

DUE NORTH

**Report of the Inquiry on
Health Equity for the North**

Purpose

To look at the evidence on social determinants of health in the light of

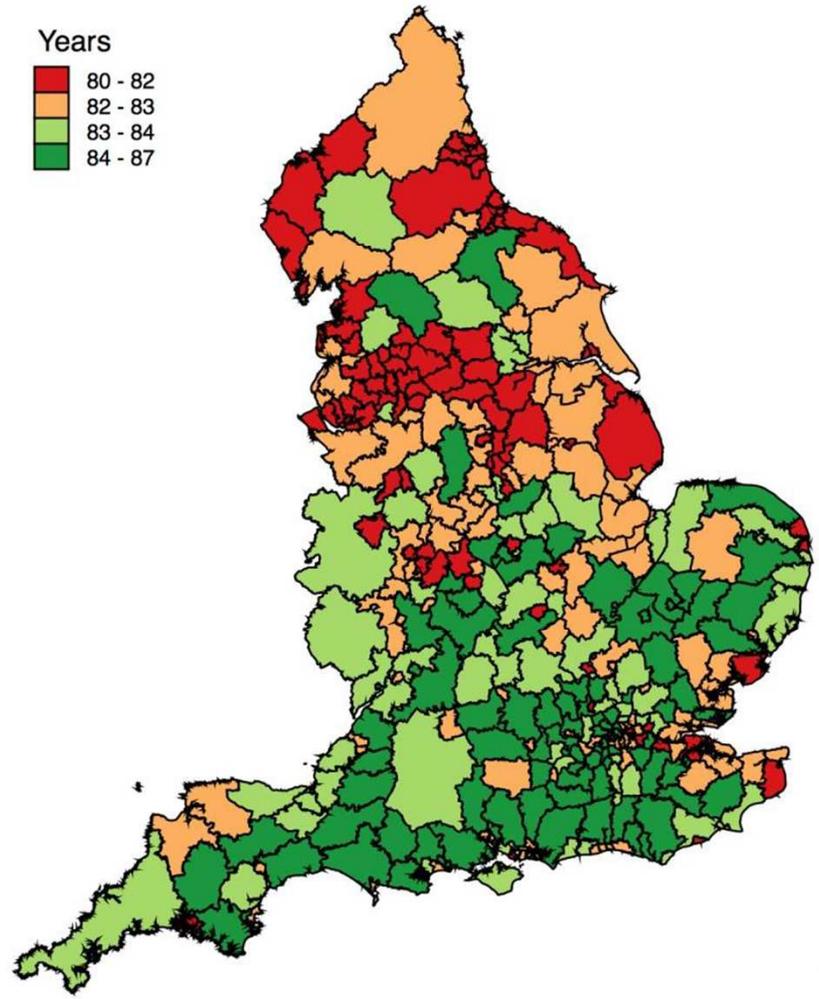
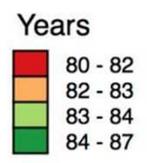
- the changes in public health responsibilities,
- the current economic context
- public service reform.

To do so from a northern perspective, considering what could be done differently to impact on health inequalities.

