**ENCOMPASS**

# CAROLYN PERSPECTIVE OF A HIGH FLOW SERVICE USER



To view video from PDF click [here](#):



**CAROL**  
**PERSPECTIVE OF A**  
**COMMUNITY SUPPORT**  
**SERVICE**

To view video from PDF click [here](#)

**JOHN**  
**PERSPECTIVE OF A**  
**COMMUNITY SUPPORT**  
**SERVICE USER**



To view video from PDF click [here](#)





# HOUSING

09.30-10.30

# KEN MILES



To view video from PDF click [here](#)



## What is the problem?

Lack of Affordable Housing  
Lack of private rental  
Rents too high  
House prices too high  
Affordability  
Too many second homes  
Air BnB  
Housing conditions  
Fuel Poverty  
Homelessness  
Lack of supply  
etc

## Implications

- Health Issues
- Drop in living standards
- Increased calls on other sectors
- Increased costs
- Disruption
- Community cohesion
- Recruitment difficulties

# Stats

## Homelessness

20/21 – 1063 approaches for homelessness  
21/22 (Dec) – 868

## Section 21 evictions

20/21 – 39  
21/22 (Dec) – 80

## Affordable Housing

21/22 – 113 completions

## House Prices

January 2020 - £245k  
October 2021 - £295k  
April 2022 - £325k

## Private Rental market

67% reduction from August 2019 – August 2021

## Second Homes and Holiday lets

Increased by 467 from Oct 2019 – April 2022

## Households in TA

Current – 58  
21 – 39  
20 - 32

## Energy efficiency

78 interventions





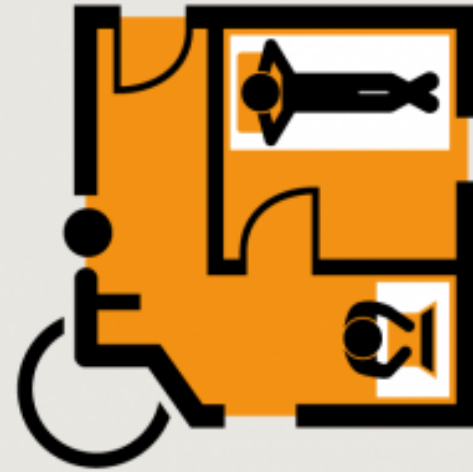
# Housing

**1<sup>IN</sup> 5** dwellings doesn't meet decent standards in England. Where we live is more than just a roof over our heads. It's our home – where we grow up and flourish

A healthy home is:



Affordable and offers a stable and secure base



Able to provide for all the household's needs



A place where we feel safe and comfortable



Connected to community, work and services

Investing in housing support for vulnerable people helps keep them healthy. Every £1 invested delivers nearly £2 of benefit through costs avoided to public services including care, health and crime costs

**£2** BENEFIT FOR EVERY £1 INVESTED

**INVESTING IN HOUSING SUPPORT FOR VULNERABLE PEOPLE HELPS KEEP THEM HEALTHY**

- Health Foundation



# KEY WORKER HOUSING

The housing situation is having a detrimental impact on the ability of RDUHT to recruit to key worker posts at all levels. We are working with housing partners to mitigate this:

## **Short term - signposting opportunities**

We are working with estate agents and housing developers to ensure new and upcoming rental and buying opportunities are circulated to staff in need of housing for relocation or if their existing housing situation is at risk.

## **Mid to long term - keyworker housing partnership**

We are in discussions with North Devon Council and North Devon Homes about putting in place nomination agreements with RDUHT for Key Worker housing options on properties being developed. This includes MOD properties and seeks to ensure a strong, local supply chain.





# HOUSING AND COMPLEX NEEDS

## HOUSING ISSUES FOR PEOPLE WITH COMPLEX NEEDS

- Private rented accommodation – Very difficult to access in the current housing market. Demand outstrips supply and therefore very few people with complex needs are able to secure private rented accommodation due to factors including: .
  - Affordability – with the increase in rents and many of our clients dependent on welfare benefits they are unable to afford the top up and increased utility bills
  - Deposits & RIA – Many landlords are looking for 3 months plus deposit
  - Discrimination – often clients will be rejected because of their access to welfare benefits – if a landlord believes they have other issues, then often they do not progress any further than enquiring about properties.
- Social Housing – again the demand for social housing outstrips supply and most people with complex needs are not deemed to be in priority need therefore they are likely to be awarded band D if they apply for social housing. At this banding they will be on waiting lists for years and unlikely to ever be offered accommodation.
- Supported accommodation - this tends to be shared accommodation in a HMO run by a charity. The housing crisis means that 'move on' options from supported accommodation are very limited which leads to bed blocking in supported accommodation. Sadly, we have 2 significant sections of the market place that for a variety of reasons are simply not accessible for people with complex needs.

The most appropriate accommodation is often a 1 bed flat but these don't exist in the supported accommodation sector. As a result it forces people into shared living arrangements which are not always suitable. Some people due to past trauma and previous life experiences cannot live with other people. When forced to do so things often go wrong leading to exclusion or eviction potentially "setting them up for failure" by providing them with the wrong housing solution.





# HOUSING AND COMPLEX NEEDS

## WHAT IS AVAILABLE?



The Freedom Centre has over 60 beds of accommodation for people with complex needs and many of those have been with them for a long time. A growing number are ready to move on to independent living but there isn't anywhere for them to go due to the aforementioned difficulties. They describe this as being 'Bed Blocked'.

In recent years the Freedom Centre has increased the type of accommodation solutions and these now include:

- Rough Sleeper PODS – we current support 8 PODS.
- Temporary Accommodation with elastic tolerance for complex needs (In place of old night shelter provision) currently 4 beds with a desire and plan to increase a further 4 beds.
- Female Only complex needs accommodation 2 beds
- Supported Accommodation for complex needs 25 beds across 6 properties. All have come from a background of rough sleeping.

Despite the increased range of solutions available we still have approx. 13 rough sleepers in North Devon who are not accommodated. The main area that we deal with is Complex Needs which include addiction issues i.e drug and alcohol addiction. Often these individuals will experience poor mental health, offending behaviour and involvement with the Criminal Justice System and well as potentially poor physical health and financial issues including debts and poverty. Add into the above mix the rising cost of living and rising energy prices and the situation just becomes more complicated.

Many of those we work with experience health inequalities and there are numerous reasons that contribute to this.

# HOUSING AND COMPLEX NEEDS

## WHAT IS AVAILABLE?



**Encompass**

Helping you find your way

### Women Only Supported Accommodation

Encompass offers a 4 bed female only supported accommodation in Barnstaple (Bull Court) and a 4 bed accommodation in Bideford (Caroline House) designed to work within a gender informed approach to support women who have been rough sleeping, homeless and affected by domestic violence.

Occupants are supported to address the issues which lead them to homelessness and empower them to make positive changes to past, present and future relationships.

- High needs women only accommodation – 13 bed spaces
- High needs male accommodation – 4 bed spaces
- Mixed accommodation medium needs – 9 beds spaces
- Emergency accommodation – 4 bed spaces
- Move on accommodation – 5 bed spaces
- Housing First accommodation (single units for entrenched rough sleepers) 7 units
- Female only accommodation for pregnant women – 2 units



# LOCAL AUTHORITY PERSPECTIVE

“

Within the general housing requests, we have issues when we are dealing with clients that have complex needs not able to secure alternative suitable accommodation within support housing sector.

We are placing clients into Temporary Accommodation that are struggling to manage due to the complexity of their needs.

Due to current housing market we are seeing more clients ending up in Temporary Accommodation as we are unable to secure alternative accommodation in the Private Rented Sector. This is also due to the increase in rental charges, we have seen single rooms in house shares to go up to around £550 per month.

