Core20 Plus Groups

Introduction

Tackling inequalities in either ‘plus’ populations or people in ‘core20’ areas will improve outcomes for both groups. There is most opportunity for improvement for people in both the ‘plus’ groups and the core20 areas.

NHS ‘Plus’ groups include:

- Ethnic minority communities
- Inclusion health groups such as: homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery.
- People with a learning disability and autistic people
- Coastal communities with pockets of deprivation hidden amongst relative affluence
- People with multi-morbidities

Specific consideration should also be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

We might prioritise locally according to the Office for Health Improvement and Disparities definitions of groups usually considered for health inequalities. Identified ‘Plus’ areas of focus for Norfolk and Waveney include:

- Socio-economic groups and deprivation: covered under focus on ‘Core20’ most deprived 20.
- Protected characteristics, such as learning disability and autism.
- Inclusion health, such as Gypsy, Roma and Traveller communities, refugees and asylum seekers and homeless people.
- Geography, such as coastal areas

We have detailed analysis of needs of these groups on Norfolk and Suffolk JSNA available at: https://www.norfolkinsight.org.uk/jsna/ or https://www.healthysuffolk.org.uk/JSNA.

Here we provide factsheet summaries which includes local numbers, health needs and issues such as barriers encountered by these groups.

Geography

Coastal Areas

Situation in Norfolk & Waveney

- Norfolk and Waveney has over 100 miles of coastline.

- Whilst much of the coast is seen as ‘idyllic’ and a holiday destination by many, life can be a daily struggle for those that live in the most deprived areas.
- 171,000 people live in the higher deprivation coastal towns of Caister-on-Sea, Cromer, Gorleston, Great Yarmouth, Hemsby, Hunstanton and Lowestoft.

National Health Need

Coastal communities, have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Reasons for poor health in coastal communities include:

- Poor Educational achievement
- High levels of deprivation
- Second home ownership and houses of multiple occupation
- Seasonal employment and reduction in industry
- Older populations with worsening health

Some conditions have a higher prevalence in coastal areas. The highest coastal effect among these conditions is for COPD and mental health where coastal communities have:

- 11% higher mental ill health prevalence
- 11% higher COPD prevalence
- 9% higher prevalence of chronic kidney disease
- 8% higher prevalence of smoking
- 6% higher prevalence of heart disease
- 6% higher prevalence of learning disabilities
- 5% higher prevalence of dementia
- 3% higher prevalence of cancer

Key national recommendations from the Chief Medical Officer’s report (2021) on Coastal Communities

There is less access to primary and secondary healthcare in coastal communities, despite their greater need. Evidence of a significant health service deficit in terms of recorded service standards, cancer indicators and emergency admissions. Key recommendations from the Chief Medical Officer’s (CMO’s) report were:

1. Develop a national cross-government strategy on health and wellbeing of coastal communities.
2. Address the current mismatch between health and social care worker deployment and disease prevalence in coastal areas.
3. Improve data and research into coastal communities.

Attracting NHS and social care staff to peripheral areas is difficult, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities.

Protected Characteristics

Learning Disabilities

Situation in Norfolk & Waveney

- 20,836 people aged 15+ in Norfolk and Waveney are estimated to have a Learning Disability (LD). 4,219 of these are estimated to have a moderate or severe LD.
- 7,628 of patients registered with their GP have a recorded learning disability.
- 5,192 or 33% of all children in Norfolk receive special educational need support due to a Learning Difficulty. This is 34% nationally.
- 1,097 or 25% of children and young people in Norfolk with special educational needs have a statement or education, health and care plan due to a Learning Difficulty. This is 26% nationally.

Health and Social Care Need

Many people with a LD have considerable, and often multiple, physical and mental health conditions. They're at increased risk of developing chronic conditions from both genetic and lifestyle factors. Common associated health conditions for people with a LD include mental health problems, epilepsy, and underweight or overweight.

72% of people with LD took up their annual health check. This aims to identify unmet physical and mental health need. An important element of LD health checks is making sure routine healthcare such as cancer screening has taken place. National figures show:

- People with a LD are 3-4 times more likely to die from an avoidable cause than the general population.
- 51% of women aged 50-69 with LD received breast cancer screening (compared to 65% in those in general population).
- 35% of people in a mental health hospital with a LD, autism, or both had been in hospital for over 5 years.

People with a learning disability aged 4 and over are likely to die on average, 23 years (men) or 27 years (women) earlier than the general population.