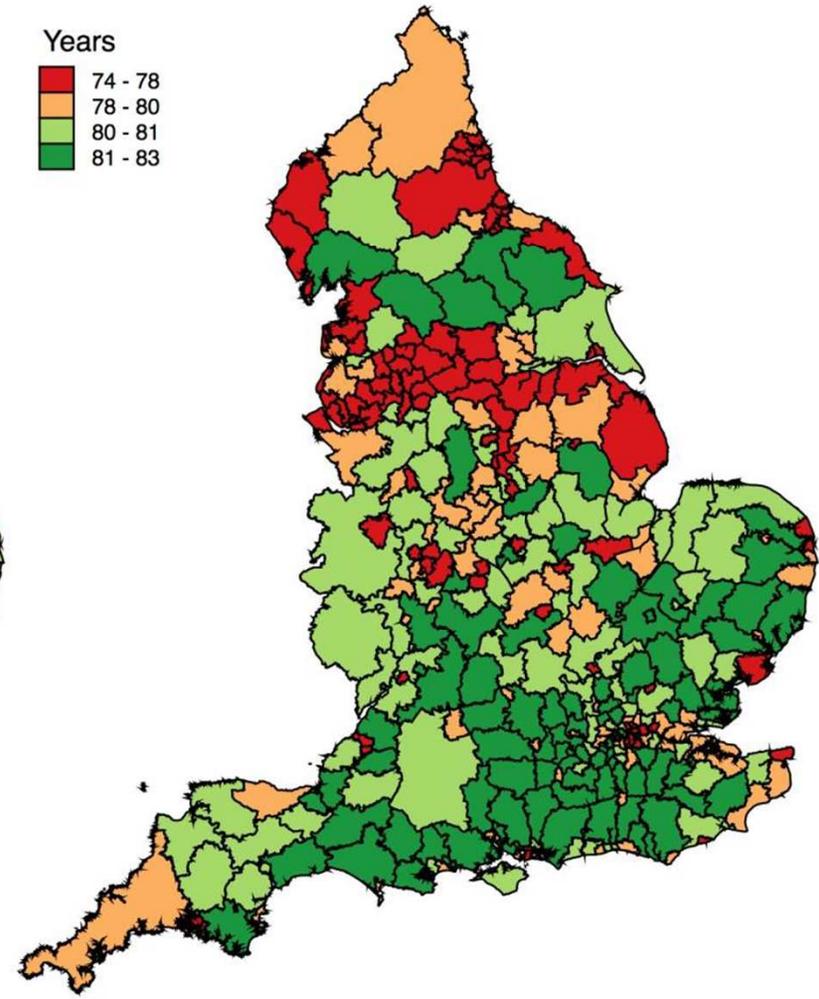
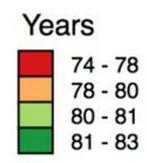
Commissioned by Public Health England, but independent.