”

# HOUSING AND COMPLEX NEEDS



## **Other accommodation in Northern Devon for rough sleepers / complex clients:**

**Sanctuary supported accommodation at the Maples –  
9 bed unit, St George's Rd, Barnstaple EX32 7AS**

**Alabare Charis House 9 bed unit  
Charis house, 2 Buttgarden street, Bideford EX39 2BW**

**Alabare Silvester House 6 bed unit  
Silvester house, Buttgarden street, Bideford EX39 2BW**

**Alabare 80 High Street 7 bed unit -  
80 High Street, Bideford EX39 2AN**

**Alabare Vicarage Lawn 6 bed unit  
Vicarage lawn, Barnstaple, EX32 7BW**

**North Devon Council also has temporary  
supported accommodation for rough sleepers  
which includes 8 Pods and a 4 bed shared house.**

**Torrige District Council part-funds low level  
supported accommodation with LiveWest for  
under 25s in Holsworthy and Bideford.**

Problem	Who is affected?	Causal factors	What is currently being done?
Lack of affordable housing to rent	<ul style="list-style-type: none"> <li>• Young people</li> <li>• People/families on low incomes</li> <li>• Local businesses whose employees rely on affordable accommodation</li> <li>• Public sector bodies (education, health, local government etc) whose employees rely on affordable accommodation</li> <li>• Local housing authority income due to reduced council tax for those properties converted to businesses (ie AirBnB)</li> <li>• All Northern Devon residents due to reduced income (NDC currently £0.5 million reduction in income) therefore reduced spend on council services.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in supply of rental properties due to landlords removing their properties from the private rental market and either selling due to high house prices following increased demand as part of the pandemic-effect of people from cities looking to relocate to rural/coastal locations, or converting to AirBnBs &amp; holiday lets.</li> <li>• Reduction in supply of rental properties due to second home ownership</li> <li>• The timetable for building by developers is not always in line with the timescales of planners who have given planning permission (meaning site availability and permission does not always equal housing development)</li> <li>• Local resistance to new housing developments</li> <li>• High building costs &amp; supply chain</li> <li>• Inward migration - covid/lockdown/homeworking effect</li> <li>• Increase in rental costs not matched by wages - low wage economy</li> </ul>	<ul style="list-style-type: none"> <li>• Both councils reviewing local plan which will state what housing can go where - all have a chance to have their say.</li> <li>• Team being set up to look at empty properties</li> </ul>
Lack of affordable housing to buy		<ul style="list-style-type: none"> <li>• Increase in demand for second home ownership - homes being bought by those outside the area with more disposable incomes due to higher wages</li> <li>• Some homes have holiday occupancy restrictions</li> <li>• Increased cost of building materials making it less viable for house-builders to build affordable homes</li> <li>• Large number of empty properties - often due to issues such as intestacy or viability</li> <li>• Inward migration - covid/lockdown/homeworking effect</li> <li>• Reduction in supply of available properties due to second home ownership</li> <li>• Increase in housing costs not matched by wages - low wage economy</li> <li>• Loan to value - first time buyers will find it difficult to find a 10% deposit on a starter home</li> </ul>	<ul style="list-style-type: none"> <li>• Housing summit</li> </ul>
Lack of infrastructure to support number of new homes planned	<ul style="list-style-type: none"> <li>• Health services and service users</li> <li>• Social care services and service users</li> <li>• Police &amp; fire services and service users</li> <li>• Council services and service users</li> </ul>		<ul style="list-style-type: none"> <li>• Modular housing - currently some installed at Hookaway Head and the Freedom Centre</li> </ul>
Lack of emergency accommodation for people who have become or were made homeless	<ul style="list-style-type: none"> <li>• Health services and service users</li> <li>• Social care services and service users</li> <li>• Police &amp; fire services and service users</li> <li>• Council services and service users</li> </ul>	<ul style="list-style-type: none"> <li>• Predicted temporary spike in section 21 evictions ahead of government ban on section 21 evictions</li> </ul>	



Problem	Who is affected?	Causal factors	What is currently being done?	What more could be done?	What is out of our scope of influence?
<b>Lack of affordable housing to rent</b>	<ul style="list-style-type: none"> <li>• Young people</li> <li>• People/families on low incomes</li> <li>• Local businesses whose employees rely on affordable accommodation</li> <li>• Public sector bodies (education, health, local government etc) whose employees rely on affordable accommodation</li> <li>• Local housing authority income due to reduced council tax for those properties converted to businesses (ie AirBnB)</li> <li>• All Northern Devon residents due to reduced income (NDC currently £0.5 million reduction in income) therefore reduced spend on council services.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in supply of rental properties due to landlords removing their properties from the private rental market and either selling due to high house prices following increased demand as part of the pandemic-effect of people from cities looking to relocate to rural/coastal locations, or converting to AirBnBs &amp; holiday lets.</li> <li>• Reduction in supply of rental properties due to second home ownership</li> <li>• The timetable for building by developers is not always in line with the timescales of planners who have given planning permission (meaning site availability and permission does not always equal housing development)</li> <li>• Local resistance to new housing developments</li> <li>• High building costs &amp; supply chain</li> <li>• Inward migration - covid/lockdown/homeworking effect</li> <li>• Increase in rental costs not matched by wages - low wage economy</li> </ul>	<ul style="list-style-type: none"> <li>• Both councils reviewing local plan which will state what housing can go where - all have a chance to have their say.</li> <li>• Team being set up to look at empty properties</li> <li>• RDUHT team are developing stronger mechanism from responding to local plans a health equity perspective which will include elements of affordable housing, cycle routes, sustainability and air pollution.</li> </ul>		
<b>Lack of affordable housing to buy</b>		<ul style="list-style-type: none"> <li>• Increase in demand for second home ownership - homes being bought by those outside the area with more disposable incomes due to higher wages</li> <li>• Some homes have holiday occupancy restrictions</li> <li>• Increased cost of building materials making it less viable for house-builders to build affordable homes</li> <li>• Large number of empty properties - often due to issues such as intestacy or viability</li> <li>• Inward migration - covid/lockdown/homeworking effect</li> <li>• Reduction in supply of available properties due to second home ownership</li> <li>• Increase in housing costs not matched by wages - low wage economy</li> <li>• Loan to value - first time buyers will find it difficult to find a 10% deposit on a starter home</li> </ul>	<ul style="list-style-type: none"> <li>• Housing summit</li> </ul>	<ul style="list-style-type: none"> <li>• More streamlined planning process</li> </ul>	
<b>Lack of infrastructure to support number of new homes planned</b>	<ul style="list-style-type: none"> <li>• Health services and service users</li> <li>• Social care services and service users</li> <li>• Police &amp; fire services and service users</li> <li>• Council services and service users</li> </ul>		<ul style="list-style-type: none"> <li>• Modular housing - currently some installed at Hookaway Head and the Freedom Centre</li> </ul>		
<b>Lack of emergency accommodation for people who have become or were made homeless</b>	<ul style="list-style-type: none"> <li>• Health services and service users</li> <li>• Social care services and service users</li> <li>• Police &amp; fire services and service users</li> <li>• Council services and service users</li> </ul>	<ul style="list-style-type: none"> <li>• Predicted temporary spike in section 21 evictions ahead of government ban on section 21 evictions</li> </ul>			

# HOUSING



**QUESTIONS ABOUT HOUSING FROM THE AUDIENCE**

**Developers are being allowed to call all the tunes. Planning laws are failing - we're allowing development but it's not providing housing for those who need it. Also laws need to be changed on retrieval of properties that aren't being lived in.**

**KEN MILES' RESPONSE:**

*In terms of lobbying government regarding the planning changes - we've made some suggestions to government and that's part of the lobbying that we do. Both Torridge and North Devon Councils are about to start reviewing their local plan which is the development plan document. It sets out what housing is going to go where and we're carrying out an engagement exercise at the moment. If you look on the council's website or on social media, you'll see the People in Place project and that's where you can have an input into it.*

*You're absolutely right, a lot of people feel that the correct housing is not going in the correct place, but unfortunately most of those complaints happen when a planning application is in and at that point it's often a little bit too late because the local plans already set the scene for that development.*

*In terms of property sitting idle, you're absolutely right, that is an issue, and it's quite significant numbers but I have to say, trying to bring an empty property back into use is incredibly difficult. It's very resource intensive because most people don't allow property just to sit idle for years. There's usually a reason behind it, whether it's held up in intestate or something. But we do have a team that's now being set up to try and tackle some of those long term empty properties, and part of the lobbying with government, and one of the changes they have made, is to give powers to district councils, to increase the amount of council tax that's charged on some of those long term empty properties. But we are lobbying for further powers to try and resolve that.*