4 out of 5 adults with a LD who have long-term social care support receive this in a community setting in Norfolk. 2,850 social care service users in Norfolk have a LD. Of these accessing long-term social care in Norfolk:

- 700 are in supported living.
- 620 are in residential care.
- 530 are receiving home support.
- 1,400 are attending day opportunities.

National Health Care Barriers and Considerations

People with a LD are under served in access to healthcare. Most avoidable deaths in people with a LD were because timely and effective treatment was not given.

Too many people with a learning disability are prescribed medication inappropriately or are kept in long-term hospital care against their best interests.

Between 30,000 to 35,000 adults with a LD in England are taking psychotropic medicines without a relevant diagnosis.

NICE advise that when staying in hospital, as soon as the person is admitted, the hospital and community LD team should work together with the person to develop a discharge plan.

Healthcare professionals have a legal duty to provide reasonable adjustments for disabled people. This can include providing easy-read information, avoiding medical jargon or longer appointment times.

Neurodiversity - Autism

Situation in Norfolk & Waveney

- Autism is a set of lifelong, neurodevelopmental conditions characterized by difficulties with social and communication, narrow areas of interest, and repetitive behaviours.
- 8,935 of people aged 15+ in Norfolk and Waveney are estimated to have autism.
- In addition, 1,950 children in Norfolk have autism as a primary special educational need. This means the figure is likely to be higher than this as others will have autism as a secondary need (2021/22).

Health Need

- Males are 4 times more likely than females to be diagnosed autistic.
- Autism affects all ethnic and socioeconomic groups, but minority groups tend to be diagnosed later and less often. Early intervention affords the best opportunity to support healthy development across the lifespan.
- It is likely that many of the adults in Norfolk with autism have not been formally diagnosed. In particular, it is thought females are less likely to receive a diagnosis, as autism may present differently.
- Those with autism and a mental health problem may not access services as often as the general population with mental health problems, leading to health inequalities. Research has also shown that 54% of people with autism are diagnosed with a psychiatric condition. Research has shown people with autism are:
    - 14 times more likely to have OCD.
    - 4 times more likely to have dementia.
    - 6 times more likely to have bipolar.
    - 5 times more likely to have attention deficit disorders.
    - 3 times more likely to have depression.
    - 5 times more likely to attempt suicide.
- Many areas in Norfolk have identified gaps in provision of preventative services, to avoid the need for escalation to specialist services. Nearly all

chronic medical conditions are significantly more common in adults with autism. Research has shown people with autism are:

- 2 times more likely to have dyslipidaemia.
- 16 times more likely to have epilepsy.
- 2 times more likely to have hypertension.
- 3 times more likely to have nutrition conditions.

National Health Care Barriers and Considerations

Autistic individuals have higher healthcare utilization, higher likelihood of hospitalization, prescription drugs claims, a greater number of emergency room, primary care, outpatient, inpatient, mental health, neurological, and speech therapy visits. Community and voluntary organisations play an important role in providing support for people with autism.

Autistic people have self-reported poorer quality healthcare than their peers. Healthcare adjustments are needed but infrequently available, such as:

- Sensory environment adjustments
- Knowledge and communication of healthcare professional
- Flexibility of clinical service context such as offering online appointments and changing appointment length according to patient preference.

Inclusion Health Groups

Gypsy, Roma Traveller

Situation in Norfolk & Waveney

- The term Gypsy, Roma and Traveller communities encompasses those identifying as Gypsy, Roma, Traveller, Boater and Show people.
- 4000+ Gypsies and Travellers estimated to be residing in Norfolk.
- This number varies seasonally and is hard to record. For example, in the latest census 828 Gypsy, Roma and travellers were recorded in Norfolk and East Suffolk.

Health Outcomes

Nationally, gypsies and travellers experience some of the worst outcomes of any group including poor health and significant health inequalities. Gypsies and Travellers compared to non-travellers:

- Have lower life expectancy, living 10-25 years fewer.
- High child mortality, with children 20 times more likely to experience death.
- Poor mental health, and 6 times more likely to die by suicide.
- High prevalence of chronic disease, being 24% more likely to be affected by a long-term condition.
- Spend longer in poor health, living 6 less years in good health.

Barriers to Service Provision

Barriers to services can be categorized into two groups, service provider factors and community factors. Service provider factors include:

- Difficulty getting registered.
- Poor communication and understanding.
- Digital exclusion such as missed invites to health checks, immunisations and appointments.
- Poor communication and understanding.
- Limited cultural competency

Community factors include:

- Poor health literacy
- Cultural norms
- Literacy levels
- Fear and mistrust of the system
- Taboos regarding prenatal, maternity and mental health

Core Principles

The good relationship between existing Gypsy Roma Traveller services and the community should serve as the foundation for future work. This should aim to better understand the needs and challenges faced by the community and identify the right interventions to improve health outcomes and tackle disparities in Norfolk.