Life expectancy

Female

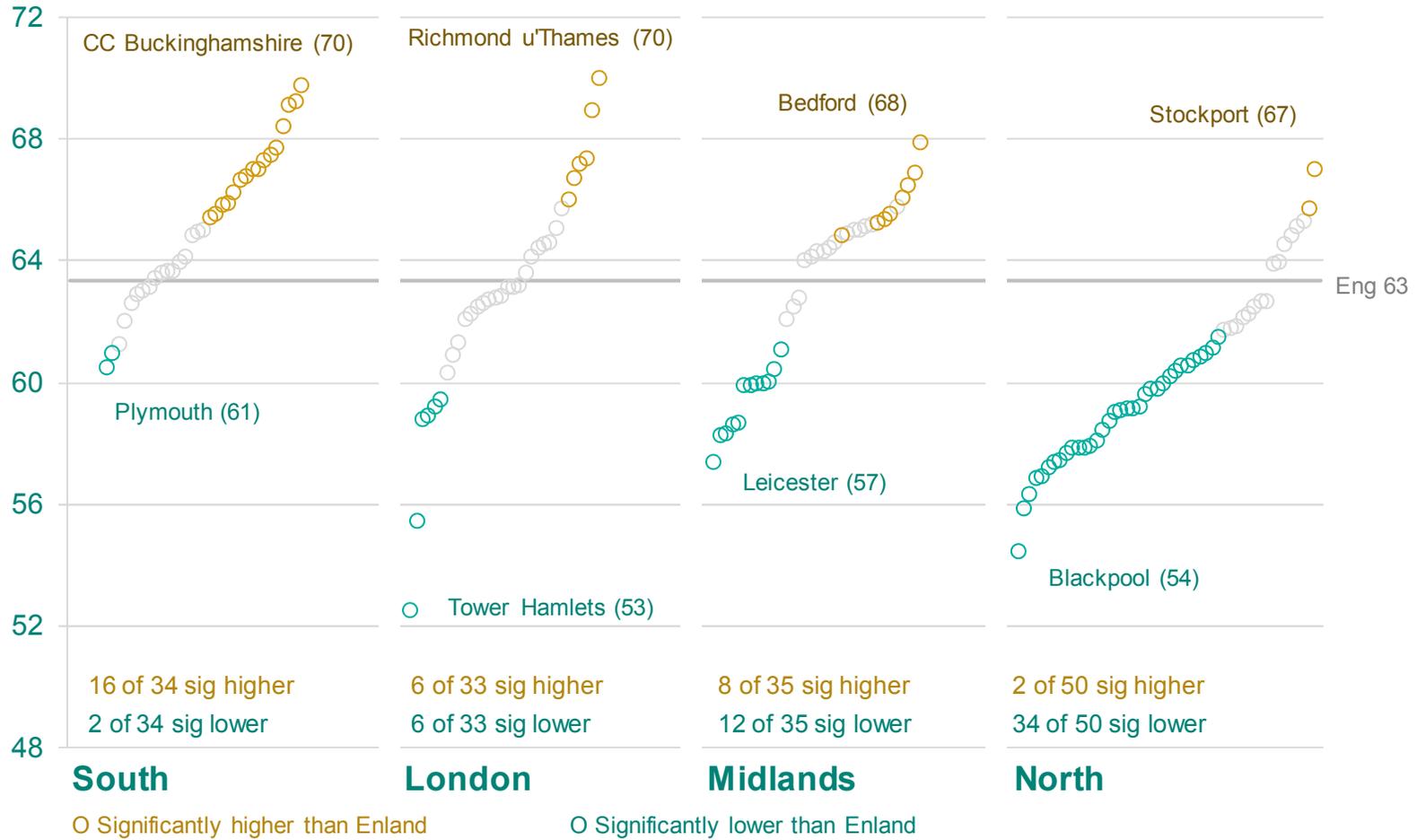


Male



Healthy life expectancy at birth - males age in years, 2010-12

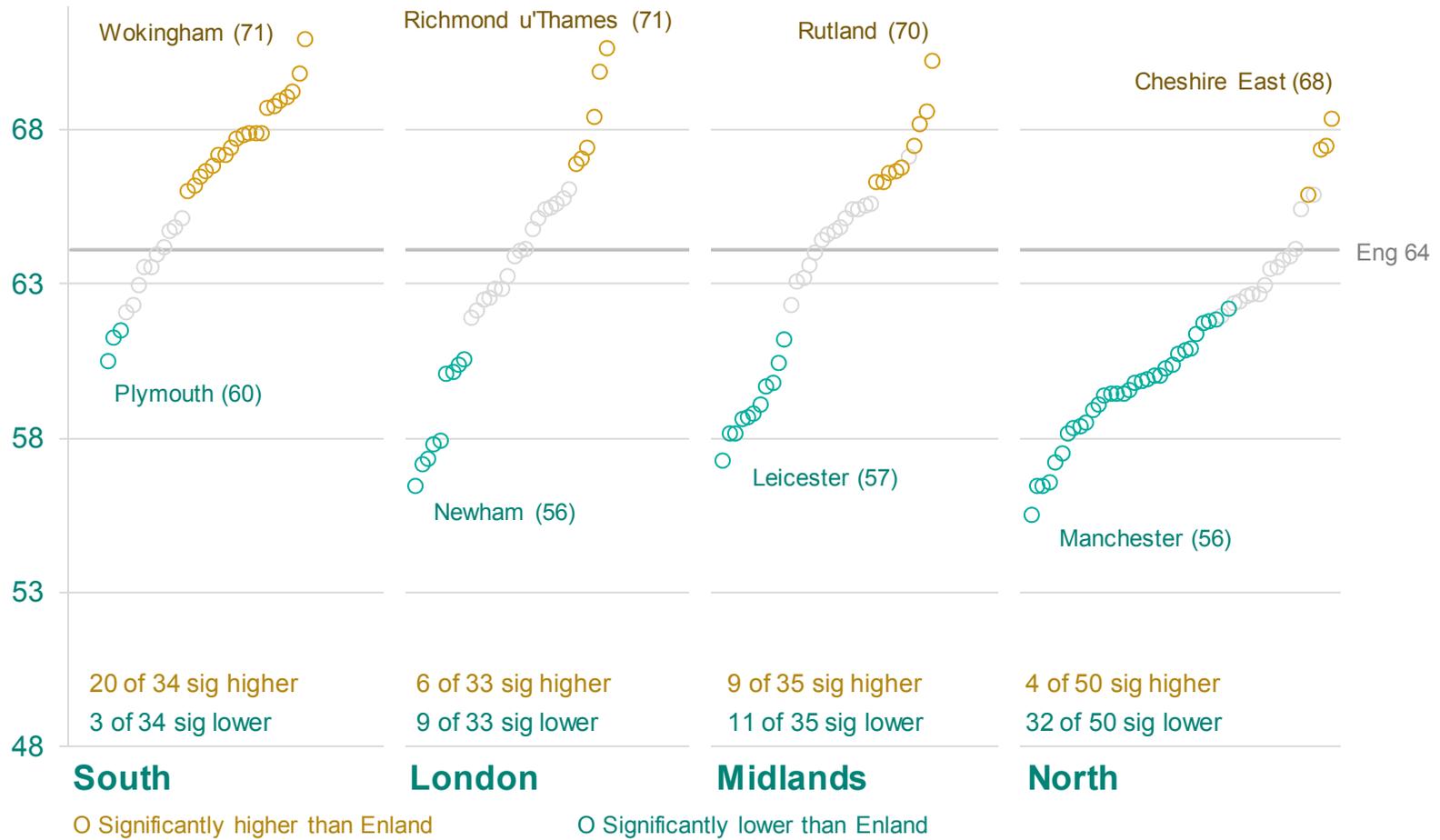
Local authority values by PHE region



Healthy life expectancy at birth - females age in years, 2010-12

Local authority values by PHE region

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Source: PHOF 2014

Life expectancy for most deprived 10% within the local authority - males age in years, 2010-12