*Some of those long term empty properties that are being used as second homes - some of the messaging that we get back from the owners is that it makes no difference what the council tax is being charged, they will still carry on using it in exactly the same way because even if they're paying £8k...£9k a year in council tax, it doesn't make an awful lot of difference to them.*



QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

**Can you start to control supply using finances from council tax and development?**

**KEN MILES' RESPONSE:**

*Yes, it will take us into a whole other subject because the council tax that the district council collects, we retain only a very small element of it. We collect it for the police, the county council, parish councils, et cetera., so we only retain a small element of that. But one of the exercises we did as part of lobbying government was to look at those 467 properties that have been lost from the permanent residential market and try and calculate how much council tax has been lost to the whole area, and it's running at about one and a half million pounds, I think from those, from those 467 properties.*

**KEN MILES' RESPONSE:**

*Yes, there's two types of modular properties at the moment that Cornwall and North Devon are using, it's probably more of a dressed up term for a big shed, but we are using modular pods for homelessness provision. So taking people off the street and allowing them to have some sort of roof over their heads, Cornwall and North Devon are using that, but we're also exploring a new scheme, that's been set up with the Police and Crime Commissioner, whereby ex-prisoners are creating modular properties and the push is to try and get those onto local authority land. So we're looking at that at the moment in conjunction with North Devon Homes to see whether we can come up with a scheme locally to us which will make it cheaper.*

*The whole modular build market is growing, I think there was something in the news just recently about the company that's building a massive factory upcountry somewhere to try and churn these out at scale and I think it is the way forward. And there's a few councils that have got some schemes. I think Bristo has got a really good one where they've built over a car park, so they've kept the car park intact and built over the top. And that looks really good. So yes it is definitely something we're exploring.*

QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

**Could you comment on the modular housing idea? I attended a meeting where someone from Cornwall talked about their experiences and on the surface, it seems like a really effective, fairly cheap, efficient way of providing housing for people that may not otherwise secure it. And if we could wrap as a system around those people in that housing that struck me as a solution on the surface.**

## QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

I wanted to ask two questions. The first was about the section 21 evictions in 2020, 2020 to 2021, whether that was a dip from the previous year, cause wasn't there a block on section 21 evictions during the first year of COVID.

The second question was about holiday let planning permission, because a lot of places have had holiday let restrictions on planning, is there possibility that some of those could be looked at and reversed to become proper residential properties?

## KEN MILES' RESPONSE:

*I don't know the answer to the first question - I can have a look at the figures to see if it was a dip or not, the impression I've got is it's not a dip, it's been a steady increase and we saw more of an increase over the pandemic as people use section 21's to flip the properties effectively into holiday lets.*

*In relation to the second question about planning permission for holiday lets, yes there are a small number of properties within the council area which have got restrictions saying they have to be used for holiday purposes and that's because they complied with policies at the time, which said permanent residential here isn't acceptable because the property is a type that, isn't available, isn't suitable for all year round use, et cetera., but where an application comes forward for that to be converted, to remove the condition, we look at that proactively.*

*The whole issue about planning permission for holiday lets is something that the government is looking at and that's something we're lobbying on because it's a big grey area at the moment as to whether change from permanent residential into a holiday letting business, effectively requires planning permission. Personally speaking, I think it does, depending on the circumstances, but there's nothing in legislation that says that at the moment. And interestingly at the start of the week, I picked up on the national press, something about the government perhaps issuing a consultation in the next couple of days which might look at introducing further restrictions through the Levelling Up bill, which will be welcomed. But that doesn't mean to say they'll be stopped because you might grant planning permission if it's appropriate, but it opens up an area of regulation that we don't have at the moment, which would be welcomed.*

## QUESTIONS ABOUT HOUSING FROM THE AUDIENCE

I j wanted to ask about all the thousands of houses being built at the moment in Torridge, there are literally thousands of them but there's been no improvements to the infrastructure or services that are available. So for example, I know that in North Devon a few nights ago, there was not one available ambulance and I know that an ambulance crew had to take an ill person down to Derriford there were 20 ambulances in front of them. So how are we going to prepare for all of these new houses being built and what provision is there going to be for the NHS and emergency services?

## KEN MILES' RESPONSE:

*Yes, I think historically the NHS hasn't really engaged in the planning process but I think that's changing more recently. I think there is greater cooperation between the district council when it's looking at things like it's local plan and the NHS in planning the services., when an application comes in.*

*You're absolutely right on paper, it should provide for all the requirements for infrastructure. But the reality is, is really difficult to do that because the developer is able to argue viability arguments and say there's an overriding need for housing. Government is saying, this is a housing target. You've got to provide housing. We can't provide the housing here unless you drop some of the requirements that you're saying you need, things like open space, affordable housing, offsite recreation, NHS contributions.*

*So it's really difficult because we're often faced with those sorts of arguments and then we've got to balance that up and say, okay, well, do we say, "Okay, no housing here," and run the risk on appeal or do we, accept a lesser level of contribution?*

*The part the Levelling Up bill is talking about a standardised infrastructure contribution system being brought in. And again, that would be welcomed I think. But yes it is difficult because each case has to be judged on its merits when it comes through and if there are extraordinary building costs for a developer because they're building on brownfield land or something like that, then that can often wipe out completely any infrastructure gains that you might get as part of a development that comes through.*



**QUESTIONS ABOUT HOUSING FROM THE AUDIENCE**

**North Devon Homes took over the majority of the council houses through the large scale voluntary transfer. As part of that, North Devon Homes only gets £30,000 for each house that's sold through the Right to Buy scheme, the rest of that money goes to the council and you don't build one-for-one housing for it. So why, why is that money not used specifically towards housing?**

**QUESTIONS ABOUT HOUSING FROM THE AUDIENCE**

**I know we are short of housing for people, but can you tell me why planning permission is given? I'm talking about South Molton. At the moment we've got another 360 houses going up. We've had hundreds since I've lived there in the last five years, only legally 2 to 3% have to be affordable homes, but they can be sold to anybody. They haven't got to be sold to locals. So why aren't you implementing that they have to be cut down to a minimum cost for locals to be able to afford that 2 to 3%. And also when you're giving planning permission to housing associations, do you make a stipulation that some of the properties have to be fully for mobility?**

**KEN MILES' RESPONSE:**

*That money traditionally has been used to prop up the housing services and fund the housing services, so the homelessness provision that we've got, the homeless prevention etc, so that's how we use that money.*

*We are looking at how we can perhaps intervene in the local market, as I said, for temporary accommodation, we purchase properties on the open market, but we are also now looking at building our own properties.*

*The Future High Streets Fund project that we've got just starting out in Barnstaple town centre centred around the market in Boutport street, but the redevelopment of that will provide, we're hoping anyway, unless we have to take it out, because of the inflationary cost, but we're hoping that that's going to provide 11 or 12 residential units in the town centre and the aspiration is to use those for social housing.*

*And similarly in Ilfracombe we've got a piece of land at Bicclescombe Nursery which we want to use for self build or custom build affordable housing and the aspiration again for that will be social housing. So we are starting to do that but you're absolutely right we are no longer a housing provider. That is North Devon Homes and there's also separate schemes as well where we've funded North Devon Homes or worked with North Devon Homes to provide housing as well and worked in conjunction with them.*

**KEN MILES' RESPONSE:**

*In relation to the first question, , I'm not sure whether 2 or 3% comes from because the local plan has an aspiration that for a development coming forward, we'd be looking at 30% affordable, that's an aspiration - we don't achieve that, that 113 affordable homes that came forward last year represents about 18% rather than 30%.*

**QUESTIONS ABOUT HOUSING FROM THE AUDIENCE**

**So you were saying about how you are working on both sides so locally and then also lobbying the government. Do you see a role that we as local organisations and local people can have in pushing against the government as opposed to just working here in North Devon? And if so, what role do you think we can, we could take on?**