Homeless People

Situation in Norfolk & East Suffolk

Homelessness is a social determinant of health and is associated with severe poverty. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

3,873 households are owed a duty under Homelessness Reduction Act in Norfolk and East Suffolk. 1,207 of these have dependent children.

During the early stages of the COVID-19 pandemic, approximately 650 people were homeless or at risk of homelessness and needed accommodation. Norfolk Strategic Housing Partnership was formed to alleviate rough sleeping and end homelessness in Norfolk.

National Health Need

Homelessness is associated with poor health, education and social outcomes, particularly for children. Co-morbidity amongst the longer-term homeless population is not unusual.

- Up to 70% of homeless young people have a mental health problem and up to 33% self-harm.

- Homeless adults are two times more likely to have common mental health problems and 15 times more likely to have psychosis.
- Rough sleepers are four times more likely to die from unnatural causes and 35 times more likely to die from suicide.
- More likely to have alcohol and drug problems and the prevalence of infectious diseases e.g. TB, HIV and Hep C.

Nationally the average age of death of a homeless person is:

- 45 years for males, compared to 79 years for the general population.
- 43 years for females, compared to 83 years for the general population.

The Norfolk Homelessness Prevention Strategy (2022-2025)
The strategy has four priorities:

1. Reduce homelessness by focussing on homelessness prevention services.
2. Improve access to homelessness support services across Norfolk.
3. Continue to develop person-centred services with a focus on co-production.
4. Continue to build partnership working to improve collaboration and whole systems change.

National Health Care Barriers and Considerations
People who experience homelessness can struggle to access quality health and social care. For example, rough sleepers are 8 times more likely to attend A&E than the housed population and a third are not registered with a GP. Key barriers to access include:

- Staff education, to improve knowledge and attitudes of staff.
- Flexibility of systems, including service location, appointments and GP registration.
- Service coordination, including poor discharge planning, fragmentation of services.
- Patient preparedness, including the awareness of need and desire to access healthcare.
- Complex health needs.
- Holistic patient-centred care, providing practical support alongside healthcare to fulfil basic needs such as hunger and shelter.

Refugees and Asylum Seekers
Situation in Norfolk & East Suffolk

- 670 Asylum seekers in Norfolk. Most of these are young single men. This number frequently fluctuates.
- Main countries of origin of Asylum Seekers in Norfolk are: Afghanistan, Albania, Eritrea, Iran, Iraq, Pakistan, Sudan, Syria and Turkey.

- In addition, as at the end of 2022, there were 9 asylum seekers in East Suffolk.

National Health & Wellbeing Risks
There is a lack of data of health needs of this cohort in Norfolk but main risk factors prior to and once living in the UK include high blood pressure, low vaccine coverage, physical inactivity, smoking, crowded and poor-quality housing, poor nutrition and poor travel conditions.

Refugees and asylum seekers are five times more likely to have a mental health need than the host population, and 61% experience serious mental distress.

Critical time points for mental health of refugees and asylum seekers
Before travel risk factors include torture, poverty, history of mental health problems, exposure to violent, female gender or potentially traumatic events. Protective factors before travel include a high level of education and good financial conditions in the home country.

During travel risk factors include exposure to life threatening and violent events, separation from family members and human trafficking. Protective factors during travel include direct route and family support.

Settlement risk factors include food insecurity, lack of access to specialist care, dissatisfaction in living conditions such as in camps and the length and uncertainty of the asylum-seeking process. Protective factors in settlement include basic needs being met and a quick asylum process.

Integration risk factors include social isolation, unemployment, discrimination and victimisation, identity conflict and acculturation issues, family conflict and downward social mobility. Protective integration factors include ethnic density, a sense of belonging in the host country and “bridging” social networks.

Challenges to immigration status risk factors include a fear of deportation and loss of job or social role, detention and sense of belonging in host country. Protective factors for this include family support and a belief of being safe in the home country.

National Health Care Barriers and Considerations
Refugees and asylum seekers experience multifaceted challenges and barriers that require a whole system approach. The three main challenges are:

- Continuity of Care, including ease of access to health information and health facilities. Also, collaboration of institutions to minimise loss of health care info.
- Communication, as language can be a barrier, leading to misunderstandings.
- Confidence, including trust in healthcare providers and institutions, and the ability to apply own beliefs in decisions.