Local authority values by PHE region

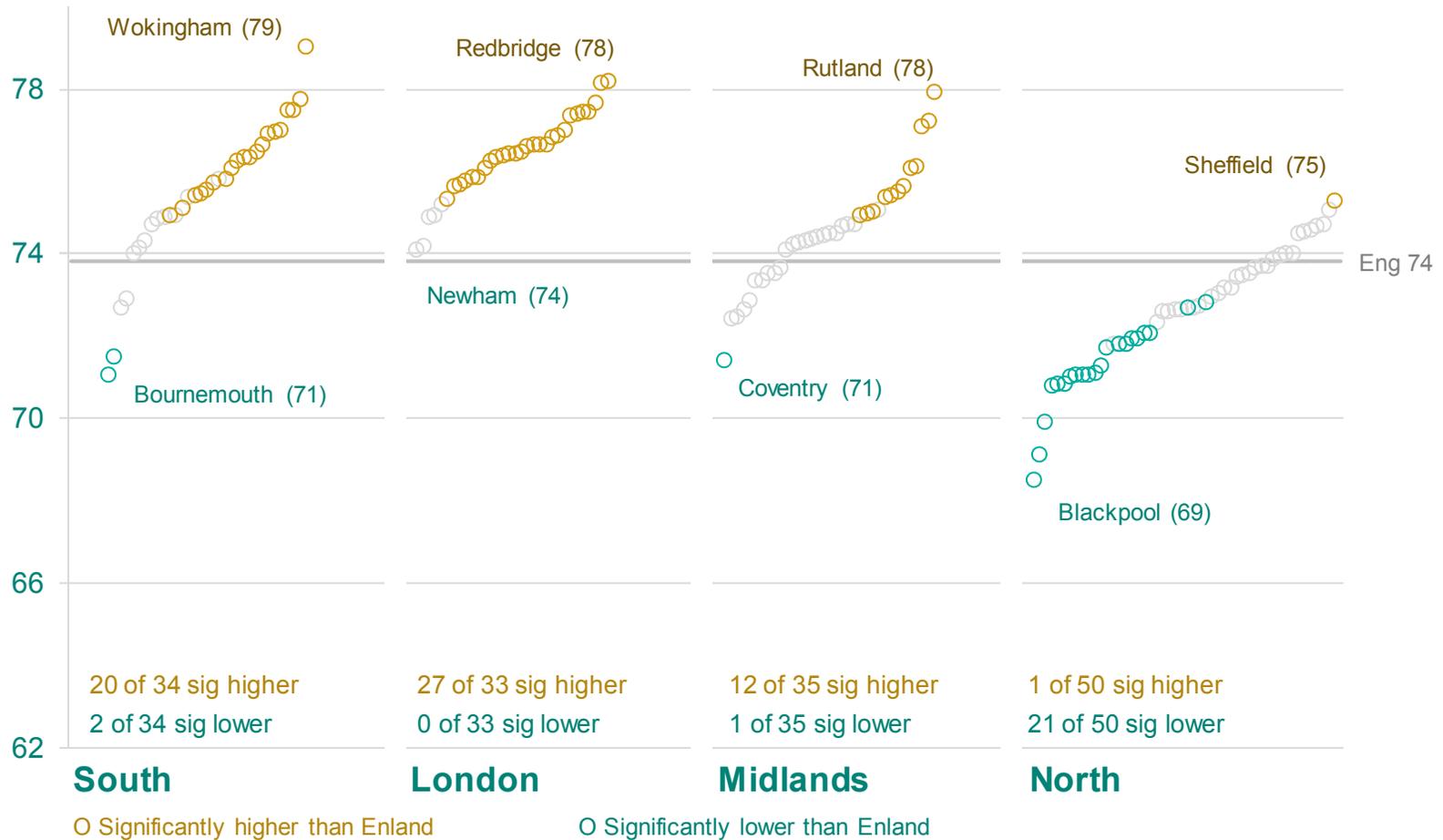
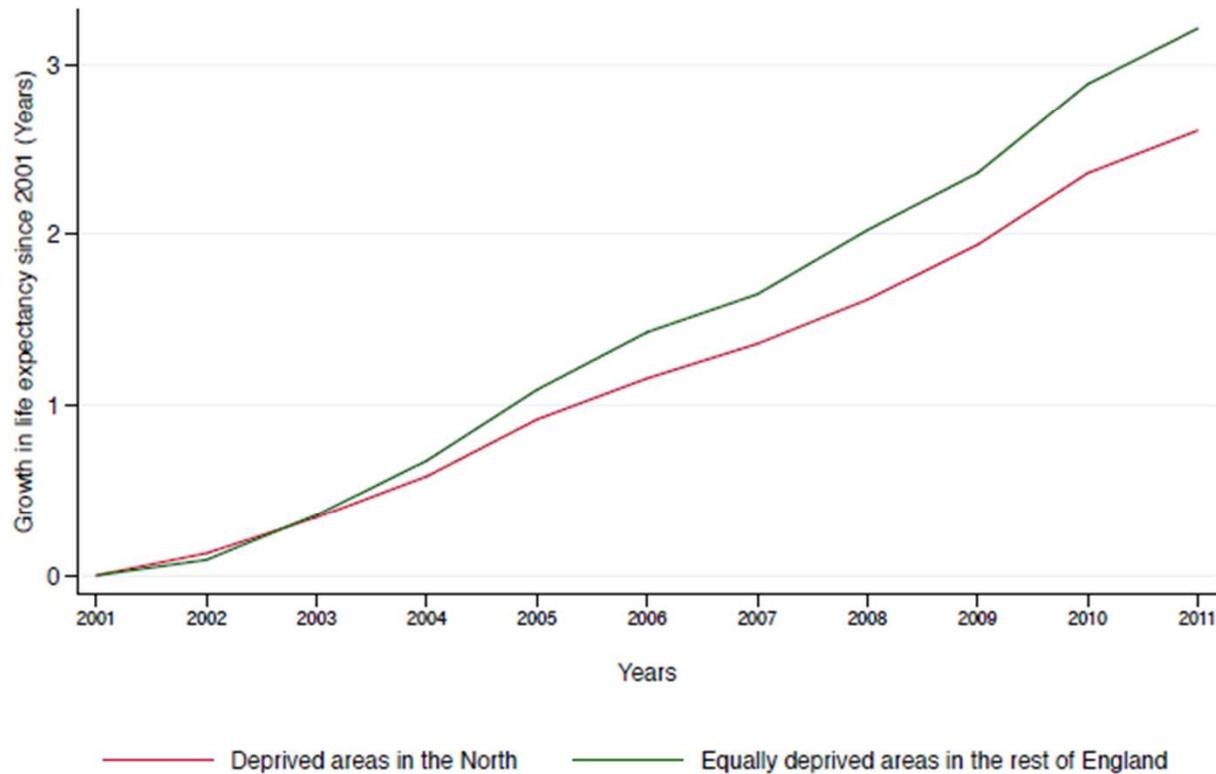