**KEN MILES' RESPONSE:**

*Absolutely. I think the more noise that's made about these issues, the better. We've got a very active housing crisis group in Northern Devon, which operates through Facebook and they've done an absolutely fantastic job in getting this agenda on the national agenda, they've taken it to parliament, I think they were on BBC One news this morning talking about second homes and holiday lets so they've done a really good job in raising up the agenda and the local MPs are also getting on board and have prompted debates in parliament but, and this isn't me being political, they're doing that because there's such a noise being made locally about it, so any noise that can be made I think is, is great.*

*How we do it formally as part of this group, we'd have to think about. I think, whether it be a formal representation or, or something. There is going to be a housing round table that's being organised with the housing minister, which we've to secure to come locally. No idea of the arrangements for that yet at the moment, because that's being organised by central government, but the fact that it's coming to the local area and we'll hear from local organisations and I hope local businesses and local people is absolutely fantastic cause it gives the opportunity for local people to make representations directly into government.*

*I have to say locally, picking up on the recruitment issues, I noticed a bit of a step change in how people were reacting to this housing crisis. When we started saying people are no longer able to recruit and employers are thinking about dis-investing in the area, and schools are finding difficulty in recruiting teachers. It was at that point that people suddenly started saying we need to do something about this because that has a broader impact than perhaps one individual not being able to find a house. I noticed anyway that people started taking more notice when we started saying this could have a massive economic impact as well as anything else.*

*So yes, as much noise as possible.*

**TABLE DISCUSSION & FEEDBACK**

**WHAT IS YOUR UNDERSTANDING  
OF HEALTH EQUITY? DO WE  
AGREE?**

**WHERE HAVE YOU  
EXPERIENCED/NOTICED INEQUITY  
(PERSONALLY OR  
PROFESSIONALLY)?**

**WHAT ARE THE STRUCTURAL  
BARRIERS THAT MAKE IT DIFFICULT  
TO ADDRESS THOSE DRIVERS?**

**TABLE ONE  
FACILITATOR: KATHERINE ALLEN**

**FEEDBACK TO MAIN GROUP**



✓ **BARRIER 1**  
Communication

✓ **BARRIER 2**  
Funding  
disincentives

✓ **BARRIER 3**  
Access issues

✓ **BARRIER 4**  
Risk aversion

✓ **BARRIER 5**  
Power dynamics

✓ **BARRIER 6**  
Policy/  
regulation

✓ **BARRIER 7**  
Culture/  
behaviours

✓ **BARRIER 8**  
Lack of capacity &  
skills to co-produce

✓ **BARRIER 9**  
Top-down  
commissioning

✓ **BARRIER 10**  
System silo-working

# **BARRIERS**

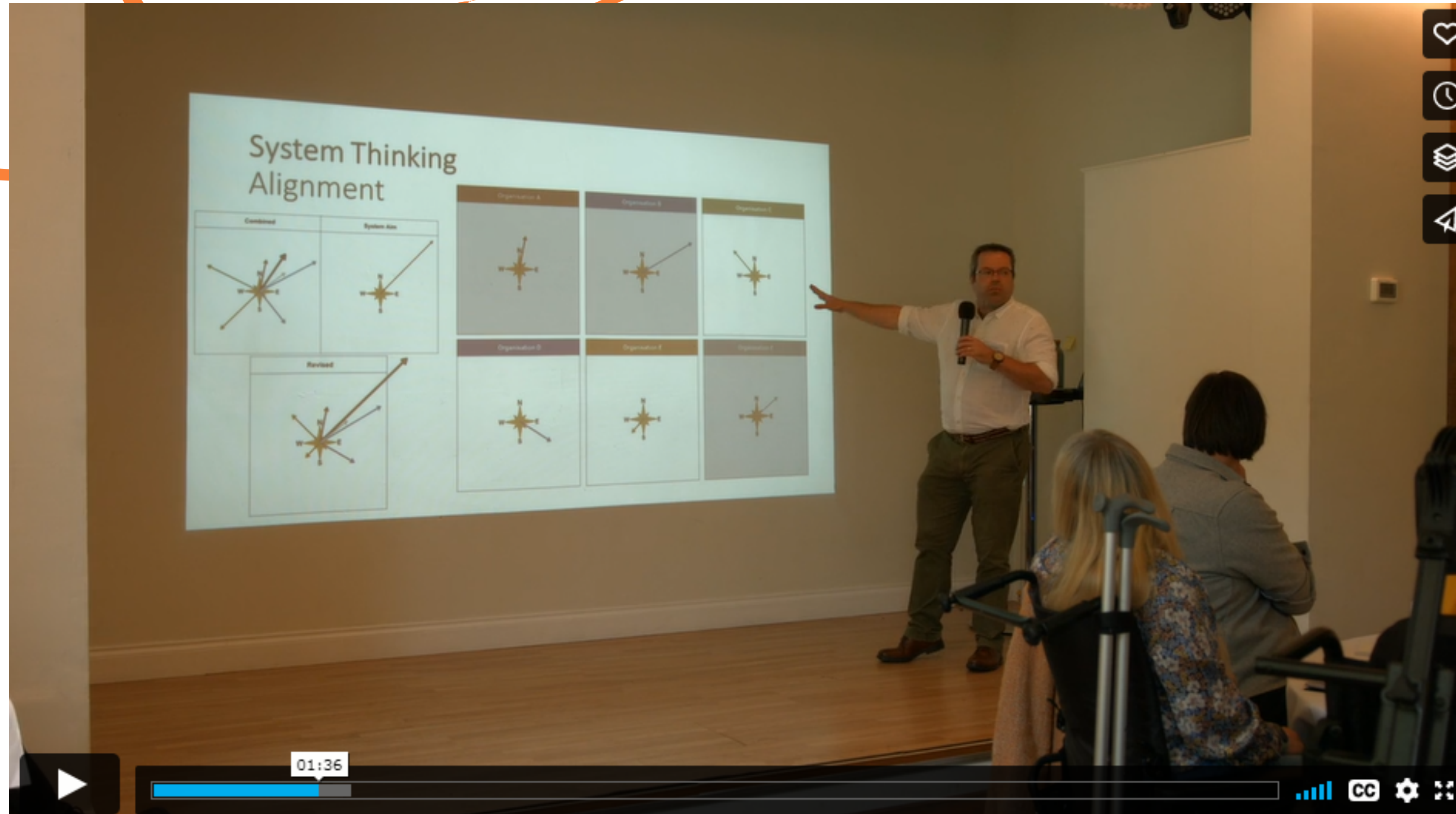
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To working in ways  
that promote health  
equity

# WHAT IS A SYSTEM?

09.30-10.30

# WHAT IS A SYSTEM? RICHARD BLACKWELL



To view video from PDF click [here](#)



## SYSTEM THINKING:

### W. EDWARDS DEMING

*The New Economics*

- A system is a network of **interdependent components** that **work together** to try to accomplish the **aim of the system**.
- A system must have an aim. **Without an aim, there is no system**. The aim of the system must be **clear to everyone** in the system.
- The components need not all be clearly defined and documented: people may merely do what needs to be done. **Management of a system** therefore **requires knowledge of the interrelationships** between all the components within the system and of the people that work in it.
- A **system must be managed**. It will not manage itself. Left to themselves **components become selfish**, competitive, independent profit centres, and **destroy the system**.
- The secret is **cooperation between components** toward the aim of the organisation. We **can not afford the destructive effect of competition**.