- Costs, including associated travel costs to attend appointments, local activities or meet others.

Young Carers

Situation in Norfolk & East Suffolk

A Young Carer is someone under 18 who provides regular and ongoing care to a family member or friend who is physically or mentally ill, disabled or misuses substances. This may involve support cooking, shopping, cleaning, managing medicines or money, or looking after siblings.

2,635 children aged 5-17 have unpaid caring responsibilities. 75% of these provide 19 hours or less, 15% provide 20-49 hours and 10% provide over 50 hours of care a week. 3,920 Young people aged 18-24 also have unpaid caring responsibilities.

Health, Social and Wellbeing Need

By investing lots of time looking after a family member or friend, young carers may not find enough time for themselves. This risks impacting on their emotional or physical wellbeing and educational achievement. In a 2017 survey of young carers in Norfolk found:

- 9% had poor mental wellbeing, compared to 5% of all pupils in Norfolk.
- 56% had been bullied in the last year, compared to 36% of all pupils in Norfolk.
- 24% reported they had a long-standing illness, compared to 14% of all pupils in Norfolk.
- 41% enjoy 'most' or 'all' of their lessons, compared to 51% of all pupils in Norfolk.

Research shows that the demands of caring can have a knock-on effect on later life opportunity and manifest themselves at school in the following ways:

- Absenteeism.
- Arriving late without the proper equipment.
- Inability to concentrate and engage.
- Isolated from peers.
- Struggling to complete homework.
- Tired, stressed and anxious.

Many young carers also experience other traumatic life changes such as loss of family income, family break-up, death of a loved one, housing instability and seeing effects of illness or addiction on the person they care for.

National Barriers to Service Provision

Little is known about barriers to healthcare access for young carers due to them remaining a largely ‘hidden cohort’. Initiatives which may help include:

- Flagging of carers on health computer systems, providing local information packs and services.
- Raising awareness of this cohort can weaken barriers and open supportive channels.
- Acknowledgement, support, and signposting can liberate this vulnerable population and provide necessary foundations for young carers to fulfil their full potential.

Teachers and other school and college staff are also in a key position to identify and help young carers due to the frequent and regular contact they have with them and to observe the impact of caring on their learning and wellbeing.

Looked After Children

Situation in Norfolk & Waveney

In Norfolk there are:

- 70 Looked After Children (LAC) per 10,000 of the overall population.
- 1,089 Children looked after as 31st March 2022.
- 70% looked after due to abuse and neglect, this is 66% nationally.
- 82 unaccompanied asylum-seeking children.
- 10% had 3 or more placements in a year, this is also 10% nationally.
- 30% of care leavers are not in education, training or employment at 17-21 years old, compared to 35% nationally.
- 8% of 17- to 21-year-olds leave care into accommodation deemed unsuitable, this is 5% nationally.

In Waveney, 83 per 10,000 of the overall population are LAC. This is 187 children. 76% of these have a primary need of abuse and neglect.

Norfolk Health Need

LAC tend to have higher levels of health needs than their peers, and these are often met less successfully – leading to poorer outcomes. They have significantly more prevalent and more serious emotional and mental health needs (mainly because of the frequency with which these children enter care with problems arising from poverty, abuse, neglect, or trauma from other family circumstances) (e). In Norfolk, their health needs are:

- 81% have had their annual health assessment, this is 89% nationally.
- 82% have had their annual dental check, this is 70% nationally.
- 95% have up to date immunisations, this is 85% nationally.
- 100% have up-to-date development assessments at 0-4 years), this is 89% nationally.
- 44% are affected by poor emotional wellbeing. This is higher than England (37%) and is the highest in the region.

Statutory Guidance for Health Services

- Under section 22(3)(a) of the Children Act 1989, local authorities have a duty to promote the child's physical, emotional and mental health and act on any early signs of health issues. This includes arranging for them to have a health assessment and ensure they have an up-to-date health plan.
- LAC should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned.
- Local authorities, CCGs and NHS England should ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need.
- LAC should be able to participate in decisions about their health care.

National Health Care Barriers and Considerations
Common barriers and considerations are:

- Incomplete medical histories are common due to broken placements and moving between GP's, meaning that common physical and mental health problems can go unidentified or mismanaged.
- Child may not have advocates (birth parents or stable foster parents) that can request assessment and treatment.
- Insufficient or timely access to mental health services due to placement instability which can compound or create a circle of individuals with emotional and behavioural problems.
- Placement changes impact on the child's place on waiting lists.