Figure 5: Trend in life expectancy in deprived areas in the North and in the rest of England

Graph shows how life expectancy has increased less for people living in deprived areas in the North compared to people living in areas with a similar level of deprivation in the rest of England.



Deprived areas defined as being the 20% most deprived local authorities in England. Life expectancy calculated as weighted average for groups of local authorities. Source: HSCIC

Why now?

- deep-rooted issue: health inequalities have persisted for decades
- worrying signs that gaps could widen
- fall-out from recession, the impact of austerity and welfare reform
- health inequalities are not inevitable and should not be accepted
- growing momentum for change – economic balance and sustainability, decentralisation – cross-sector and cross-party

Guiding principle and approach

- build on the assets and agency of the north
- the prevention of poverty in the long term and the promotion of prosperity, by boosting the prospects of people and places
- a northern perspective on a nationwide issue

Causes of health inequalities

- differences in poverty, power and resources needed for health
- differences in exposure to health damaging environments, such as poorer living and working conditions
- differences in the chronic disease and disability left by the historical legacy of heavy industry and its decline
- differences in opportunities to enjoy positive health factors and protective conditions that help to maintain health such as:
 - good quality early years education
 - economic and food security
 - control over decisions that affect your life
 - social support and feeling part of the society in which you live

Key questions for inquiry

- what can agencies in the North do to help reduce health inequalities within the north and between the north and the rest of England?
- what does central government need to do to reduce these inequalities?

Four high level recommendations

- tackle poverty and economic inequality within the North and between the North and the rest of England
- promote healthy development in early childhood
- share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- strengthen the role of the health sector in promoting health equity

Recommendations are directed both at ‘agencies in the north’ and central government.

1 Tackle poverty and economic inequality within the North and between the North and the South

Agencies in the north **should work together to**

- draw up health equity strategies that include measures to ameliorate and prevent poverty among the residents
- focus public service reform on the prevention of poverty in the future and promoting the prosperity of the region by re-orientating services to boost the prospects of people and place
- adopt a common progressive procurement approach to promote health and to support people back into work
- **ensure that reducing economic and health inequalities are central objectives of local economic development strategy and delivery**
- implement and regulate the Living Wage
- increase the availability of high quality affordable housing through stronger regulation of the private rented sector, where quality is poor, and through investment in new housing
- **assess the impact in the North of changes in national economic and welfare policies**