## SYSTEM THINKING:

### TRANSLATED

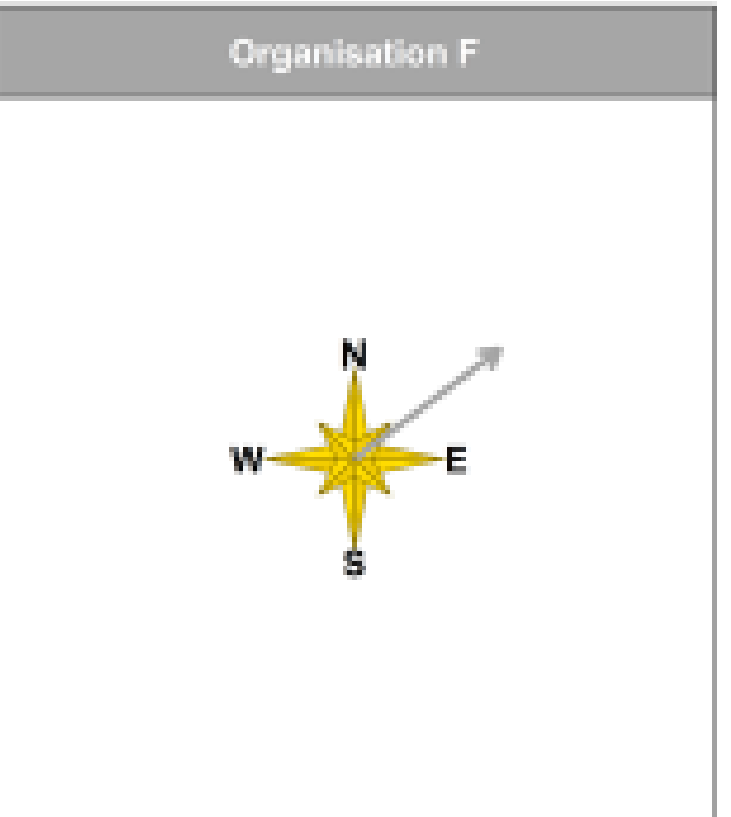
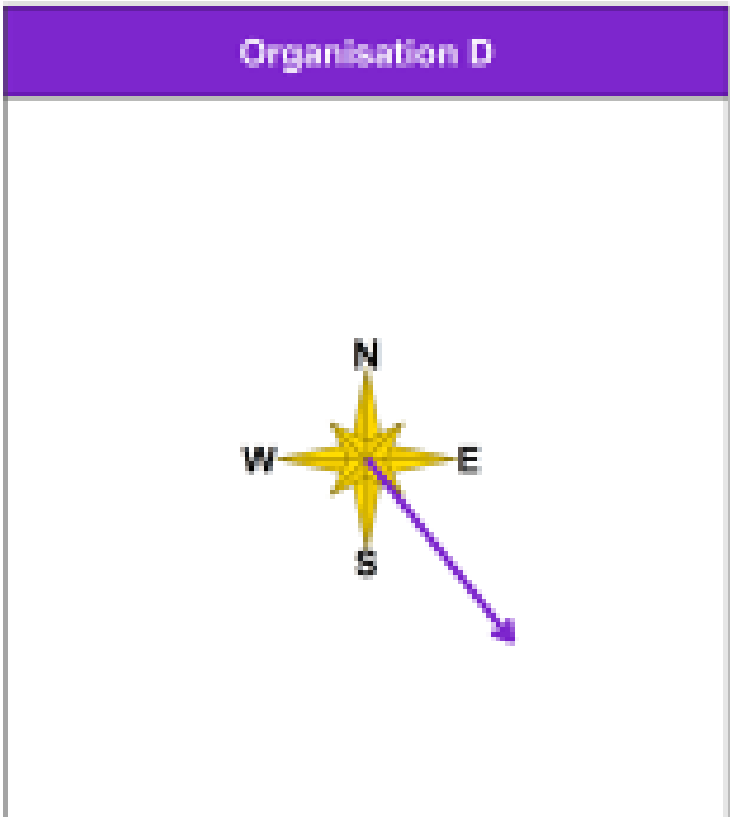
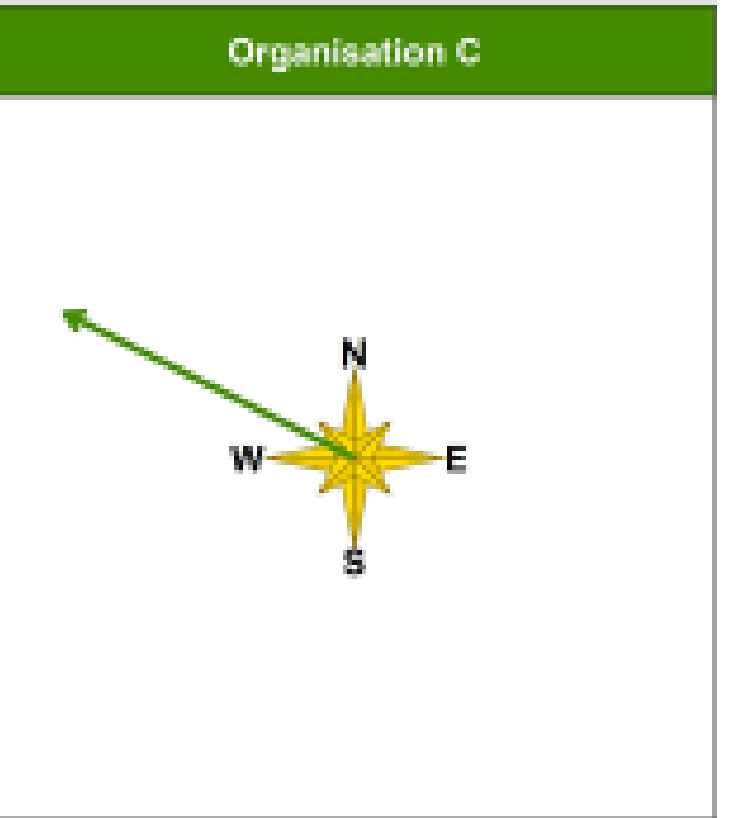
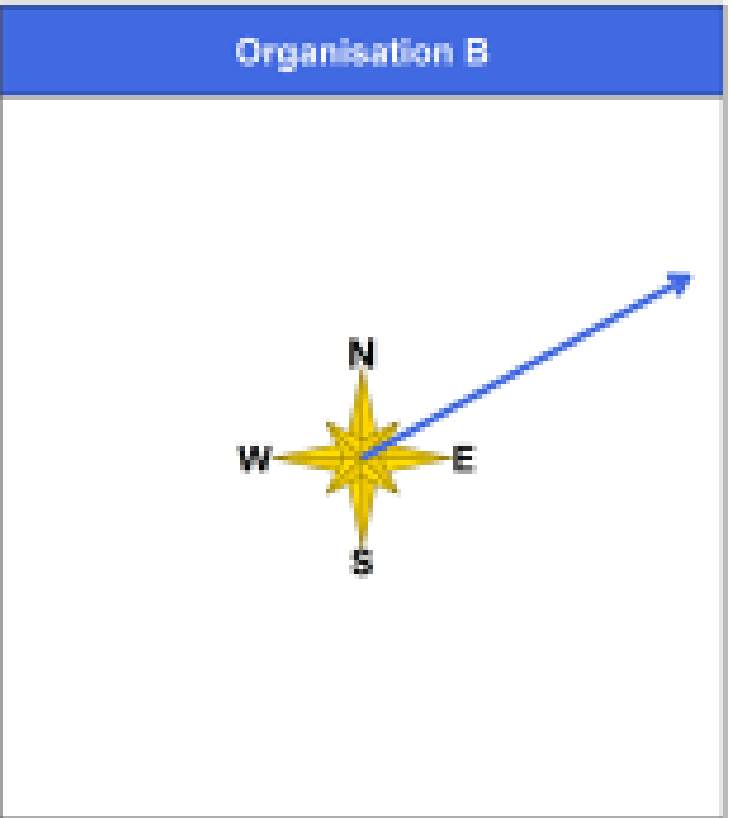
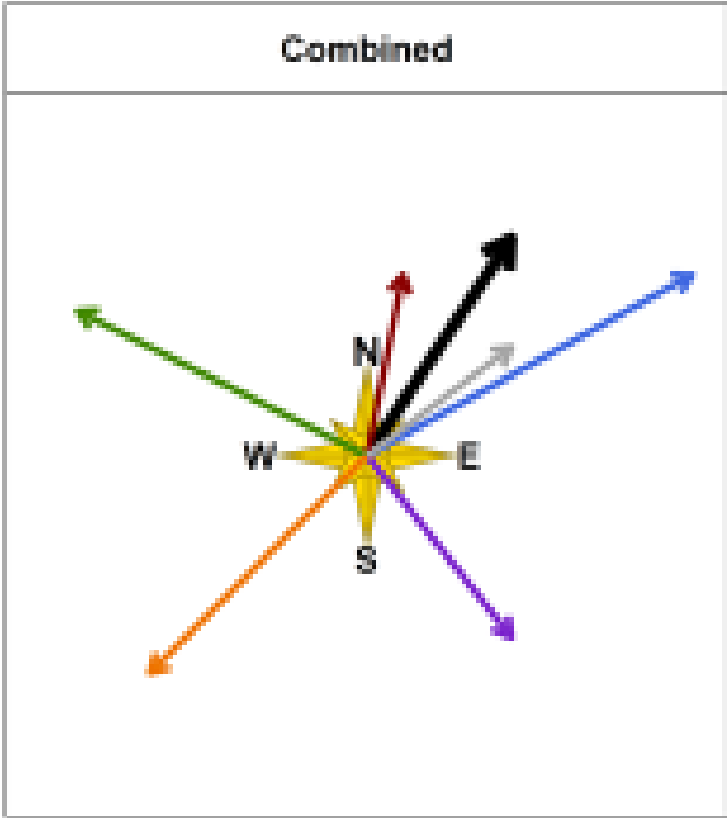
- A system consists of a load of cogs, those cogs can be many different things, they can be organisations, they can be services, they can be people
- These cogs work together to make things but we haven't really designed the system, it has just grown so it often makes things we don't want
- If we understand what we want the system to make then we can make sure the system always makes that
- To do this we need to understand how all the cogs link together
- If we don't keep oiling and maintaining the cogs they'll start doing odd things
- The secret is to make sure all the cogs work together smoothly to make the things that we want the system to make