2 Promote healthy development in early childhood

Agencies in the north **should work together to**

- **monitor and incrementally increase the proportion of overall expenditure allocated to giving every child the best possible start in life** & ensure that expenditure level on early years development reflects levels of need
- ensure access to good quality universal early years education and childcare with greater emphasis on those with the greatest needs, so that all children achieve an acceptable level of school readiness
- maintain and protect universal integrated neighbourhood support for early child development, with a central role for health visitors and children's centres that clearly articulates the proportionate universalism approach
- collect better data on children in the early years across organisations so that we can track changes over time
- **develop and sign up to a charter to protect the rights of children to the best possible health**

3 Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health

Agencies in the north should work together to

- establish deep collaboration between Combined Authorities in the North to develop a Pan-Northern approach to economic development and health inequalities
- take the opportunity offered by greater devolved powers & resources to develop, at scale, locally integrated programmes of economic growth and public services reform at a scale to support people into employment
- develop community led systems for health equity monitoring & accountability
- expand the involvement of citizens in shaping local budget use
- develop the capacity of communities to participate in local decision-making and developing solutions which inform policies and investments at local and national levels
- assess opportunities for setting up mutual organisations for providing public services where appropriate, and invest in and support their development
- re-vitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally

4 Strengthen the role of the health sector in promoting health equity

Clinical Commissioning Groups and other NHS agencies in the North should work together to (1 of 3)

- lead the way in using the Social Value Act to ensure that procurement and commissioning maximises opportunities for high quality local employment, high quality care, and reductions in economic and health inequalities
- pool resources with other partners to ensure that universal integrated neighbourhood support for early child development is developed and maintained
- work with local authorities, the Department for Work and Pensions (DWP) and other agencies to develop 'Health First' type employment support programmes for people with chronic health conditions

4 Strengthen the role of the health sector in promoting health equity

- **Clinical Commissioning Groups and other NHS agencies in the North should work together to (2 of 3)**
- work more effectively with Local Authority Directors of Public Health and PHE to address the risk conditions (social and economic determinants of health) that drive health and social care system demand
- support health and wellbeing boards to integrate budgets and jointly direct health and wellbeing spending plans for the NHS and local authorities
- **provide leadership to support health services and clinical teams to reduce children's exposure to poverty and its consequences**

4 Strengthen the role of the health sector in promoting health equity

Public Health England should (3 of 3)

- conduct a cumulative assessment of the impact of welfare reform and cuts to local and national public services
- support local authorities to produce a Health Inequalities Risk Mitigation Strategy
- help to establish a cross-departmental system of health impact assessment
- support the involvement of health and wellbeing boards and public health teams in the governance of Local Enterprise Partnerships and combined authorities
- contribute to a review of current systems for the central allocation of public resources to local areas
- support the development of a network of health and wellbeing boards across the north of England with a special focus on health equity
- collaborate on the development of a charter to protect the rights of children
- work with Healthwatch and health and wellbeing boards across the north of England to develop community-led systems for health equity monitoring and accountability

Where next?

- Report was commissioned by Public Health England as a contribution to the on-going debate about how best to secure and sustain the economic and social health and wellbeing of people and places in the north – *a wide debate, involving many, and led by local government*
- The recommended actions range in scale and complexity, and are of interest to different groups. Not a take it all or leave it prescription, more a set of carefully considered ideas, based on evidence and the extensive on the ground experience of the panel members.
- PHE has issued an interim response to issues and recommendations. Over the next three months they want to explore and consider the issues in greater depth, in discussion and debate with partners, before issuing a fuller response in spring 2015.

Recommendations for Health and Wellbeing Board

- The Health and Wellbeing Board should consider the report and determine whether there are additional actions, following the report's recommendations, that should be included in the *Health Inequalities Action Plan*.
- That in light of the emphasis in the report on the importance of the local economy in addressing health inequalities, that the Health and Wellbeing Board should refer it to the Sheffield Executive Board and the Local Enterprise Partnership.