# SYSTEM AIM

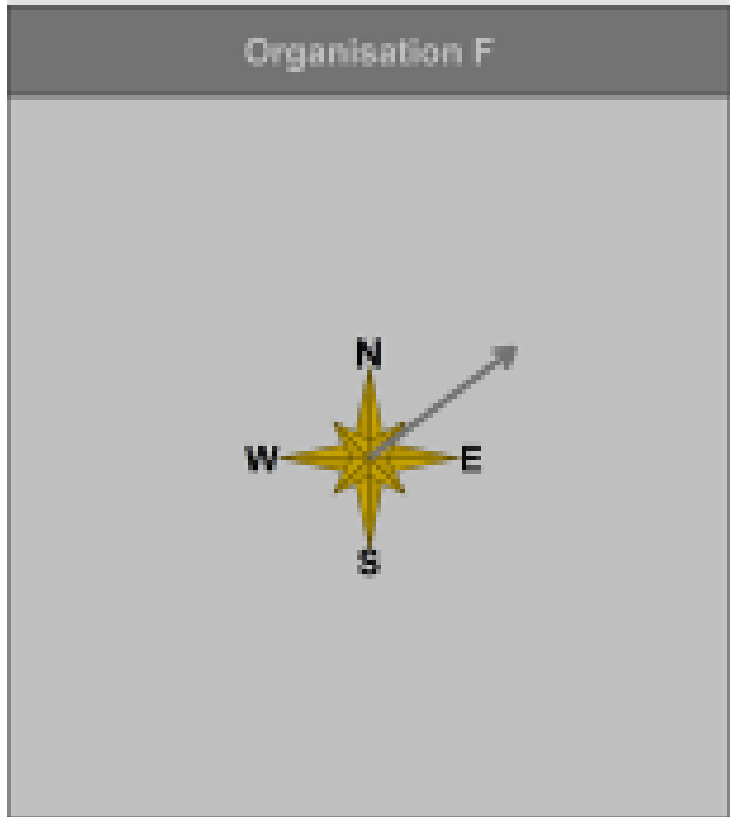
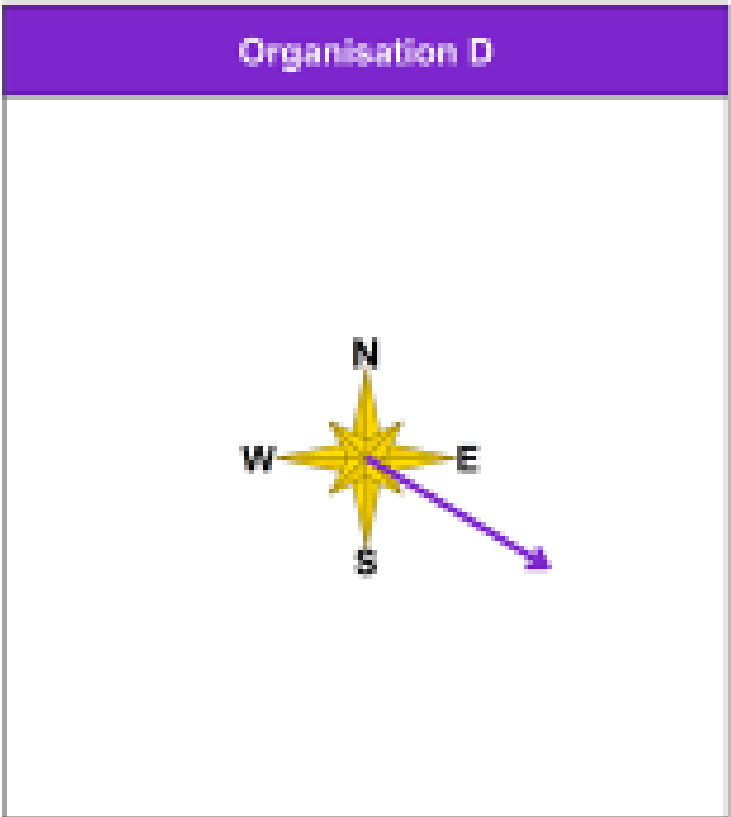
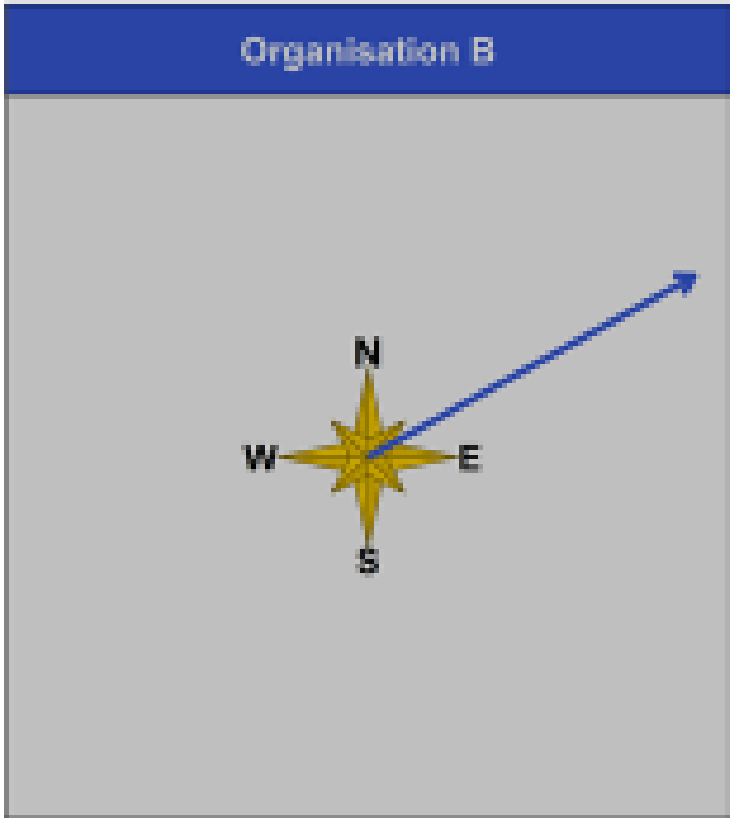
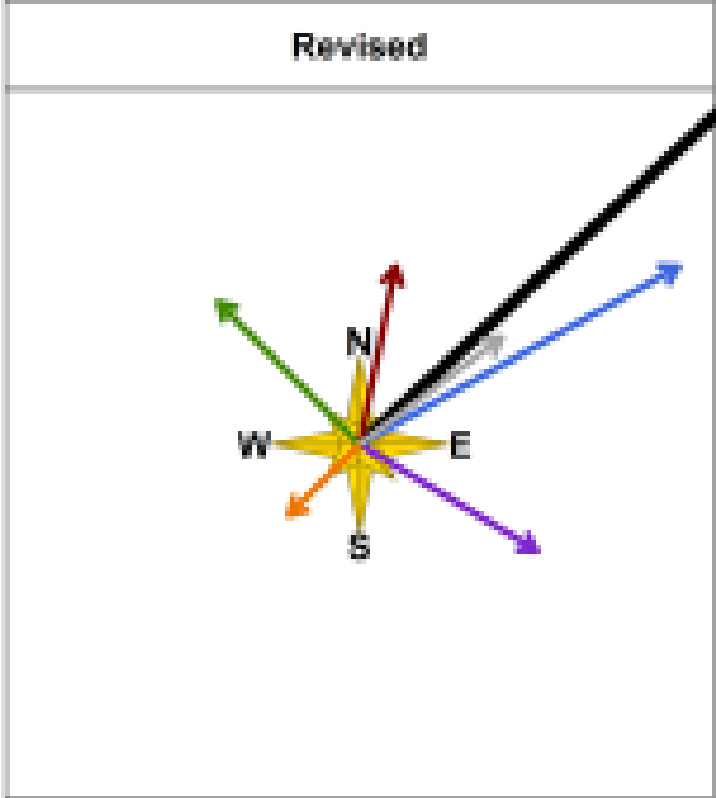
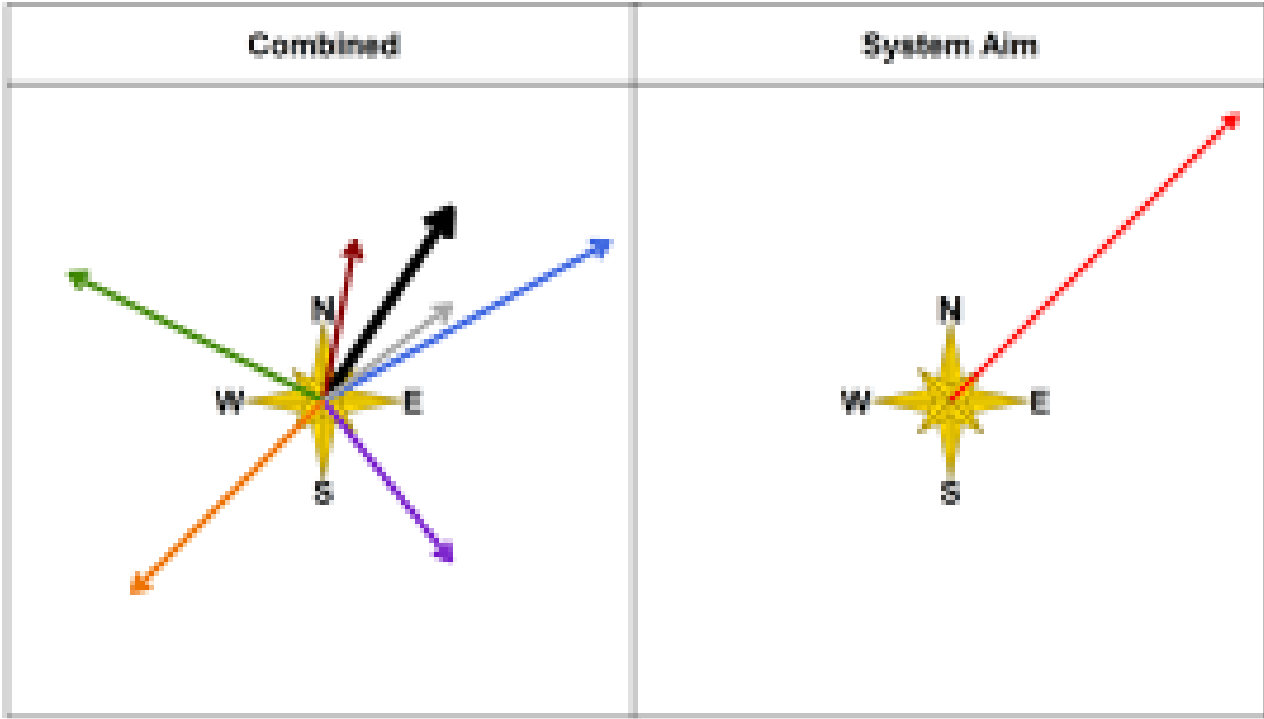
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# System Thinking Alignment





# System Thinking Alignment



# System Aim

Wider/Social Determinants of Health  
(or what affects our health outcomes)

- The Health Foundation - [What makes us healthy? An introduction to the social determinants of health](#)
- Marmot Review - [Fair Society, Healthy Lives](#)
- World Health Organisation - [Healthy, prosperous lives for all: the European Health Equity Status Report](#)
  
- GoInvo - [Determinants of Health: Health is more than medical care](#)

# GoInvo

## Wider Determinants of Health and Sections

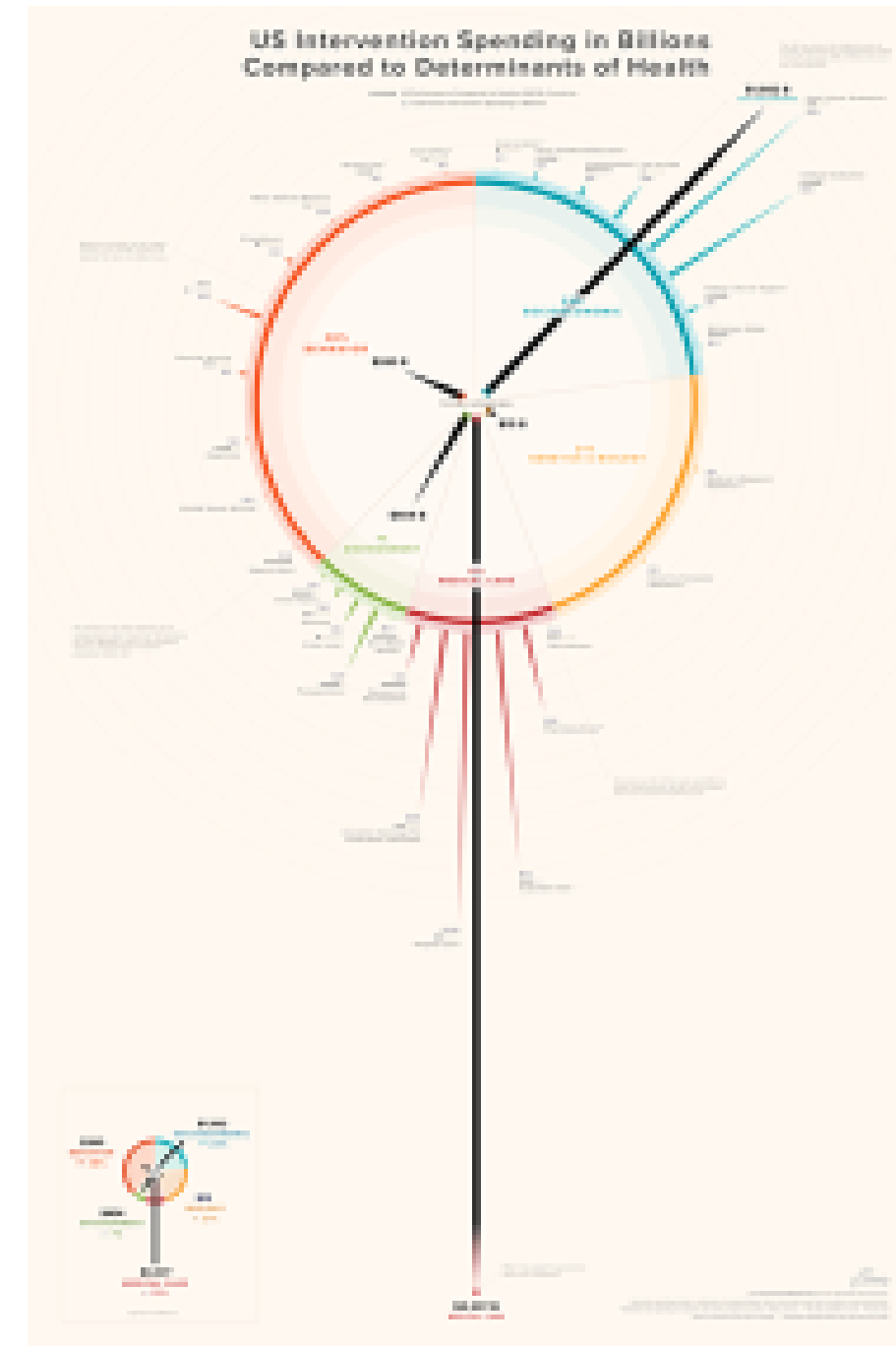
- Individual Behaviour (36%)
  - Psychological Assets
  - Negative Mood and Affects
  - Other Risk Related Behaviour
  - Physical Activity
  - **Sleep Patterns**
  - Diet Patterns
- Genetics and Biology (22%)
  - **Genetics**
  - Body Structure
  - Body Function
- Medical Care (11%)
  - **Access to Healthcare**
  - Quality of Healthcare
  - Patient Engagement
  - Health Literacy
- Social Circumstances (24%)
  - **Social Connectedness**
  - Social Status
  - Culture and Tradition
  - Race and ethnicity
  - Citizenship Status
  - Sexual Orientation
  - Military Service
  - Gender Identity
  - History of Incarceration
  - Discrimination
  - Work Conditions
- Environment (7%)
  - **Pollution**
  - Location
  - Exposure to Firearms
  - Allergens



# GoInvo

## Determinants Compared to Spending

- **Medical Care** receives 60% of the total spend yet has only 11% of the impact on health
- **Individual Behaviour** receives 5% of the total spend yet has 36% of the impact on health



# System Aim

- What do we want our system **not** to make? Inequity
- We want our system to reduce inequity across **any** and **all** of the things that affect our health
- For example:
  - Education level is one of those things that impacts our health
    - We can work with schools to get give everyone the levels of education
    - We can work with service providers to make sure that if people have lower levels of education that doesn't affect access to services
    - We can work with researchers to make sure that people taking part in research studies come from all education levels
- We are focussed on **health outcomes** but not on **health alone**



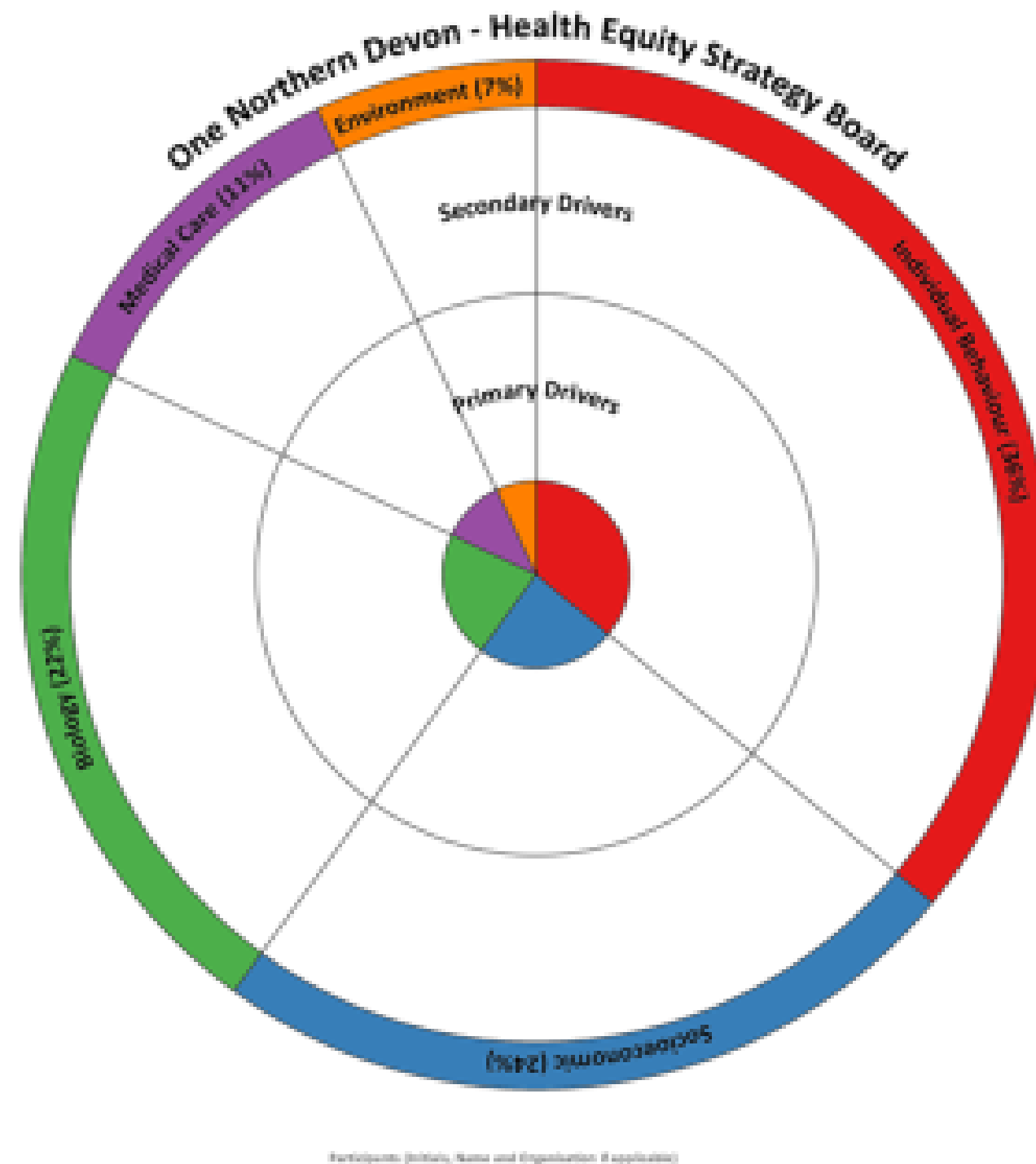
# **SYSTEM THINKING**

**GROUP WORK, KUMU BOARD,  
RESOURCE ALLOCATION, ACTIONS  
& SYSTEM BARRIERS**



# Kumu

Focus Area: \_\_\_\_\_



- On the dartboard add the names of the group at the bottom and their initials.
- For the focus area add the initials of anyone who is currently working on it but using the wider determinant as the place you mark it.
- Put the initials further away from the centre the longer the time it takes to see impact.
- In a different colour pen put the initials of anyone who isn't currently working on the focus area but wants to work on work on it.

# Resource Allocation

Everyone has 3 resource units (their initials) that they can use. Put you initials against the determinant that you would like to see get that resource.

Resource Allocation - Wider Determinants of Health			
Focus Area:			
Section	Primary Driver	Secondary Driver	Resource Allocation
Social circumstance	Citizenship status		
	Social connectedness	<i>Social connectedness overall</i>	
		Civic participation	
		Intimate relationships	
		Quality of community support	
		Quality of family support	
		Quality of friends support	
	Social status	<i>Social status overall</i>	
		Education level	
		Family income level	
Individual income level			
Language and literacy level			
Occupation			
Work conditions			
Individual behaviour	Diet patterns		
	Drug use	<i>Drug use overall</i>	
		Alcohol use habits	
		Other substance habits	
Tobacco use habits			

# IMPACT

Where did partners think our collective system resources would have the most impact?

By Section		
Section	Resources	% of Resources
Social circumstance	64	34%
Individual behaviour	48	26%
Physical environment	38	20%
Medical care	30	16%
Genetics and biology	8	4%



## Top 10 (also accounting for 50% of resources)

Primary	Secondary	Resources	% of Resources	Cumulative %
Social connectedness		15	8.0%	8.0%
Access to healthcare		13	6.9%	14.9%
Early childhood education and development		12	6.4%	21.3%
Psychological assets		9	4.8%	26.1%
Location		9	4.8%	30.9%
Social status	Financial literacy (added by attend	9	4.8%	35.6%
Access to healthcare	Distance to resources	8	4.3%	39.9%
Location	Job opportunities	8	4.3%	44.1%
Social status		8	4.3%	48.4%
Negative mood and effects		7	3.7%	52.1%





**NEXT STEPS**